**Special Series: Living with COVID**

**Interview with NDIA Deputy CEO, Lisa Studdert**

**Dr George Taleporos:** Hiand welcome to Reasonable and Necessary, Australia’s premier podcast series on everything you’ve ever wanted to know about the National Disability Insurance Scheme, brought to you by the Summer Foundation.

I’m your host Dr George Taleporos and in this episode of our special series on COVID-19, we talk to the Deputy CEO of the NDIA Lisa Studdert about the role of the NDIS in supporting people through the pandemic.

**George:** Hi, Lisa. Thank you for joining us.

**Lisa Studdert:** Thanks, George. It’s lovely to be here.

**George:** Now, I’m just going to start by asking your views on this. Why do you think that the current vaccination rates of the NDIS participants are lagging behind those of the general population?

**Lisa:** Well, it’s something that – it’s a good question and something I do think about every day. And we talk to a lot of people and we’re very open to getting more input on this. The good news is that the growth in vaccination coverage has not slowed or stalled. So it’s still going up every day. I see numbers every day and I check and we’re still growing day by day. It is just about – around about 10% behind where the general population is at. And as you said, why is that? We think it’s because in general there have been access challenges for NDIS participants which have taken a while to get addressed. Obviously the slow availability of vaccine early on meant some people were maybe reluctant to go out and get the vaccine as it became available. And there may be some hesitancy which we’re now just starting to identify across the cohort. And try to understand and work with the sector to address – and with individuals and their families and carers.

But we are getting there slowly and we’re hopeful that it will – ultimately our goal is that it is at least as good as, and widely spread as the coverage for the overall population.

**George:** Well, I’m hoping it will be higher, because –

**Lisa:** Yes.

**George:** – people with a serious disability are most at risk. So we need to aim for as high as we can and I think absolutely beyond what we’re seeing in the general population. That…

**Lisa:** Absolutely. I couldn’t agree more.

**George:** So tell me, what are some of the things that the NDIA are doing to support participants with – in the states that are affected by COVID-19?

**Lisa:** Well, first of all, in terms of participants that have been affected by COVID-19, we want to make sure there is full access to PPE. That there is assurance that supports will continue. And so working closely with the provider sector to ensure that the workforce is available and well-prepared to work in both COVID positive settings, as has been the case, sadly, in a number of jurisdictions over the last few months. In fact, over the last two years. And then ensuring that the appropriate response can be put in place in terms of clinical first, that the response to infection outbreak is appropriate from a clinical perspective. And then for the safety and wellbeing of participants and their carers. That the appropriate clinical supports are around them. And then that the management of home isolation monitoring for disease is done in a way that is effective and ensures appropriate and timely medical care.

There are some payments available through NDIS participant’s plans to support PPE. To support deep cleaning when that is required. Support for workers that need to isolate, if they have been identified as close contacts. And in doing that, to ensure that workers can continue to be able to attend their workplaces and provide the supports that participants need.

**George:** And what if someone then needs more support in their plan as a result of, for example, either acquiring COVID or being in a situation where they need that extra support?

**Lisa:** Yes. So we recognise that has been the case and could still be the case going forward. Because people’s routines have been disrupted, some of the programs that people might have participated in have not been operating for some time in some cities and towns. So yes, there is an open invitation and expectation that participants can contact their planner or their LAC and ask about how plans can be adapted and adjusted to the situation as it has evolved for them.

**George:** There are some people who are stuck in hospital and – is that being addressed by the NDIA?

**Lisa:** Yes. We’re very mindful of that issue, George. The issue of hospital discharge has been somewhat active between the commonwealth and the states and territories, as is often the tradition in inter-government politics. But at the heart of that, there are individuals that need to have arrangements put in place for discharge. And we are working very closely with the states and territories on that. But also with our hospital liaison officers that we now have in place in each jurisdiction to ensure that appropriate arrangements can be put in place.

I should say that there are not – we have monitored closely to the extent that we know NDIS participants that are hospital because of COVID. And there haven't been many of those, thankfully. Although of course any where there has been illness is of concern. But there is just always at any point in time, participants in hospital, as you would expect. But ensuring where that has impacted on the availability of supports, the housing needs they may have, we want to ensure – we need to do more to get timely reviews put in place and those housing adjustments made, or new housing arrangements put in place. And we know that does take some time, so we are certainly looking forward to understanding how we can do that more quickly.

Often it has to be done in collaboration with the state or territory government. Particularly where there are housing needs that aren’t within the domain of the scheme. But that is again where we have now a very regular conversation. And in fact, I just had some email communication with the Director General of the Western Australian Health Department this morning about this exact issue. So it’s a very current topic.

**George:** It certainly is. I do worry about people who are in the hospital who are surrounded by a lot more risks, because of the –

**Lisa:** Yes.

**George:** – cases of COVID in some states at the moment. And we need to do everything that we can to get them somewhere where they’re at less risk. I think that’s a very important priority that we need to sort out.

**Lisa:** Yes. And of course, it’s been a longstanding challenge, but there is certainly – COVID, as with everything it’s impacted, has made it more of a challenge. Including things like we’ve seen a slowdown in housing construction in some states. Just being able to take people to view potential housing options has been hard to do with lockdowns. So there are a number of challenges that are putting increased pressure on the process that we are trying to progress with participants.

**George:** And what if people do need to go to hospital because they’re COVID-positive? How does that affect their NDIS plan? I mean, for me, I have quite high support needs, and nothing terrifies me more than ending up in hospital, having my supports taken away from me. People that know how to support me, often takes them years and years to do that to my satisfaction. I do worry about this issue. What are your views on this?

**Lisa:** Well, it is undoubtedly a difficult issue. And I can understand the concerns. Under the operating parameters of the NDIS, it is the responsibility of hospitals to ensure that a patient – of any sort or wherever they’ve come from, as Australian citizens, have the full array of supports to look after their care and needs. We recognise that arrangements can be put in place for alternative care, if that’s what the hospital needs to ensure the appropriate medical care and clinical care is provided. And in some cases, where that is not possible then there will be discussions around how the appropriate care can continue to be provided in the hospital setting. It is one of our challenging interface issues. And we certainly recognise that that’s been very much front of mind for people during the COVID pandemic. But first and foremost the hospital and the clinical care has to be in control and managing the care and support and the quality of that around individuals. And then of course ensuring that that is a full suite of care of support that an individual needs at that time.

**George:** Yeah, I absolutely understand the need for hospitals to do everything that they should be doing to support people with disabilities. I just think that we need to look at things on a case-by-case basis and recognise that for some people, it would be some real risks if their NDIS supports are not available to them –

**Lisa:** Of course.

**George:** – when they’re in hospital.

**Lisa:** And nothing we do or nothing any of the health and disability care systems do should put anyone at risk.

**George:** Yeah, absolutely. Definitely that’s important. And what do you think about the role of support coordinators in making sure that people are vaccinated and making sure that people have the right supports in place? Do you think they have a vital role?

**Lisa:** I think in many cases for participants, they do have a vital role, because they are a trusted part of the support and care system around individuals. They know the NDIS participant that they’re employed by well. We have worked actively with Disability Intermediaries Australia, the peak body for support coordinators, to provide an array of advice and information to support coordinators around vaccination opportunities and options. And really encouraged and reached out to ensure that they are playing an active role in reaching out to the people that they are supporting to enable vaccination, where that is still needed. We recognise that that has in some cases led to additional administrative burden on – or administrative cost for providers, not just support coordinators but other providers. And so there is a payment available that recognises that, where they are successful, where they have put in place arrangements that enable a participant to get vaccinated. So we’re very much encouraging the uptake of that.

But it’s really ensuring that they have the full array of information. And it’s very – as we know, the information and the available vaccination options has evolved rapidly over the time, over the last few months. Only 6 weeks ago there was no vaccination available through pharmacies. That became available and that certain quickly increased the available options for participants. And we were quick to ensure that support coordinators, and in fact all our providers were well aware of that option. In fact, we worked with the Pharmacy Guild of Australia to put in place a special QR code for NDIS participants and NDIS workers to ensure they get rapid access to a vaccination at their local pharmacy. And we’ve made that –

**George:** Yeah, that was great.

**Lisa:** – widely available.

**George:** That was a great initiative, I think that it’s something that I was calling for, for a while, just making sure that we had a streamlined process that prioritised people with disabilities…

**Lisa:** Exactly.

**George:** For vaccination. I think that needs to be definitely congratulated. I just want to end on talking about flexibility in the use of funding. I know that the NDIA has introduced some flexible options for people in the states that are affected by COVID, such as around meal assistance or meal delivery. Can you talk us through some of those?

**Lisa:** Yes. Well, we recognised in some of those COVID hotspots – and this was particularly back at the time of the Sydney outbreak, when it was at its worst – that there was increased risk for participants and carers if they needed to do meal preparation at home. And so we did put in place a temp – well, it will be a time limited payment, but it’s a support that’s available for preprepared meals to be delivered to ensure that that obviously necessary care continues. But that we’re managing risk at the same time. So there’s information about that on our website. And look, as with all the COVID-related supports that we’ve put in place, we’re going to continue to revise and review those as the pandemic continues to evolve. For those of us, George, like you and me in the south-eastern states and I’m in Canberra. I think you’re in Melbourne.

**George:** Yes.

**Lisa:** We hope that we’re past the worst of the pandemic. But we know that there are still states such as Western Australia and Queensland that will have to face that as we open up further. And so we’ll continue to ensure the supports are adjusted accordingly as the pandemic evolves.

**George:** Yeah, absolutely. And I just want to end with asking you this question. What advice do you have for NDIS participants that are concerned about this adjustment that we’re going to all go through around living with COVID and having COVID in the community? What advice do you have as the Deputy CEO of the NDIA?

**Lisa:** Well, I’m very hesitant to provide advice to participants, because I know that the fears and concerns that many have will be very real and not to be trivialised. Obviously vaccination is the best and first defence that we can give ourselves and those around us. And we’re obviously also now looking to the rollout of the booster or third vaccination over the coming months. And we will again be working with providers and participants to ensure there’s clear messaging and supports around accessing that. I’m sure the public health officials would have us continue to wear masks whenever we’re not feeling safe or comfortable with the risk around us. And I guess it’s just being as well-informed as you can and ensuring the people around you are well-informed. And that we follow the public health advice, because it has changed over time as we learn more about this virus and the impact it has on the population and particular communities and groups of people, as it continues to evolve.

**George:** Thanks, Lisa. I know that you’re a very busy person. I very much appreciate your time and, in joining us, and have a lovely afternoon.

**Lisa:** Thanks, George. Sorry it was a bit rushed today but happy to chat any time.

**George:** Thank you, Lisa.

**Lisa:** Thanks.