



January 2022

Attention: CDHB Disability Steering Group

Re: Impact of COVID-19 on the Disabled Community

1. By way of introduction Disabled Leadership Canterbury (DLC) was born out of the whakapapa of The Earthquake Disability Leadership Group Trust (EDLG Trust), which was originally established in 2011 by Ruth Jones and Gary Williams to support an accessible rebuild of Christchurch.

Our Trust was one of the leading voices in the regeneration of Christchurch and has since transformed to support disabled people through other social challenges and crises, including the March 15 attacks on Christchurch masjidain and now the Covid-19 pandemic. Our Trustees and network have representation on a large number of key community groups that influence the development of accessibility, inclusion, and wellbeing solutions in Canterbury. We provide a mouthpiece to and from the disability sector.

As a network, we facilitate regular disability community meetings to connect people and solve local accessibility and inclusion issues. Our work includes ensuring an inclusive, ongoing COVID-19 crisis response for disabled people in Canterbury; supporting mental health and wellbeing resources for the Waitaha disability community; and continuing to promote the accessibility of public buildings and spaces in Ōtautahi and beyond.

The Risk of COVID-19 for disabled people in the community

2. Disability Leadership Canterbury continues to ensure that disabled and whanau voice is paramount during this time and that they are currently demonstrated in this environment.
3. At the end of 2021 the DLC hosted an open round table discussion regarding the risks and challenges that disabled persons and their whanau face. This conversation focused on what needs to be considered in the strategic plans for this continuing pandemic, from that grew some ideas of where to go from there. There are a few areas of concern where DLC feels there has not been an appropriate plan put into place by the Government on how to effectively protect disabled persons and their whakapapa.

4. These areas include, but are not limited to; what support is required for disabled persons in the community, in hospitals and other facilities, and what support is needed for their whānau. These areas were raised in the hui by both members of the community and the Disability Leadership Canterbury board.
5. I would like to reiterate how this pandemic has and will impact the New Zealand disability community, including disabled persons and their whānau.

Support required in the community

6. There are a few areas where further support and clarity need to be given to the disabled community.
7. The first is in regard to persons who may need to self-isolate at home. There are people within the community who require support person/s to meet their day to day needs, or who may live alone and who are already isolated. These people are at greater risk should they need to isolate.
8. There has been a statement that when a disabled person tests positive for COVID-19 they will receive 'wrap around support'. We are keen to understand what 'wrap around support' entails and how it will work.
9. There has been no clarity around what steps a person should take upon testing positive for the virus, or on how to receive the 'wrap around' support. A person with disabilities who requires help at home has more factors that need to be taken into consideration than a person without who has tested positive.
10. There have also been concerns raised on what information the person on the end of the 'phone' will have regarding the person on the other end of the phone when they do call. A member of our community here in Christchurch mentioned in our hui that they would like for that person to know them, and what it is that they want and need. To know their plan and why it has been put in place, rather than to be questioning why it is that a family needs what it needs.
11. Disabilities fall on a wide spectrum and each disability will be impacted differently by a positive test and will therefore require a different, catered, response.
12. There are also persons with disabilities who may live alone and have been isolated before Covid who are at risk should they fall sick overnight and are unable to reach the phone or contact anyone. Contracting COVID-19 will impact a disabled person much faster and more severely than a person without a disability. Once again this will look different for each disability.
13. There have been supply issues for necessary medications, related supplies, and food for disabled persons. An example of how quickly this could impact a person is a delay in supplying the necessary substance for a feeding tube. A feeding tube is used when a person has trouble chewing or swallowing and the substance that is required cannot be purchased from a supermarket and there are not any alternatives. A delay in supplies such as this will have serve impacts on members of the community. People are relying on their suppliers and the supply chains in order to survive.
14. The question is what is being done to ensure that the community has the support required? Is there a protocol in place for any person who might live alone or be isolated from their community during this time?

Support required in hospitals and other facilities

15. As this pandemic develops and the threat of omicron looms over the community there also looms the threat that more people may need to be moved to hospitals or other facilities. There are challenges and real fear that disabled people face should they have to move into a facility or hospital, such as communication differences which require a support option.
16. There are barriers should movement to a facility or hospital be required. For some movement or transport like that is simply not an option. There needs to be a plan put in place which accounts for circumstances such as those, one which provides an equipped support system.
17. Alongside this we would also like to stress that the home healthcare model is one which is focused on meeting a person's needs in a comforting and familiar environment. One which supports their emotional and mental health alongside their physical needs. We understand that there are circumstances where this is not a practical situation, but where possible it should be able to occur.
18. This calls for protocols to be put in place that allows for this, such as utilising rapid antigen testing for support persons prior to entering the household in order to help keep people safe and aware of their situation. It could also include new training protocols which work to include the whānau in the health care/support person role where possible.

Support required for whānau

19. Whānau are also impacted by this and so there are concerns which have been raised around the support that is being provided for them. Such as what happens if a parent who cares for a disabled child contracts covid and can no longer provide support for their child. Will the 'wrap around' support include around the clock child care which supports the disability, or should a family member step in to take on this role will there be financial compensation for their loss of income?
20. We have referenced the home health care model and support persons that are required for some people to live. These include a person's whānau, they are members of their support system as well and they need support themselves.
21. Should covid begin to spread through the community at a faster rate there will not be capacity for 'wrap around' support to be provided to each person as more and more people contract the virus. There is a concern of capacity for these services, which will limit the support services available to whānau.

Final remarks

In conclusion it continues to be necessary to have a seat at the table for a community voice in this discussion. Disability Leadership Canterbury looks forward to the working collaboratively with the disability steering group on this matter in order to gain the best outcome possible for our community.

Ngā mihi,

Ruth Jones