

NDA Advice:

**Specific Issues for Persons with
Disabilities regarding
implications of COVID-19**

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**Údarás Náisiúnta Míchumais
National Disability Authority**

During the COVID-19 pandemic, the NDA advises the importance of including considerations relevant to persons with disabilities in planning and activities to mitigate the spread of the virus, as well as in terms of addressing wider public policy considerations. This includes considerations relevant to persons with physical, sensory and intellectual disabilities, as well as those with mental health difficulties and autism, no matter what their circumstances.

We note the work progressed by the sub-group for Vulnerable Persons under the National Public Health Emergency Team, and welcome the inclusion of considerations relevant to persons with disabilities as part of the community engagement process. The NDA recognises that the current circumstances can be particularly challenging for some persons with disabilities for a range of reasons. We also advise that there are considerations beyond those related to health and social care, including, for example, in the area of employment, recognising that persons with disabilities may be particularly at risk of being out of work due to this crisis, and therefore vulnerable to the economic impact of same.

The COVID-19 virus has led to a sudden and dramatic shift in patterns of living and service delivery across the population. This can be difficult for persons with disabilities and their families, both in terms of adjusting to social distancing requirements, and to accessing information, services and supports necessary to remain safe and healthy. It is important that persons with disabilities can have their voice heard in relation to any developments being planned or implemented on issues relevant to their lives.

Residential services

The NDA notes that residential centres are particularly vulnerable to the spread of the COVID-19 infection. In referring to same, the NDA includes congregated or 'institutional' settings with 10 or more residents, but also homes within the community where a number of individuals may live together in groups with staff support. While national policy indicates that funding should only flow to centres with a maximum of four residents, the NDA notes that there are still a number of designated centres with between 5 and 9 individuals with disabilities living as a group, together with support staff. The staff and residents within these centres may not have the same opportunities for self-isolation in the event of illness or exposure to the virus as the general population, and this can accelerate the spread through the facility. It is also the case that there are a mix of staffing arrangements in such centres, with some staff 'living-in' and others attending on a rota over the course in the day. Changeover in rosters and the attendance of staff can also give rise to further opportunities for cross-contamination between the community and the residents in the centre, so that it is critical that there are

high standards in place concerning use of PPE for example but also in supporting residents in terms of the new situation they find themselves in given the restrictions they will be experiencing in line with government policy for the population in general, and also with a focus on self-care and well-being considerations.

The NDA advises the importance of ensuring that health and social care staff can access personal protection equipment as required throughout the duration of the pandemic, and that training and guidance is provided on the use of this equipment as appropriate. We acknowledge the recent focus on the risks faced by nursing homes and the older residents of same and advise that similar risks are also experienced by persons with disabilities living in disability-specific residential settings. NDA also notes that there are a number of persons with disabilities resident in nursing homes for older persons, and therefore also at risk in these settings.

While the HSE has prepared guidance for use of PPE in disability services, there can be challenges in securing access to an adequate supply of this equipment, and NDA advises the importance of supporting service providers in this regard.

The HSE has developed Coronavirus (COVID-19) guidance for vulnerable group settings, including residential settings for people with disabilities, which is welcome. Where persons with intellectual disabilities are resident in such communal settings, it is important that information on requirements regarding social distancing, self-isolation measures, and the use of PPE is communicated in a variety of ways, so that the residents are as aware of and comfortable with new arrangements as possible. Staff may also need to review protocols for how individuals who are diagnosed with COVID-19 are transferred to hospital if necessary, including whether they need to be accompanied in order to ensure healthcare information is clearly communicated and understood by the individual in question, with due regard to the safety of both staff and those in need of treatment.

Persons with Disabilities living in the Community

The NDA advises that the majority of persons with disabilities do not reside in specialist disability settings (discussed above), but rather live in their own homes in the community, either individually, or with their families. Many of those living alone or with their families rely on social care supports to live independently, either in the form of personal assistant hours or a homecare support package. In these situations, the supports can be delivered by a range of social care workers visiting individual homes. Where an assistant or home support worker is

providing support to a number of individuals, there are increased risks opportunities for the spread of the COVID-19 virus if appropriate safeguards are not taken. This can include the use of gloves, masks or other PPE, ensuring adequate supplies and that there are effective means for relevant bodies to access same. It is also important that there are clear protocols and practices regarding the use of PPE in the home environment, and how to avoid transmission of infection between households and clients, and also in terms of guidance with regard to ensuring compliance. The recent announcement to ensure supplies for home care workers is welcome and it will be important that the rollout of same is monitored to ensure it reaches all of those involved in those roles.

The NDA emphasises the importance of service providers who employ PAs or homecare workers providing clear guidance to their employees to assist in minimising the chances of infection being passed between households, and that persons with disabilities and their families are made aware of this guidance. The NDA advises that it will be important for support workers to have access to PPE and knowledge of how it should safely be used, and that their employing organisation has a role to play in this regard.

In some situations, the individual with the disability employs their personal assistants directly. This gives rise to questions regarding responsibility for obtaining PPE in such situations, and guiding on its appropriate use. Given the current pressures on the supply of this equipment, the NDA advises that there may be a need to consider how individuals not directly connected with services can be supported in this matter, and whether there is a system in place for prioritising access where there are competing demands.

The NDA notes the absence of a national policy for provision of Personal Assistance (PA) support, while a national policy and underpinning legislation for homecare support is still at the development stage. There are distinctions between home care worker role and the role of personal assistance however. There are currently no unifying standards for provision of these supports, and no standard approach to the managing and resolution of any issues arising. The NDA suggests that the COVID-19 pandemic further highlights the need for work on a national personal assistance policy and home care standards to be expedited.

The preferred option for most persons with disabilities is to live independently in their own homes in their communities and to avail of supports for how they live their lives and participate in the community, employment etc. Adequate PA supports are one route to achieving same, but there are also other relevant enablers, including universally designed housing and assistive technology. The NDA has previously developed guidance relevant to persons living with

dementia,¹ aimed at ensuring these individuals can be supported to remain in their own homes for as long as possible, rather than entering an institutional setting where we are seeing such high incidences of infection in the current pandemic. The current situation offers an opportunity to consider how this guidance on Universal Design can be applied in other situations relevant to disability, so that the population can, in future, be supported to live independently for as long as possible.

Other impacts of COVID-19 on lives of persons with disabilities

As the World Health Organisation (WHO) has advised, not only are people with certain disabilities more at risk if they contract COVID-19, but also people with disabilities are disproportionately impacted from the disruption to ongoing health services caused by the pandemic. The WHO advises that health authorities can reduce the barriers for people with disabilities who need continuing access to health services during the crises by providing accessible information, establishing targeted information hotlines and communicating through relevant disability organisations and networks.

We note some recent media attention given to those situations where families are experiencing increases in challenging behaviour from their family members with disabilities who may not fully understand the change in their routine or the requirements for social distancing. The NDA advises that it may be particularly challenging for individuals who may no longer be able to attend day service places, or those families who had been used to receiving a certain number of respite hours to supplement their own provision of support and care. We also recognise that some key frontline disability staff, such as therapists in children's services, have been moved within the HSE to roles supporting COVID-19 work, e.g. contact tracing. While dealing with the pandemic is the most important issue the HSE is currently facing, the NDA advises that where frontline disability staff have been redeployed, alternative plans are put in place to try to provide some level of support to families. This may include maintaining a level of contact between services and all families and where families who are facing particularly challenging circumstances are identified, that tele-support and other appropriate methods of engagement are put in place.

The role of assistive technology is also important in enabling telecare or telehealth supports, which achieve particular relevance in situations such as the

¹ <http://universaldesign.ie/Built-Environment/Housing/>

current one, where people may prefer not to visit health centres or GP surgeries in order to mitigate the risk of infection. NDA advises there may be valuable learning from current implementation of solutions in this regard that could be applied in the future as a route to maximising the independence of persons with disabilities living in their own homes in the community.

We note the work progressed by Department of Rural and Community Development to leverage existing community networks to support individuals and families across vulnerable groups, including persons with disabilities, and have advised the importance of any communications in this regard being developed with due regard to accessibility, among other considerations. We look forward to seeing this work advanced, and advise there may be learning for further development of communities that are fully inclusive of persons with disabilities in line with the provisions of UNCRPD once this particular crisis has passed.

The NDA also notes the progress made to date in improving the employment outcomes for persons with disabilities in Ireland, including through actions committed under the Comprehensive Employment Strategy for Persons with Disabilities (CES). While more remains to be done, NDA recognises some developments and innovative approaches that have been implemented both in the public sector and among disability service providers in recent years, including supported employment and internship models. We are concerned, and are also aware of concerns of stakeholders in this space, that the progress achieved to date may be reversed on foot of employment lay-offs owing to COVID-19, particularly as large numbers of persons with disabilities in employment are in sectors vulnerable to the economic downturn, such as retail, catering and hospitality. We advise the importance of continued commitment from all relevant actors to implementation of the CES once the immediate crisis has passed, noting that employment is a valuable route to social inclusion, as well as physical and mental well-being. Restoring employment levels and the economy will be a critical areas for attention as the COVID related restrictions are lifted, and it will be important that any planning for same always has due regard to employment of persons with disabilities, as they have continued to experience low employment levels and may be most likely to be impacted by any downturn.

Conclusion

The NDA recognises that the circumstances created on foot of the COVID-19 pandemic are unprecedented and challenging for all. We also acknowledge that there will be a significant impact on the State finances when the initial crisis has passed. However, we advise the importance of continued work to progress independent living, equality and inclusion for all persons with disabilities,

particularly in light of Ireland's ratification of UNCRPD. While public expenditure may be constrained in the immediate future, we advise the necessity of exploring innovative ways of working and leveraging available funding so that any improvements to date in the lives of persons with disabilities are not reversed, leading to a failure to comply with the provisions of the Convention.