

NZDSN Submission Notes for Epidemic Response Committee

The New Zealand Disability Support Network (NZDSN) is the umbrella group for Disability Support providers in New Zealand. Our members provide residential services, supported living services, vocational services, day programmes and employment support services. Collectively these organisations employ around 30,000 people supporting over 40,000 disabled people and their families. The provider sector is diverse with many having multiple contracts within and across funders – Ministry of Health, MSD, ACC and Oranga Tamariki

I would firstly like to acknowledge the huge effort that providers and their front line staff have made in extraordinary circumstances to respond to the requirements of Alert level 4 – keeping everyone safe and at the same time being willing to explore new and creative ways of providing support and keeping in touch with disabled people and families. Large numbers of support workers have chosen to live in the bubble with the people they support.

Both funders and providers have had to be more flexible – in terms of contract requirements and the creativity and innovation that has been unleashed. In a post COVID-19 world we do not want to lose this flexibility – it has been a long time coming. Critical investment will also be needed in employment support services to ensure disabled people are not left behind in the economic recovery period.

A General Observation: Our experience with the COVID-19 response has been characterised with difficulties getting adequate and relevant attention onto issues specific to disability providers and the disabled individuals and families they support. The sector has been overshadowed by a larger health narrative focused on DHBs and other core health settings. This has frequently led to slow and contradictory communication and decision making from the Ministry of Health. This has manifested itself around things like:

Disability Support Workers not being initially recognised as part of the essential workforce (for example not having their employer ID accepted). Communications still references front line “health” workers not “disability support/community support” workers. Their status as essential workers continues to be challenged (police checks; at supermarkets).

Confusion about guidance and variable access to PPE for front line support workers. Contradictory messaging between the Ministry website and the DGs

instructions to DHBs with reference to community health and disability providers and their front line workers (masks and gloves being available for providers and individuals who have determined a need for them). This determination is based on factors such as: disabled people and families insisting that masks be worn; individuals being supported who do not understand social distancing and/or who have significant underlying health conditions; support staff having to cross multiple bubbles during a work day; entering premises where there is uncertainty around who else might be present.

PPE distribution is still very much a work in progress. We do not have a national distribution system, but we have 20 distribution systems through each DHB. Access, quantities delivered and delivery times are still variable across DHBs. And many providers have to deal with multiple DHBs. Many providers have sourced their own PPE through private suppliers, often at considerable cost.

Confusion and uncertainty about access to additional funding for COVID related costs under Alert level 4 and how this intersects with government wage and leave subsidy schemes. Ministry advice has been not to apply for wage and leave subsidies for the period covered by the Alert level 4 where surety of contracted funding was provided and that reimbursement for extra-ordinary COVID related costs would be provided, including the cost of back filling staff stood down on paid leave (note that many providers lost up to 30% of their staff at the start of the lockdown due the age and health profile of the workforce). However, the process for, and timing of reimbursement for costs is still unknown. Note that leave subsidies cannot be paid retrospectively. The cost of ensuring that an essential service can continue to provide safe and quality support to disabled people is significant. A significant proportion of providers are now financially exposed.

Additional costs in level 3 are likely to be similar to level 4. There is no assurance of any funding for additional costs under alert level 3, apart from the governments essential workers leave subsidy.

The disability sector entered the pandemic already in the midst of well documented and long standing funding shortfalls. The delays and confusion over reimbursement for additional costs under alert level 4 and the absence of any assistance under alert level 3 (apart from the essential workers leave subsidy) is set to create significant financial difficulties for many providers. Some are already eyeing their next payroll with mounting anxiety. Further undermining the resilience of an already financially stressed sector will have a long term impact on quality and safety.

Finally, Alert Level 3 will provide its own unique challenges, not the least of which is the balancing act that providers have to manage with the opportunity for expanded bubbles and visits to residential services by family members – in a setting that is both a home to the people who live there and a workplace for those who work there. Managing competing risks – health and safety of disabled people, families and workers – alongside the legitimate wishes for families/whanau to reconnect will be a challenge. We need to remember that in a home of 5 residents there will usually be 5 sets of families – that’s another five bubbles – along with the potential for the expanded bubbles of staff who work in the home but do not live there.

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Link to

Epidemic Response Committee challenges government's health response

<https://www.parliament.nz/en/pb/sc/scl/epidemic-response/news-archive/watch-public-meetings-of-the-epidemic-response-committee/>