



people with  
disabilities  
western  
australia

## **Submission**

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

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

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## **About People With disabilities WA (PWdWA)**

Since 1981 PWdWA has been the lead member-based disability advocacy organisation representing the rights, needs, and equity of all Western Australians with a physical, intellectual, neurological, psychosocial, or sensory disability via individual, self and systemic advocacy. We provide access to information, and independent individual and systemic advocacy with a focus on those who are most vulnerable.

PWdWA is run by and for people with disabilities and aims to empower the voices of all people with disabilities in Western Australia (WA).

## **Introduction**

PWdWA would like to thank the Disability Royal Commission for the opportunity to provide comment about the experiences of people with a disability in WA during the Omicron wave of the COVID-19 pandemic.

PWdWA acknowledges the work of the Federal and State governments in managing the COVID-19 pandemic and keeping the level of community transition to a minimum. While we acknowledge the “flattening of the curve” has been successful in WA for the Omicron variant, people with disabilities continue to experience issues around the pandemic and how it has been managed.

People with disabilities continue to be at a higher risk of experiencing complications associated with COVID-19. It is vital that government takes note of the key issues experienced by people living with disabilities given the likelihood of further COVID-19 variants, and a shift towards ‘living with COVID’.

Our submission is compiled on the experiences of people with disability, their families, and carers as well as our ongoing work within the WA disability sector to respond to COVID-19. We have provided case studies from our individual advocacy work where appropriate to furnish our statements.

**Question 1: What have been the experiences of people with disability, their family, support workers and carers during the Omicron wave of the COVID-19 pandemic?**

Omicron came to the WA community later, and we are just now in the midst of managing the outbreak. It appears that mandates, restrictions, and high vaccination levels have helped us curb the spread of the virus and minimise the impact on our health systems. We acknowledge the efforts of the WA Government, including providing access to emergency supports such as food and personal support services as well as free RATs for every household, and supplying RATs and PPE to critical frontline workers. However, the experience of people with disabilities in the WA community continues to be one of confusion, and concern.

Overall, there was a lack of centralised, accessible information for people with disabilities about how to prepare for and manage COVID-19. We note that information about testing, isolation, COVID-19 related supports, vaccination mandates etc was spread out over various government websites. We discuss issues around access to information further in Question 5.

Initiatives implemented by the WA government such as the ServicesWA App, registering for your free RATs, and registering a positive RAT result were overwhelming difficult to navigate. These difficulties were compounded for people who had limited supports to access the required technology.

In response to the ServicesWA app issue many local governments and library's set up programs to assist people to register for the app and access their proof of vaccination. This was a great example of a quick response to community needs but does not negate the issues around the accessibility of the ServicesWA app in the first place.

We also wish to highlight that some people with disabilities experienced issues in the workplace, including inappropriate working arrangements. This included workplaces requiring people to work from offices even though it was not recommended by their medical professionals due to the risk of COVID-19 to their health.

## CASE STUDY

A workplace had split their employees into two teams which rotated working in the office. The workplace provides PCR test collection and required the person with a disability to provide clinical services to the collection department on their office rotation days. The person had no clinical training and was not comfortable with the risk this placed them at. In response to this their hours were reduced so that they were no longer working on the days they would have been in the office. PWdWA referred the person to a disability discrimination lawyer, Fair Work Australia and their relevant union for advice on their employment rights.

We also wish to highlight that many people with disabilities experience a multitude of intersecting issues, including trauma, which are further exacerbated by the approaches implemented to manage the spread of COVID-19. The case study below demonstrates the added layer of complexity that COVID-19 adds to situations and the need for a compassionate approach to supporting people with disabilities.

## CASE STUDY

A young male refugee with a history of trauma and abuse presented at his GP with COVID-19 like symptoms. The man was diagnosed with an intellectual disability, autism, and PTSD. He had spent time in a refugee camp before being placed in the care of the state as a child. It was disclosed that he had experienced abuse at the hands of a “medicine man” while in the refugee camp. An adult decision-making authority had been given to a guardian through the Office of the Public Advocate. He also has a behaviour support plan due to several occasions where he assaulted police.

On presentation to the GP he was ordered to undertake a COVID-19 test. The individual refused the test while at the GP, and again the following day. The Covid hotline told the Guardian the person was to be treated as a COVID-19 positive case and self-isolate for 7 days, or until they were symptom free. The individual lives in a private rental and receives support from the NDIS. Because the individual required essential services, a dedicated support worker with full PPE was provided to ensure the continuation of supports.

It became apparent that the individual was not self-isolating. In response his support worked apparently threatened to go to the media. The Guardian spoke to the police who transferred the call to the Covid Command Centre. They attempted to arrange a domiciliary test. Hotel isolation was considered inappropriate due to past trauma, as it would likely cause an escalation in the situation. The man left his accommodation and was only found a few days later. He was given a PCR test against his wishes, and it was determined that he was negative for COVID-19.

This case demonstrates a failure to understand the nature of the person's disability and the trauma they have experienced and how that has influenced their personal decision making. Instead of working to understand why this individual is refusing to undergo a PCR test or why they are fighting to avoid having to isolate, services continue to force their practices. This case is reflective of the current attitude of many professionals working with people with disabilities. Attitudes that often lead to abuse, coercion, and control whether knowingly or unknowingly in the spirit of safeguarding.

**Question 2: What are the main concerns of people with disability about 'living with COVID' and the prospects of further waves and variants of COVID-19?**

PWdWA is aware that there is concern over the availability and costs of RATs and PPE once we resume life as "normal". Although community mask mandates and close contact rules are easing in WA, people with disabilities are often more cautious and anxious about eased restrictions in their own lives.

**Question 3: What actions have been, or should be, implemented to make it easier for people with disability to keep COVID-19 vaccinations and boosters up to date? What barriers have people with disability faced in trying to access vaccines or boosters?**

PWdWA is aware that one sensory friendly clinic was operating in WA for people with sensory needs to access vaccinations and boosters. A second sensory clinic was not opened until the end of March 2022, just before the peak of Omicron in WA.

There was difficulty accessing vaccinations for people with disabilities who could not leave their homes. Many people were not aware of this support and conflicting information was provided by Department of Health, 13COVID hotline and

Department of Communities about how these services could be accessed. A better coordinated and promoted program of home vaccination for people with disabilities, and others who may not be able to access community clinics, should be implemented.

**Question 4: Have people with disability experienced barriers to accessing quality health care during the Omicron wave of the pandemic?**

Feedback received by PWdWA was that hospital guidelines in WA were difficult to follow, especially when a parent accompanied a child. We note that hospital guidelines changed frequently, sometimes daily, and that some of the guidelines impacted on carers being able to support the person with a disability while they were hospitalised.

Access to antiviral medication for people who tested positive to COVID-19 has also been confusing. As of 25 March 2022, people are able to book an appointment with their GP to get a prescription for antiviral medication. Prior to this it was only available to those hospitalised. It is unclear how wide knowledge is around the availability of the medication, but we anticipate issues with accessing it for people who already have issues accessing their GP.

We also note that the Department of Health at one point issued guidance that people would only be admitted to hospital if they were two hours away from lung failure. In general people would be monitored remotely in their own homes. This is a concerning approach given the severe complications a person with disabilities can experience with COVID-19.

**Question 5: Have people with disability and the disability workforce been given clear, accessible and timely information during the Omicron wave of the pandemic?**

Overall information in WA has been piecemeal and confusing, with guidelines and mandates changing quickly. As noted in Question 1, WA does not have a centralised information point for COVID-19 related information. Additionally, there are several hotlines which a person may need to access for information.

Easy English resources have been incredibly hard to find, and PWdWA have been encouraging the Office of Disability WA to create Easy Read versions of resources

such as the “What to do when you test positive for COVID-19” checklist. This is important as there was a lot of confusion around what to do if you tested positive. PWdWA had to rely on Easy English resources from Queensland, but many people told us they would have preferred a WA specific resource with WA contact details.

CaLD and Aboriginal communities faced further issues with access to information. In many cases people seek out information through their Elders, who may not have had accessed to culturally appropriate information. Misinformation is not uncommon, especially around vaccines. Some communities were hesitant about vaccination, others did not have access to information. There was also limited information that considered cultural practices. For example, it is common for a sick community member to receive support from family such as cooking, cleaning etc. Physical distancing, even when sick, may not be a cultural practice. In some cultures, attending a place of worship is still expected even when sick.

Whilst some translated and tailored information is available it is not present in the mainstream media and does not appear to be filtering through to local communities. Targeted engagement with local communities, to produce tailored solution will be critical to ensuring uptake of public health measures.

**What barriers are experienced by people with disability, their family, support workers and carers when seeking access to personal protective equipment (PPE), rapid antigen tests (RATs) and Polymerase chain reactions (PCRs)?**

As a disability advocacy agency, PWdWA experienced some difficulties in accessing PPE and RATs. We note that the use of RATs only became legal in WA as of January 2022. As a non-critical service PWdWA is unable to access the National Stockpile. While we have been able to transition to remote delivery when required, many people with disabilities will continue to require face-to-face support to access advocacy. There may be several reasons for this including:

- Lack of access to technology to facilitate remote contact
- Difficulties with communication over phone/email
- Complex communication needs that can only be met face-to-face
- A lack of formal or informal supports to facilitate advocacy services

Advocacy is often critical to the lives of people with disabilities and many of the people contacting our services are vulnerable and at risk. We know that people with disabilities are at an increased risk from COVID-19 so to ensure the safety of those we support PWdWA needed to access RAT and PPE to ensure we could continue to provide a service to those individuals who were highly vulnerable. Stock of N95 masks and RAT tests were initially very low and difficult to access. We do acknowledge that surgical masks were provided through the WA Department of Finance however N95 masks are the preferred option for face-to-face meetings with people with disabilities due to their increased efficacy when worn correctly.

**Question 6: Has sufficient support been provided to effectively prevent and manage COVID-19 infections at home?**

PWdWA acknowledges the commitments thus far to support people with disabilities impacted by COVID-19. Particularly the essential coordination of support and information provided by the State Welfare Incident Coordination Centre (SWICC) and the State Health Incident Coordination Centre (SHICC).

Despite these supports being available to our communities, many people with disabilities have struggled with 13COVID to access information and receive support. Some have experienced being turned away when trying to access necessities, including emergency accommodation and food relief.

**Question 7: What have been the experiences of people with disability in accessing disability supports during the Omicron wave?**

The restrictions put in place in response to the Omicron wave forced many disability service providers to adapt in ways that put the people they are there to support at significant risk of harm. Some organisations reduced face-to-face contact to under two hours to avoid staff meeting the criteria of a close contact. This caused concern among people with disabilities that their support staff may have had contact with a COVID-19 positive individual and could expose them to the virus. This concern caused some people with disabilities to cancel their services altogether, opting for no supports, risking their own health and wellbeing so they could survive this wave.

Lack of staff has been a major concern since the COVID-19 vaccine mandate and was exacerbated by the additional restrictions through the Omicron wave. Finding the appropriate support workers who take the health and safety of people with

disabilities seriously has become more and more difficult. Some have reported that their support workers would attend appointments without wearing masks or following the recommended health precautions (i.e., handwashing, social distancing, etc.). Others claim that their support workers have ignored restrictions to the point where they would attend appointments with observable cold and flu-like symptoms.

Those people with disabilities that choose to self-manage their NDIS plan were not provided with the support necessary to develop contingency plans, even in the event their supports were unwell and had no back up. This meant that when supports were unavailable due to having to isolate or being unwell, some people with disabilities had to either go without, or seek supports that were inappropriately trained and unaware of the unique support the person required putting pressure on both the person with a disability to train these temporary supports, and families and carers to inappropriately provide the care and support NDIS ought to be providing. NDIS must be held accountable for the lack of support provided to participants who required additional funding for contingency supports. Having the additional funding to act as a precaution for the impact of COVID-19 on services can ensure people with disabilities have access to the supports needed regardless of the pandemic.

It is clear to PWdWA that a major issue is lack of transparency from service providers that is required for people with disabilities to make informed choices about who they decide to have contact with. Despite many support workers undergoing RATs before each shift, there is no way for people with disabilities to verify the results of these tests prior to the support worker starting their shift. It is due to this lack of transparency that many people with disabilities have opted to cancel services out of fear they will be exposed to COVID-19. Without this level of transparency, it is extremely difficult for people with disabilities to trust the formal supports in their lives. And without this trust, many are opting to cancel critical services, further impacting their health, wellbeing, and exacerbating the impacts of their disabilities.

**Question 8: How can people with disability, including those in closed environments and segregated settings, be supported to maintain social and community connections during the pandemic?**

In speaking to people with disabilities and representatives from service providers, it is clear to PWdWA that those working in closed environments and group homes have demonstrated a blatant disregard for the rights and dignity of people with disabilities. In a conversation with one person from a WA-based service provider they joked about needing to “force” a person with a disability who was COVID-19 positive to go to hospital as the group home was ill equipped for them to isolate safely. They followed this but stating “it’s a shame they didn’t have a Guardian” as this would have made it easier for the service provider to have the individual admitted to hospital.

This clearly demonstrates a pervasive and controlling attitude towards people with disabilities within closed environments. It is concerning and extremely alarming that professionals would ponder the need to systematically remove the decision-making rights away from people with disabilities to make their jobs easier under the visage of keeping other residents safe. Service providers need to be held accountable for their actions, values, and beliefs. In responding to COVID-19 and the associated restrictions, it is their job to make it so people with disabilities can safely remain at home to complete their isolation, not think of ways they can control and force individuals into decisions that they do not wish.

**CASE STUDY**

A young male-identifying person with a psychosocial disability was detained under the Mental Health Act in a locked ward. Prior to his admission, this individual made it clear to the Mental Health Case Worker that he does not want the COVID-19 vaccine due to his religious beliefs. His mother who is his next of kin also raised with the treating team that he was not to be vaccinated. He has an Office of the Public Advocate (OPA) Guardian who has medial, treatment, and services decision-making authorities. Despite this, he was vaccinated whilst undergoing Electroconvulsive treatment while still held under the Mental Health Act. The OPA Guardian did not provide written or verbal consent for the vaccination to be

administered. In the end, this process was considered legal and there was nothing the individual could have done.

In this case, it demonstrates the ways in which some professionals are using the current pandemic to force citizens with disabilities to comply through tactics of coercion and control rather than assisting individuals to make their own informed decisions.

**Question 9: How has the COVID-19 pandemic affected people with disability experiencing violence and abuse in the home?**

The pandemic has provided another avenue for perpetrators of abuse to continue their coercive control over victims and survivors of family violence through the family court. Some families accessing supervised contact services for their children are being required to isolate due to public health measure. However, the ‘evidence’ is often not accepted by the Family Court as valid.

With reduced restrictions and contact tracing, families do not have access to formal, documented requests by the State Government that can be used to justify cancelling supervised contact arrangements. Without the required evidence, women’s lawyers are concerned that the result of a hearing will be that victims and survivors are in breach of their contact orders, constituting a criminal offence. While we welcome the clarity the new definition of a close contact which enables children to go between parents’ houses, this does not help families going through the Family Court of WA and required to access supervised contact services.

Additionally, these supervised contact services have similarly reduced contact hours to under two hours to avoid staff being considered a close contact. This means most parents having to undergo supervised contact are only able to spend time with their children for an hour to hour and a half, once a fortnight. Yet are expected to build relationships with their children, and demonstrate they are capable parents.

The current definition of a close contact has significantly impacted the social services sector in ways that ultimately push people with disabilities further into disadvantage. As people with disabilities often require their supports to work in a way that would confirm them as a close contact, State Government direction to the

disability service providers is sorely needed. The current wave should not impact a person's right to receive the support necessary for survival.

**Question 10: Were people with disability, disability representative organisations and disability advocacy organisations adequately consulted in 2021 when governments were preparing to ease restrictions?**

Disability organisations that are members of the Department of Communities COVID-19 Disability Taskforce were consulted and briefed on COVID related issues but specifically with regards to preparing for easing of restrictions, this was more after the decisions had been made and our role was more about assisting with communications.

The State government's SWICC and SHICC regularly engaged with the disability sector via the COVID-19 Disability Taskforce to gather and share information regarding preparedness and planning for the current outbreak and impending winter season.

The consultation could have been enhanced by better engagement directly with people with disability at all stages to ensure a lived-experience perspective was fully considered in all decisions.

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

People with disabilities make up a significant population in state housing. State restrictions have meant that many Housing Authority Tenants have had to isolate in their homes and forced to refuse inspections by their Housing Officers. Some families in state housing, due to having their children in school have had to isolate on multiple occasions meaning rescheduled inspections were unable to go ahead. This has led some families to be breached for non-compliance by the WA Housing Authority. While initially acting in good faith, the Housing Authority has inevitably neglected to consider the impact COVID-19 restrictions will have on its policies and practices. Ultimately, placing people with disabilities and their families at risk of losing their homes.

## **Conclusion**

The current pandemic along with the most recent wave of Omicron has put our state in a unique position to look at the flaws in our existing legislation, policies, and practices when it comes to supporting people with disabilities in our community. We hope that with the support of the Commission that we see changes to how people with disabilities are safeguarded and supported moving forward.