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**Sent:** Thursday, 18 November 2021 2:51 PM

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**Subject:** Copy of ODI Advice - COVID-19 Care in the Community

**Importance:** High

Kia ora Sam,

In today's meeting with the Minister, Brian mentioned that we recently provided advice on a draft version of the 'COVID-19 Care in the Community' Cabinet paper.

We have not seen a final version of the paper so we are unsure whether our feedback has been taken into account.

The paper was to be taken by the Minister of Health and the Minister for COVID-19 Response. Copy of our feedback below:

The Office for Disability Issues is concerned that this paper is silent on the impacts of this proposal on disabled people.

While the paper references 'health and disability support' in the appendix – this appears to be health supports rather than disability supports.

In the current form, this paper and the approaches recommended will create real concern for disabled people and their representative organisations because of the lack of consideration of disabled people and their needs. The overall intent of "care in the community" approach is acknowledged as required. However from a human rights perspective and disabled person's perspective there is no evidence of how the overall approach proposed will accommodate or be adapted to respond to the needs of disabled people and the potential disproportionate impact of COVID as we move into a minimisation and protection approach within the new COVID-19 Protection Framework.

Disabled people (based on recent consultations with representatives of the community) are highly concerned at the lack of consideration of the additional risks and vulnerability of disabled people as the country moves to the new traffic light COVID-19 framework, especially given the disproportionately high mortality rate (international data) of disabled people who contract the virus.

- The lack of *feeling safe* is as relevant as being safe and will impact behaviours - It is critical that communications regarding the COVID-19 care in the Community model address and alleviate these concerns (and that these communications are in accessible formats eg NZSL, easy read, blind/low vision formats).
- How will disabled people who access home/personal care services be provided those services while a disabled person is COVID positive and in home-based isolation? - Some disabled people are concerned that MIQ accomodation will not allow access to personal cares and other required supports. If disabled people

do not have the confidence that they will be adequately supported at home, this may contribute to a decreased desire to access testing services.

- How will this model work for disabled people living in group homes eg Idea Services?
- ODI has heard that young disabled people are reluctant to be COVID tested as they fear losing their supports if required to isolate – there will need to be considerable targeted communications and information to address this issue.

There needs to be some way of measuring how many disabled people and their family/whānau are involved in the “Care in the Community” self-isolation model.

- We would recommend some representation of disability-focussed “connectors” eg disabled people or their allies – disabled people have had historically poor experiences in the health system.
- There must be a process for ongoing systematic insights/intelligence on issues for disabled people and their family/whānau so that early issues can be identified and responded to at a systems level as well as a personal level – if issues are not resolved quickly, disabled people will be reluctant to participate in home isolation and COVID testing.
  - this needs a twin track approach – effective overall response and more specialist triaged response for disabled people
- there must be disabled people or trusted allies within the regional leadership and coordination groups – without this disabled peoples’ needs are not likely to be considered

Specific changes:

- We recommend the inclusion of a disability population perspective in the Cabinet paper. This must reference disabled people and their family/whānau – there is significant distress being reported by families under current level three restrictions these issues will be exacerbated in a Care in the Community self-isolation model.
- Para 40 should acknowledge “Older people and disabled people at risk of abuse or neglect;”
- There will need to be information in alternate formats – NZSL, Easy read, blind and low vision formats

**ODI would recommend the following paragraph in the populations section of the paper**

- **Disabled people:** There remains significant risk for disabled people - high mortality rates associated with COVID infections are reported in the United Kingdom and the United States. Significant distress has been reported by families under current level three restrictions and there is potential for these issues to be further exacerbated by community isolation and quarantine. In particular, disabled people fear losing their supports if they are required to quarantine. Ensuring accessibility of communications and support will be critical to supporting disabled people to quarantine when needed. The lack of *feeling* safe is as relevant as being safe and will impact behaviours in particular hesitancy in accessing COVID testing. It is recommended that disabled people and their allies are engaged in a rapid design approach to ensure the issues for disabled people are understood and designed into the approach. This should include a robust and ongoing monitoring approach providing systematic insights/intelligence on the issues for disabled people and their family/whānau so that early issues can be

identified and responded to at a systems level as well as a personal and family/whanau level

Given the range of issues identified ODI would propose an urgent need to engage some disabled people and allies in a rapid design approach to ensure the issues for disabled people are understood and designed into this approach.

### **Office for Disability Issues**

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