



Questionnaire: COVID Protection Framework Review

The Department of the Prime Minister and Cabinet is seeking agency and sector feedback on the COVID-19 Protection Framework (the Framework), also known as the Traffic Light system.

In particular, we are seeking your views on:

- whether the Framework remains fit for purpose in supporting our COVID-19 Response – in the context of Omicron (now) and in the medium-term (post-Omicron peak).
- The impact of the Framework's restrictions on your sector, including which restrictions you'd recommend removing and which you'd like to see maintained for a period.

A high-level overview of the Framework can be found [here](#). Framework restrictions currently include masks, record keeping for contact tracing purposes, My Vaccine Pass, capacity limits (including how these limits apply to defined spaces) and physical distancing (currently used as a proxy for determining capacity limits).



1. Compared to the previous Alert Level system, has the introduction of the COVID-19 Protection Framework given your sector or community more certainty and stability?

Stress and Isolation

- There has been significant pressure on families/whānau of disabled children, and disabled adults, during isolation/quarantine, particularly in Auckland due to the long lockdowns. The movement to the protection framework will have alleviated some of these pressures but this was tempered by perceived risks regarding safety.
- Disabled people face additional risks and vulnerability to COVID-19. Given international evidence shows disabled people experience a disproportionately high mortality and infection rates, some disabled people continue to be too scared to leave their homes, even for essential services.

Access to services

- The disabled community has raised concerns with ODI about how government guidelines under the CPF are not being followed, for example:
 - businesses not asking for My Vaccine Passes
 - others asking for ID when presenting a vaccine pass (disabled people do not always have an ID, and this extra step can be challenging for people with an intellectual (learning) disability)
 - unvaccinated individuals using Vaccine Passes that do not belong to them.
- The lack of *feeling safe* is as relevant as being safe and impacts behaviours.
 - With greater perceived freedoms and opportunities to be exposed to COVID-19, some disabled people have chosen to stay isolated.
 - For some disabled people, the CPF framework has impacted their supports adversely (ie preferred carers are unvaccinated, and these supports have been lost)

Communications

- It is important that disabled people can access information about how to self-isolate safely, what supports will continue to be available if required to isolate, and what the COVID-19 Protection Framework means for them.
- There is a need to develop for the disability community simple, clear and consistent tailored information, including in accessible formats, about each of the traffic light settings. Translations of general-audience information fails to communicate effectively with a disabled audience that needs targeted information. Despite repeated calls for this information to be developed, there remains a gap in this area.
- The current information around the COVID-19 Protection Framework (and what this looks like in a real-world context) does not resonate with disabled people and their whānau.
- We have heard that some disabled people (e.g., those with memory and other cognitive conditions) are remaining isolated as it's less stressful for them than trying to understand the CPF messaging – they give up and stay home.

The Disability Rights Commissioner has been vocal in advocating for 'a cohesive strategy that addresses the needs of disabled people in its COVID response'. Her recent media statement on this has been copied below:

1/03/22 An attitude of "oh well we'll all get it" puts the lives of many disabled people at risk.

Widespread community transmission of COVID across Aotearoa New Zealand is now the reality for us. Now as restrictions are eased let's think about what that might mean for disabled people.



Omicron is being framed by many as “mild” or “most people will be fine”. This ignores the concerns and reality for many disabled people, and those with compromised immune systems. References to “most” leaves out the crucial fact that “some” people won’t be fine.

While surely unintentional, these narratives are inextricably linked to ableism and create a perception those ‘some’ lives are not worth protecting. It is a collective duty of government and the public to manage risk for the ‘some’.

These concerns are real. Many disabled people were terrified in the initial stages of the pandemic after hearing overseas reports of ‘Do Not Resuscitate orders’ being applied to people’s medical records without their consent and rationing of oxygen and hospital beds for the ‘young and healthy’ only. In 2020, nearly six out of every 10 who died with COVID in England were disabled. And those with learning disabilities were six times more likely to die.

Of course, we now have vaccines to bolster our defence. But I ask that from here on, anyone commenting on the effects of COVID acknowledge that for some, the effects can be serious and long-lasting. I’d also like to hear commentators and leaders keep encouraging measures like masks, social distancing and full vaccination, to protect people for whom Omicron won’t be ‘mild’.

Many have told me of their fears and concerns about the effect getting Omicron could have on themselves or their children. At the beginning of the pandemic, we talked a lot about the collective approach to protecting people and many I spoke to took comfort in this.

It's even more important now to stress this collective approach with widespread infection and reduced restrictions and do all we can to reduce the spread of Omicron. Having an attitude of “oh well we’ll all get it” puts the lives of many disabled people at risk.

This risk to disabled people is not just Omicron. The rights to healthcare and health protection are fundamental human rights. Yet, disabled people face poorer health outcomes than non-disabled people, particularly those with learning disabilities. This is partly due to the many barriers preventing access to health (poverty, transport, inaccessible facilities, not always seeking medical attention). These barriers have not suddenly changed. In fact, with the increased pressure on our health system the pandemic creates, these barriers are potentially exacerbated.

The other way disabled people’s lives get put at risk with a ‘oh well we’ll all get it’ attitude is many disabled people rely on people coming into their home to provide daily care (things like toileting, cooking or getting people out of bed). The Ministry of Health has acknowledged the potential impact of Omicron on the carer workforce. I have been told of disabled people not having their support worker turn up because they are a close contact or have COVID.

Family and friends also provide support in our lives, particularly in times of crisis. Many families are already under pressure during this time and asking them to provide additional support to fill gaps is not an option for many people.

The other narrative needing a reality check is personal responsibility for COVID care and self-isolation in the home. Many disabled people rely on additional supports in less extraordinary times. Public messaging could now be more nuanced to address how disabled people can get this support, recognising not everyone can self-isolate.

We have heard accounts overseas of disabled people who have been given medical advice to stay home because of the risks of COVID. We need to make sure that disabled people are not further marginalised by feeling they can’t go out because infection control measures are reduced.



I've been urging the Government since Covid arrived to develop a cohesive strategy that addresses the needs of disabled people in its COVID response. It must address things like:

- What and how information is provided to disabled people and the support they can expect
- Making sure continuity of care is monitored and audited
- Collecting data to support an equitable population response to managing COVID
- The support needs of disabled people and their families when self-isolating in the community
- Addressing workforce shortages in the health and disability sector
- The supports that need to be in place for disabled people who need medical advice and services during this time.

Human rights are not just about entitlements. They are about responsibilities to each-other. If we don't mitigate the specific risks of widespread Omicron to disabled people as we ease restrictions, then we risk the lives and wellbeing of many disabled people, and those with compromised health. And that's on all of us.

2. Are there any aspects of the COVID-19 Protection Framework that have significantly disrupted cultural or religious practices and activities? How has your community adapted to these issues or concerns?

N/A

3. Are there any immediate changes you believe need to be made to the COVID-19 Protection Framework to better support or protect your sector or community?

Data and Evidence

- An ongoing and pervasive issue is the shortage of data being collected on disabled people's experiences. Without this, we rely on anecdotal evidence from the community and have limited ability to identify and measure issues (as well as to ensure issues have been resolved).
- The Care in the Community model does not provide a commitment to monitoring disabled people's needs or how the government is responding to and resolving any issues raised, including disability service provision. This continues to contribute to anxiety levels – both for disabled people and their families/whānau.

Workforce shortages

- Disabled people need to be able to access appropriate support services for their needs, while also being protected from workers that could have COVID-19.
- We continue to hear anecdotal reports of disabled people and their family/whānau struggling to access carers and other supports.
- Some disabled people may not feel comfortable to raise concerns (about the care and support they receive) with their Disability Support Services Provider. It is important that mechanisms are in place to enable disabled people to escalate any concerns and have these addressed, and to collect data and information on any emerging issues at a national scale.
- The CPF offers no guidance for disabled people seeking reassurance on what disability services they can expect to receive should the workforce be impacted by COVID-19, nor how services will be delivered.

Face Masks



- We acknowledge the ongoing work to improve policy settings around the use of Face Mask exemptions. Disabled people unable to wear face masks continue to report discrimination when accessing services. Creating safeguards so only people who require an exemption can access one, will decrease the any potential discrimination risk.

4. Being optimistic, but realistic, what would you consider ideal in terms of COVID-19 regulation in the medium term? Why?

5. If your business/service/venue/community did not have to operate with COVID-19 restrictions (vaccine passes, masks, capacity limits, record keeping for contact tracing), how would you respond? Would you voluntarily keep any of these measures in place for health and safety reasons?

6. If all COVID-19 restrictions were removed, and you could direct what was done to minimise infection and transmission of COVID-19 in your sector or community, what would you do?

E.g. in terms of restrictions on your sector or communities – which restrictions do you think should remain, be changed, or be removed on the downward slope of the Omicron peak? What is your ideal vision for operating in a COVID-19 environment in the medium term?

General sentiment from disabled people and their families has been that there is a strong focus on business and the economy, rather than the welfare of disabled people.

Disabled people and their whānau are highly concerned at the lack of consideration of the additional risks and vulnerability of disabled people as the country has moved to the COVID-19 Protection Framework, especially given international evidence showing disabled people experience disproportionately high COVID-19 infection and mortality rates. Some of these concerns may be shared by other population groups, such as seniors.

The community has reported feeling like an 'after-thought' throughout the COVID-19 response. Any decisions regarding the loosening of regulations should be balanced with careful consideration of the impacts that these will have on disabled people's confidence to participate in society, but also the impact on other critical supports such as carers and family/whānau.

We would strongly recommend engaging the disability community before 'reducing' or 'removing' any existing regulations, and if changes were made, that any comms messaging is developed in alternate formats for simultaneous release with general public messaging. Disabled people report that they feel further disadvantage and inequities when changes are implemented as they do not receive information about a change until many weeks after it is made.

We would anticipate that any changes to remove regulations are likely to be widely criticised by the disability community, and that the community would prefer to keep as many measures in place as possible to protect themselves. We would expect the disability community is likely to take a positive view of regulations, and to see these as important "safety measures" rather than "restrictions".

If regulations were removed, it would be important to ensure that disabled people can make informed choices about potential risk before accessing a business/service/venue. Many disabled people would favour businesses and organisations who continue implementing measures such as vaccine passes and face masks.

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