



Australian Government

Australian Government response to the Royal Commission into Violence, Abuse,
Neglect and Exploitation of People with Disability – Public Hearing Report –
Public hearing 5 - Experiences of people with disability during the ongoing COVID-19
pandemic

April 2021

Introduction

The Australian Government welcomes the opportunity to respond to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Public Hearing Report – Public hearing 5 – Experiences of people with disability during the ongoing COVID-19 pandemic (the report).

The report looked at the experiences of people with disability during the COVID-19 pandemic and contains 22 recommendations mainly focusing on the Australian Government's response in the early stages of the pandemic.

The Government supports or supports in principle 21 of the recommendations and notes one. The Government has already taken action to address and implement many of the recommendations including reform to consultation processes, improvements to data, governance arrangements and the development of further guidance for providers of disability accommodation services.

Throughout the pandemic, the Government responded to the needs of people with disability based on the best medical advice and in acknowledgement of local public health orders.

The COVID-19 pandemic resulted in feelings of increased anxiety and concern within the Australian community. Recognising the additional pressure people with disability and their families may experience during this time, the Government implemented new services including the Disability Information Helpline, developed a specific management and operation plan and consultation forums, online infection prevention and control training, facilitated flexible supports for National Disability Insurance Scheme (NDIS) participants and providers, and provided regular information for people with disability and their carers, NDIS participants, and NDIS providers. The Government also ensured prioritised access to Personal Protective Equipment (PPE) and mainstream supports such as the JobKeeper program and paid pandemic leave to eligible people and business within the disability sector.

All governments have a shared responsibility for emergency management, public health and to support people with disability. It is critical that all governments ensure mainstream services, programs and policies continue to service the 4.4 million people with disability, including the 432,649 participants of the NDIS as at 31 December 2020.

The Australian Government will continue to work with state and territory governments to ensure the health, safety and wellbeing of people with disability throughout the course of the COVID-19 pandemic including any localised outbreaks, the recovery period, and future emergencies.

The Australian Government welcomes the opportunity to continue to engage with the Royal Commission on issues of importance to people with disability.

Australian Government response to recommendations made by the Commission

Recommendation 1

1. The Australian Government should consider the findings and recommendations in this report as a matter of urgency.

Response: Support

The Australian Government has considered the report in full and has already taken steps to address and implement many of the recommendations. The Government is committed to ensuring the health, safety and wellbeing of people with disability, along with all Australians, during and beyond the pandemic.

Recommendation 2

2. The Australian Government should explicitly commit to ensuring that all agencies responsible for planning and implementing responses to the COVID-19 pandemic and any future emergencies establish and implement formal mechanisms for consulting with and involving people with disability and disability representative organisations in planning and giving effect to the responses.

Response: Support

The Australian Government acknowledges the importance of, and value in, working closely with people with disability and disability representative organisations in responding to emergencies.

As the COVID-19 pandemic has unfolded relevant Commonwealth agencies responsible for planning and implementing responses to the COVID-19 pandemic sought greater engagement with people with disability and Disability Representative Organisations (DROs) on the impact of COVID-19.

The Department of Health has, and continues, to undertake formal and informal discussions with the disability sector, including through the establishment of the Advisory Committee on the Health Emergency Response to Coronavirus (COVID-19) for People with Disability (Advisory Committee). The Advisory Committee is the primary formal consultation mechanism to consult with the disability sector regarding the pandemic. This engagement with the disability sector has provided significant insights and helped shape the Government's ongoing response to the pandemic, including the development of the COVID-19 Management and Operational Plan for People with Disability. The Advisory Committee has met 15 times, and will continue to meet regularly.

The Department of Social Services established the Disability Support Services Committee on 25 March 2020 to bring together representatives of the cross-portfolio social services

agencies including the National Disability Insurance Agency (NDIA), the NDIS Quality and Safeguards Commission, and the disability support sector to seek feedback on the needs of people with disability throughout the pandemic.

The Department of Social Services is working across the Commonwealth, and with states, territories and the Australian Local Government Association to develop a new National Disability Strategy to commence in 2021. This work includes consideration of how the inclusion of people with disability can be embedded in emergency planning in the new National Disability Strategy.

As part of this development work, Emergency Management Australia through the Department of Home Affairs is working with emergency management and disability sector stakeholders to develop an Emergency Management Targeted Action Plan which includes a range of actions that could be undertaken under the new National Disability Strategy. The Australian Government has also agreed to fund the development of good practice guidelines for engaging with people with disability. At completion this resource will be made available and shared across jurisdictions and made publicly available.

The Government is committed to ongoing engagement with people with disability and DROs in planning for and responding to future emergencies.

Recommendation 3

3. The Australian Government should provide the funding and support required for disability organisations and, where appropriate, individual people with disability to participate in consultations with Australian Government agencies and advisory bodies responsible for planning and implementing policies and programs to safeguard the health, safety and wellbeing of people with disability during the COVID-19 pandemic and any future national emergency.

Response: Support in principle

The Australian Government provides \$2 million per annum to eight DROs to promote and represent the views of people with disability and to provide advice to Government on a broad range of issues affecting people with disability. This funding is provided to enable DROs to engage with a range of ministers and portfolios across Government, including through the participation on advisory committees during the COVID-19 pandemic or any future emergency. Under existing grant agreements between the Department of Social Services and DROs, organisations are able to use their funding flexibly to address the challenges of COVID-19 for people with disability.

In some circumstances, it may be appropriate for people with disability who are invited to participate on an ongoing or extended advisory capacity to be compensated for these roles assessed on a case-by-case basis.

Recommendation 4

4. The Australian Government should identify any gaps in current consultation processes employed by departments and agencies which have responsibility for the safety, health and wellbeing of people with disability during the COVID-19 pandemic or other national emergencies. This process should include but not be limited to the Australian Government Department of Health, the National Disability Insurance Agency and the NDIS Quality and Safeguards Commission.

Response: Support

The Australian Government is committed to continuing to enhance consultation arrangements with people with disability and DROs regarding the COVID-19 pandemic or other national emergencies.

The COVID-19 pandemic has been, and continues to be, a rapidly evolving situation. Relevant Commonwealth agencies including the Department of Health, Department of Social Services, the NDIA and NDIS Commission are able to respond flexibly ensuring continued support and services to people with disability. This includes consulting with, and establishing various forums to consult with people with disability and DROs as mentioned in the response to Recommendation 2.

The Government will continuously improve this engagement in planning for and responding to the COVID-19 pandemic and future emergencies.

Recommendations 5 and 6

5. The Australian Government should ensure that the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability continues to function for the duration of the COVID-19 pandemic and the recovery period and that it receives sufficient funding and support to fully discharge its responsibilities.
6. The Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability, or a similar body, including significant representation of disability advocacy groups and people with disability, should remain in place after the pandemic has come to an end and the recovery is complete. While such a body might meet only sporadically during 'normal' times, it should be capable of reactivation at very short notice in the event of a fresh emergency that might effect the safety, health and wellbeing of people with disability.

Response: Support

The Australian Government will continue to consult and engage with the Advisory Committee through the course of the COVID-19 pandemic in recognition that it is a critical part of informing and supporting the response and recovery for people with disability.

The Advisory Committee, or a similar body, will be an enduring feature of the Government's emergency response for people with disability. This forum will be retained, ready to be

‘activated’ in an emergency. The nature and extent of the ongoing arrangements will be designed in collaboration with people with disability and their representative organisations.

Recommendations 7 and 8

7. The terms of reference of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 should be amended to state expressly that its work is to include providing advice with respect to First Nations people with disability.
8. The membership of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 should be extended to include at least one member who represents the interests of First Nations people with disability.

Response: Support

The Aboriginal and Torres Strait Islander Advisory Group on COVID-19 plays an integral role in informing the ongoing emergency response to the pandemic, ensuring that the support provided to all First Nations is both informed and targeted.

The important work of this Advisory Group has been strengthened through the First Peoples Disability Network joining the Advisory Group on 4 November 2020 and an amendment to the terms of reference on 11 November 2020. The terms of reference now explicitly state that the work of the Advisory Group includes providing advice with respect to First Nations people with disability.

Recommendation 9

9. The Australian Government Department of Health in consultation with the NDIS Quality and Safeguards Commission and the National Disability Insurance Agency should prepare comprehensive guidelines specifically addressing the prevention, control and public health management of COVID-19 outbreaks in disability accommodation settings, taking into account the differences between residential aged care settings and disability accommodation settings.

Response: Support

The Australian Government, with advice from state and territory governments and the Advisory Committee, is developing guidance on the prevention, control and management of COVID-19 in disability accommodation settings.

Preparation of the guidance is well advanced. As part of the finalisation process, the materials will be reviewed by the Infection Control Expert Group, which advises the Communicable Diseases Network of Australia (CDNA), before being formally being considered by the CDNA.

Recommendation 10

10. The Australian Government Department of Health should ensure that an appropriately resourced unit or team has specific responsibility for developing plans and programs to protect the health and wellbeing of people with disability, including during emergencies such as the COVID-19 pandemic. This unit should be responsible for coordinating health and disability responses to emergencies such as the COVID-19 pandemic. The unit should operate in addition to the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability.

Response: Support

The Australian Government Department of Health has established a team with responsibility for developing plans and programs to protect the health and wellbeing of people with disability through the COVID-19 pandemic and any other responses to national health emergencies should they arise.

The team works closely with the Advisory Committee and supports the forum in a number of ways including through a coordination and secretariat function. This function includes ensuring that the members of that Committee are representative of the disability sector and that work undertaken aligns with broader stakeholder views, concerns and issues. The team also leads implementation of the *Management and Operational Plan for People with Disability: Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*; leads and coordinates consideration of policy issues relating to the COVID-19 response for people with disability; and provides secretariat support to the Roundtable on COVID-19 and the Particular Risks for People with Disability.

Recommendation 11

11. The Australian Government should implement fully the testing and screening arrangements identified in the *Management and Operational Plan for COVID-19 for People with Disability* without delay.

Response: Support

The *Management and Operational Plan for COVID-19 for People with Disability: Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* focuses on broad clinical, public health and communication activities targeted specifically at people with disability, families, carers and support workers. The Plan contains a range of options for how testing and screening can be managed and improved for people with disability during the current COVID-19 pandemic.

The Plan includes exploring alternative options for testing. To support this, on 18 May 2020, Australia's Public Health Laboratory Network (the PHLN - a standing committee of the Australian Health Protection Principal Committee) released a statement on the use of saliva as an alternative specimen for the diagnosis of COVID-19. This specimen collection method is minimally invasive, and while less sensitive compared to the recommended throat and

bilateral deep nasal swab, it may be more suitable for certain people with disability.

On 21 September 2020, PHLN released a statement on the prioritisation of diagnostic testing for COVID-19 which recommends that testing requests for people living in a residential care facility or receiving in-home care support should be considered for prioritisation.

The Government is continuing to work collaboratively with the state and territories governments, who have the lead responsibility for testing within their jurisdictions, with the goal of ensuring the full implementation of the Plan. To facilitate this, the Department of Health is providing ongoing assistance and supplementary arrangements to the States and Territories.

Recommendation 12

12. The Australian Government should immediately commit to providing supplementary funding to disability representative organisations for individual advocacy should there be a significant resurgence of COVID-19 in Australia.

Response: Support in principle

The Australian Government provided additional funding and resources during the peak of COVID-19 to support people with disability including individual advocacy. This included \$2 million for the Disability Information Helpline and to support the individual advocacy sector, as required as well as \$150,000 to Disability Advocacy Network Australia (DANA) to undertake coordination, outreach activities and provide advice to government on emerging issues, including demand for individual advocacy.

DROs and individual advocacy organisations are able to flexibly use funding and the additional funding will be considered on a case-by-case basis in the context of demand and uptake of existing supports should there be a significant resurgence of COVID-19.

Recommendation 13

13. The Australian Government should commit to providing supplementary funding to disability representative organisations for individual and systemic advocacy whenever a new pandemic or major emergency (such as a natural disaster) occurs. The commitment should include establishing an emergency fund that can be drawn upon as soon as the need arises.

Response: Support in principle

The Australian Government provided additional funding throughout the COVID-19 pandemic to ensure people with disability have the supports they need including advocacy as outlined in response to recommendation 12.

Similar consideration will be given on a case-by-case basis in the event of a new pandemic or major emergency including natural disasters.

Recommendation 14

14. The Australian Government should immediately introduce measures to ensure that it complies with its obligations under article 31 of the United Nations Convention on the Rights of Persons with Disabilities. For this purpose:

14.1 The Australian Government should ensure that the proposed COVID-19 registry disaggregates data by disability status and by reference to people in 'residential disability care facilities'.

14.2 The Australian Government Department of Health should publish statistics at least weekly on the number of confirmed active COVID-19 cases, deaths and recovered cases in Australia for each state and territory for people living in 'residential disability care facilities'.

14.3 The Australian Government Department of Health in co-ordination with the NDIS Quality and Safeguards Commission should publish statistics at least weekly on the number of confirmed active COVID-19 cases, deaths and recovered cases among National Disability Insurance Scheme participants in Australia and in each state and territory.

Response: Support

The Australian Government is committed to complying with Article 31 of the United Nations Convention on the Rights of Persons with Disabilities.

Data was published on the number of confirmed active COVID-19 cases among NDIS participants and workers and in each state and territory during the period of peak infection numbers. Data is not published on infections or deaths by jurisdiction where the number is less than five to avoid any potential identification of individuals. Should infection rates within the community rise again, the Government will publicly report the number of infections and deaths among NDIS participants and workers.

The Department of Health, in conjunction with the Australian Institute of Health and Welfare, is creating a national COVID-19 registry and linked dataset that will consolidate the information on people with a positive diagnosis of COVID-19 reported to state and territory government communicable disease units. The registry will be a robust asset for use in COVID-19 monitoring and research, especially in the context of medium and longer-term data needs associated with the pandemic.

To improve the ability of governments to identify the number of people with a disability testing positive to COVID-19, the Department of Health is working with other Commonwealth agencies and state and territory governments to be able to identify people with a disability in the COVID-19 statistics, and to identify those in residential disability care facilities.

Recommendation 15

15. The NDIS Quality and Safeguards Commissioner should review the National Disability Insurance Scheme Practice Standards and National Disability Insurance Scheme Quality Indicators to ensure that they are appropriate for pandemics and other emergencies. The review should be informed by the views of people with expertise in public health emergencies including pandemics and outbreaks of infectious diseases.

Response: Support

The NDIS Commissioner has been monitoring provider compliance with their obligations to provide quality and safe supports to NDIS participants in accordance with the NDIS Code of Conduct and, for registered providers the National Disability Insurance Scheme Practice Standards throughout the pandemic. The NDIS Commissioner considers that the National Disability Insurance Scheme Practice Standards have been effective in establishing registered NDIS provider obligations most critical to ensuring NDIS participant health wellbeing and safety during the COVID-19 health emergency. The National Disability Insurance Scheme Quality Indicators however would benefit from adjustment to provide more detailed guidance for providers on what they should have in place to prepare, prevent, manage and respond to emergency and disaster situations. The adjustment to the National Disability Insurance Scheme Quality Indicators would reflect aspects of the advice issued by the NDIS Commissioner throughout the pandemic.

The NDIS Commissioner has undertaken consultation on adjustments to the National Disability Insurance Scheme Quality Indicators with stakeholders representing people with disability, and industry peaks, as well as input from advisors with expertise in pandemic and infectious disease control. The revised Quality Indicators will be released in early 2021.

Recommendation 16

16. The NDIS Quality and Safeguards Commissioner's policies, procedures and practices should reflect its powers and responsibilities to take active measures to protect and preserve the safety, health and wellbeing of National Disability Insurance Scheme participants during an emergency such as a pandemic.

Response: Noted

The Australian Government notes the recommendation, which warrants further consideration in relation to the objects and terms of the *National Disability Insurance Scheme Act 2013* and its interaction with state and territory laws, including those related to public health and emergency management arrangements.

A scheduled review of the NDIS Quality and Safeguarding Framework will commence in 2021-22. This review will examine the early implementation of the Framework and its effectiveness. It is expected the review would identify any immediate areas for adjustment in

the Framework and areas that need to be monitored and further assessed to determine if further changes are required.

Recommendations 17 and 18

17. The Australian Government in coordination with the states and territories should take all practicable steps to ensure that in the event of a resurgence of COVID-19, disability support workers have priority access to:
 - PPE and
 - testing for COVID-19.
18. The Australian Government in coordination with the states and territories should set in place arrangements to ensure that in the event of a future pandemic, disability support workers have priority access to:
 - PPE and
 - appropriate testing procedures.

Response: Support

The Australian Government is committed to ensuring disability support workers have access to PPE and appropriate testing in the event of a resurgence of COVID-19 and in the event of a future pandemic.

The Australian Government Department of Health manages the National Medical Stockpile, which is a strategic reserve of drugs, vaccines, antidotes and PPE provided primarily to states and territories for use in national health emergencies. During the COVID-19 pandemic, due to global shortages of PPE, the National Medical Stockpile expanded its holdings of PPE and distribution to also supply front-line health and aged care providers and support vulnerable populations including disability care providers.

Access to PPE from the National Medical Stockpile is, and has been, available to front-line health and aged care providers, and organisations supporting vulnerable people including disability providers during COVID-19 in accordance with protocols to prioritise those most in need. These arrangements will continue for the duration of the pandemic and for other health emergencies where access to PPE is required if there is no commercial supply available.

Over 1.5 million masks have been allocated to the disability sector from the National Medical Stockpile, should it be required. As at 17 December 2020, 325,710 masks have been distributed to disability providers and self-managed NDIS participants.

On 29 July 2020, the NDIA changed guidelines to temporarily allow NDIS participants, in New South Wales (NSW) and Victoria to use their existing NDIS funds to claim the cost of PPE and additional cleaning costs related to the coronavirus pandemic. NDIS providers were also able to claim the cost of PPE, in agreement with participants, to allow workers to continue delivering essential disability supports.

On 21 August 2020, the NDIA announced temporary changes to allow NDIS providers in NSW and Victoria to directly claim the costs of PPE from the NDIA through an hourly allowance, This temporary measure was also introduced on 19 November 2020 for South Australia.

In relation to testing, the Government is working with the state and territory governments who have lead responsibility for testing and priority arrangements within their jurisdictions, to provide ongoing assistance and supplementary testing as required.

Processes, policies and procedures for PPE and testing are continually being refined, including those for disability support workers, and these enhancements will remain an enduring feature of the Government's response to pandemics and emergencies.

In the event of a future pandemic or other health emergency, the National Incident Room will be activated and the relevant arrangements rapidly re-established, building on the strengths of current arrangements and lessons learnt through the pandemic.

Recommendation 19

19. The Australian Government Department of Health should evaluate the effectiveness of the online training program released on 16 March 2020, taking into account the report *Disability Support Workers: The forgotten workforce in COVID-19*.

Response: Support

The Australian Government closely monitors, regularly reviews and updates the online infection prevention and control training to ensure it reflects evolving advice provided by the Infection Control Expert Group and the issues being faced by support workers during the ongoing COVID-19 pandemic. The training was last refreshed on 10 November 2020.

Since March, more than 1.3 million people have completed the training. Free modules are also available on COVID-19 in aged care and rural and remote Indigenous Health.

The Department of Health is investigating options to translate the online training modules into other languages, including Auslan.

Recommendations 20, 21 and 22

20. The Australian Government Department of Health should publish guidelines making it clear that access to health services during the pandemic will never be rationed by denying people with disability access to such services by reason of their disability.
21. These guidelines should be drafted in consultation with the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability and should explicitly address access to intensive care units and to a COVID-19 vaccine, if and when one becomes available.
22. The Australian Government Department of Health should recommend to relevant state and territory departments and agencies that they publish similar guidelines. Such statement could be formulated, for example, by the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability and endorsed by the Department of Health. It should explicitly address access to intensive care units as well as access to a COVID-19 vaccine, if and when one becomes available.

Response: Support in principle

The Australian Government considers that disability should never be a criterion for rationing services, prioritising or excluding access to health care in Australia.

Under Australia's health care system, Medicare provides all Australians with high quality and accessible health care including free treatment as a public hospital patient and subsidised medical services through the Medicare Benefits Schedule. Eligibility for health services under Medicare are based on clinical indications for services such as those that fall under general practice, specialist services, allied health, pathology and diagnostic imaging.

Further, under the National Health Reform Agreement, the Australian Government, States and Territories have agreed that all Australians should have equitable access to public hospital services for all eligible persons that are free of charge as public patients, based on their clinical need.

Through the course of the COVID-19 pandemic, the Government has increased the capacity of the Australian health system, including Intensive Care Unit (ICU) to support the critical care needs of Australians. This included the procurement of ventilators and securing private hospital ICU beds as part of the pandemic response. As such, there has been no instance of ICU unavailability for COVID-19 patients in Australia.

Decisions about triaging and access to acute care are clinical and the responsibility of health care experts, such as General Practitioners and clinical staff in state and territory run public hospitals. It is standard practice for the Australian and New Zealand Intensive Care Society (ANZICS) and public hospitals to set guidelines that relate to this type of clinical decision-making.

Australia has a world class vaccination program with world leading vaccination rates. The COVID-19 vaccines will be available free to those who choose to be vaccinated.

This commitment forms a crucial part of the Government's response to COVID-19 and the strategy to protect the health and wellbeing of Australians and the national economy.

Following an announcement by the Therapeutic Goods Administration (TGA) of provisional approval of the Pfizer/BioNTech COVID-19 vaccine for use in Australia on 25 January 2021, the Australian Government announced plans to deliver Australia's COVID-19 vaccination program in 2021 on 2 February 2021.

The plan includes an additional \$1.9 billion to go towards the COVID-19 vaccine rollout to ensure all people in Australia can access a free COVID-19 vaccine through either a public hospital, GP or pharmacy on the frontline. This includes the associated logistics, in delivering vaccinations throughout Australia.

Vaccine rollout will be undertaken in line with [Australia's COVID-19 Vaccine National Rollout Strategy](#), ensuring that those at greatest risk are vaccinated first.

Under guidance from medical experts of the Australian Technical Advisory Group on Immunisation (ATAGI), the Government has identified the following three priority groups for the first doses of a COVID-19 vaccine:

- those at increased risk of exposure;
- those who have an increased risk, relative to others, of developing severe disease or outcomes from COVID 19; and
- those working in services critical to societal functioning.

The Government is working with the COVID-19 Disability Advisory Committee and Roundtable to develop a disability vaccination plan.

These priority groups will capture the disability sector in the following way:

For phase 1A:

- People with disability living in residential support settings with two or more people with disability such as group homes, assisted boarding houses, other supported residential settings (including medium-term accommodation and shared social/community housing).
- Staff working in the residential support settings outlined above (including all paid supporters and carers providing support in these settings).

For phase 1B:

- People with disability who also have a medical condition that increases their risk. (These medical conditions include, but are not limited to, immunocompromised, multiple comorbidities, chronic lung disease, diabetes, cardiovascular disease and severe obesity. This list will continue to be updated in line with evidence).

- Other professionals with close contact with people with disability e.g. behaviour support specialists, allied health professionals.

Further information on the arrangements for the following groups will be provided shortly:

- Disability support workers providing support to people in their homes, respite care, educational, employment and leisure settings.
- People with disability for whom testing is not feasible or who have challenges implementing hygiene measures.
- People with disability who live in their own home and have high support needs or receive 24/7 support.
- Families and carers of people with disability
- Families and carers of people with disability where the person with disability is unable to be vaccinated (e.g. refuses due to fears of vaccination/clinical care or contraindicated because of medical conditions).
- People with disability attending centre-based services (e.g. day programs, supported employment).

More information on vaccine developments, including roll out of the COVID-19 vaccine to priority populations and more widely, can be found at the [Australian Department of Health website](#).

COVID-19: support for people with disability

Date	Activity
18 February	The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) was released, which expressly addresses the needs of vulnerable groups (chapter 6).
5 March	Minister Robert wrote to the National Disability Insurance Agency (NDIA) and Services Australia to request planning for COVID-19 response.
5 March	Disability COVID-19 taskforce setup in NDIA.
11 March	Prime Minister Scott Morrison announces a comprehensive \$2.4 billion health package to protect all Australians, including vulnerable groups and people with a disability, from COVID-19.
12 March	The Australian Government announced two economic Stimulus payments of \$750. Disability Support Payment and Carer Support Payment recipients were eligible for this payment.
13 March	Residential aged care facilities guidelines were released. This supports young people living in residential aged care facilities.
13 March	The Commonwealth Government implements a dedicated Medical Benefits Scheme (MBS) item for pathology tests for COVID-19. This is to ensure access to rapid COVID testing. MBS funded pathology tests for COVID-19 can be requested by all medical practitioners and must be bulk billed, that is provided at no cost to the patient.
16 March	Minister Ruston and the Department of Social Services held a round table with about 10 Disability Representative Organisations (DROs) to discuss responses to COVID-19.
16 March	Online COVID-19 infection prevention and control training for care workers, including disability care workers, went live.
18 March	Extraordinary meeting of Disability Reform Council (Federal, state and territory Disability Ministers) to discuss COVID 19 response. Health officials attended 18 March meeting to outline current guidance and access to infection prevention control training and National Medical Stockpile.
19 March	Minister Ruston held a Carer Gateway Service Providers COVID-19 Update with the CEOs from 10 peak organisations.
21 March	Minister Robert announced new measures to support National Disability Insurance Scheme (NDIS) participants and providers during COVID-19: <ul style="list-style-type: none"> • NDIS plans to be extended by up to 24 months, ensuring continuity of support and increasing capacity of NDIA staff to focus on urgent and required changes to plans. • Face to face planning shifted to telephone meetings where possible.

Date	Activity
	<ul style="list-style-type: none"> • Action plan to ensure NDIS participants and their families continue to receive the essential disability supports they need. • Proactive outreach to high-risk participants and sharing of data with states and territories to ensure continuity of supports. • Financial assistance to providers to support retention of workers including advance payments, 10 per cent COVID-19 loading on some supports and changes to cancellation policies.
25 March	The Commonwealth Department of Social Services established the Disability Support Services Committee to provide a forum for Social Services cross-portfolio agencies and select disability support sector representatives to meet and discuss support and access difficulties for people with disability during COVID-19.
29 March	<p>Australian Government announces a range of mental health supports to help Australians through COVID including:</p> <ul style="list-style-type: none"> • \$14M to bolster the capacity of digital and telephone mental health services to provide additional support to vulnerable populations including people with complex mental health needs. • \$28.4M to allow an additional year for people with a psychosocial disability to transition to the NDIS.
30 March	Minister Ruston held a COVID-19 roundtable with about a dozen Australian Disability Enterprises.
30 March	NDIA Webchat function made available to provide Continuity of Support from NDIS staff.
31 March	Minister Ruston met with Disability Discrimination Commissioner Ben Gauntlett.
March	<p>The NDIS Quality and Safeguards Commission issued provider alerts on:</p> <ul style="list-style-type: none"> • Information about the novel coronavirus outbreak. • Provider obligations and COVID-19 health information. • Online training module for support workers. • Business continuity planning. • Information for support workers and access to Personal Protective Equipment (PPE). • Assistance for organisations during COVID-19. • Supporting providers to respond to COVID-19. <p>The NDIS Quality and Safeguards Commission also published Fact Sheets on:</p> <ul style="list-style-type: none"> • Behaviour support and restrictive practices during COVID-19. • The use of PPE.

Date	Activity
2 April	The Advisory Committee on the Health Emergency Response to Coronavirus (COVID-19) for People with Disability was established.
3 April	Ministers Hunt, Ruston and Robert announced that the Australian Government would urgently develop a response plan to focus on people with disability during coronavirus.
3 April	Second meeting of the Disability Support Services Committee.
5 April	NDIS participants to receive priority home delivery from some of Australia's leading supermarkets.
9 April	\$90.7 million announced to support people with disability as part of a broader community support package, including the establishment of a dedicated phone line for people with disability.
9 April	Disability Reform Council meeting (Disability Ministers) to discuss response to COVID-19.
16 April	National Cabinet agreed to release the COVID-19 Management and Operational Plan for People with Disability.
16 April	Third meeting of the Disability Support Services Committee.
17 April	The Australian Government's Management and Operational Plan for COVID-19 for People with Disability (the Plan) was released.
23 April	Announced changes to student visa work conditions to ensure continuity of health workforce, including in the disability sector.
27 April	New support items available for Supported Independent Living (SIL) providers where an NDIS participant is diagnosed with COVID-19, flexibility to purchase low cost Assistive Technology and downloadable access request forms to ensure eligible Australians can continue to apply for access to the NDIS.
30 April	Fourth meeting of the Disability Support Services Committee.
April	<p>The NDIS Quality and Safeguards Commission issued provider alerts on:</p> <ul style="list-style-type: none"> • Adjusting supports and reducing infection risk associated with COVID-19. • Further assistance for organisations, people and households. • Management and Operational Plan for People with Disability. • FAQs for all stakeholders and information for NDIS participants. • Changes to student visa work conditions for worker of registered NDIS providers. <p>The NDIS Quality and Safeguards Commission also issued a practice alert on influenza vaccine.</p>
1 May	Minister Ruston and the Department of Social Services held a round table with about 10 Disability Representative Organisations (DROs) to discuss responses to COVID-19.

Date	Activity
11 May	Disability Ministers meeting to coordinate COVID-19 response.
14 May	Fifth meeting of the Disability Support Services Committee.
15 May	National Mental Health and Wellbeing Pandemic Response Plan announced with specific funding to support vulnerable groups including mental health and wellbeing of carers.
28 May	Sixth meeting of the Disability Support Services Committee.
May	The NDIS Quality and Safeguards Commission issued provider alerts on: <ul style="list-style-type: none"> • Guidance on preventing, preparing for and dealing with a COVID-19 outbreak. • Guidance from the Australian Government Department of Health to assist NDIS participants. • Advice for people with disability on how to protect themselves from COVID-19.
12 June	The NDIS moved to a post-pandemic phase from 1 July 2020, including the conclusion of some temporary measures.
25 June	Seventh meeting of the Disability Support Services Committee.
17 July	Minister Hunt announces 1 million masks from National Medical Stockpile for disability care workers in Victoria.
23 July	Eighth meeting of the Disability Support Services Committee.
24 July	Disability Ministers met to discuss response to COVID-19.
29 July	NDIS changed guidelines to allow participants and providers in NSW and Victoria to claim the cost of PPE and access additional cleaning supports.
July	The NDIS Quality and Safeguards Commission issued provider alerts on: <ul style="list-style-type: none"> • Guidance on using PPE for disability support workers. • Reminder of COVID-19 reporting obligations
3 August	Establishment of the Commonwealth NDIS Critical Response Group to ensure the rapid identification and resolution of policy and operational issues.
11 August	Proactive outreach to NDIS providers, measures to ensure workforce supply and mechanism for a clinical first response for cases or outbreaks amongst providers and/or residential care settings.
19 August	Daily publication of data on COVID-19 infection rates for NDIS participants and workers commenced.
20 August	Ninth meeting of the Disability Support Services Committee.
21 August	NDIS providers in Victoria and NSW can directly claim the costs of PPE from the NDIA through an hourly allowance.

Date	Activity
	Victorian Government announced the establishment of the Disability Response Centre to coordinate and manage outbreaks and keep residents safe.
22 August	Participant and provider access to PPE extended to restricted areas of Queensland.
August	<p>The NDIS Quality and Safeguards Commission issued provider alerts on:</p> <ul style="list-style-type: none"> • Planning resource for people with disability to exercise control over their response to COVID-19. • Guidelines on the rights of people with disability in health and disability care during COVID-19.
4 September	Australian and Victorian Government provide \$15 million Mobility Reduction Payment for NDIS providers to reduce the movement of support workers between residential disability facilities.
8 September	<p>The third iteration of the Disability Operational and Management Plan was endorsed by the Australian Health Protection Principal Committee.</p> <p>A substantial number of actions have been implemented under the Plan, including:</p> <ul style="list-style-type: none"> • publishing the Coronavirus: Outbreak preparedness, prevention and management guidelines for National Disability Insurance Scheme (NDIS) providers; • producing COVID-19 infection control training for care workers across all health care settings, including disability; • publishing guidance materials on testing, returning to school and individual COVID-19 health plans as well as guidance for in-home providers, health professionals, carers and support workers; and • establishing the COVID-19 Health Professionals Disability Advisory Service helpline.
21 September	Tenth meeting of the Disability Support Services Committee
October	<p>The NDIS Quality and Safeguards Commission issued provider alerts on:</p> <ul style="list-style-type: none"> • Webinar on infection prevention and control for the disability support sector. • Guidance on managing behaviours of concern and using restrictive practices during COVID-19. • PPE buyers guide.
2 October	Minister Robert announced extension of temporary COVID-19 measures until 28 February 2021.
5 November	Eleventh meeting of the Disability Support Services Committee.
19 November	Temporary measures introduced in South Australia, including proactive outreach and the ability for NDIS participants and providers to claim the cost of PPE directly from the NDIA.

Date	Activity
30 November	As at 30 November, the Department of Health, through the National Medical Stockpile, has dispatched approximately 600,000 masks, 40,000 gloves, 10,000 gowns, 45,000 goggles and face shields to the NDIA and to individual NDIS participants.
7 January 2021	The Australian Government announced the COVID-19 vaccine national roll-out strategy. The Australian COVID-19 vaccination program will commence with priority populations including aged care and disability care residents and workers, frontline healthcare workers and quarantine and border workers.
2 February 2021	The Australian Government outlined plans to deliver Australia's COVID-19 vaccination program during 2021, including announcement of an additional \$1.9 billion to go towards the COVID-19 vaccine rollout to help hospitals, GPs and pharmacies on the frontline, and associated logistics, in delivering vaccinations to everyone in Australia.

Current as at 3 February 2021