

# COVID-19 Leave no one behind



CID consultations with people with intellectual disability on the Australian Government's response to Coronavirus (COVID-19).

June 2020

## Introduction

On 11 March 2020, the World Health Organisation (WHO) announced that the novel coronavirus (COVID-19) was a worldwide pandemic. The pandemic presents particular challenges and health concerns for people with disability. The Australian Government recognised these concerns and established in early April, the Advisory Committee for the COVID-19 Response for People with Disability. The committee provides expert advice on the health care needs of people with disability, their families and the disability service sector.

The advice from the committee helped to develop the Australian Government Department of Health's Management and Operational Plan for People with Disability: Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) ('the Plan'). In response to the extreme and immediate risks from the COVID-19 pandemic, this Plan was prepared in a very concentrated process over one week.

The speed of preparation of the Plan meant that there was no direct input to it from people with intellectual disability. This created the risk that issues important to people with intellectual disability were not captured in the initial Plan.

On the basis of these concerns, the Council for Intellectual Disability (CID) held consultations with people with intellectual disability in May 2020. The purpose of the consultations was to understand the experiences of people with intellectual disability during the COVID-19 pandemic, and to get feedback on the Plan and inform the revision and implementation of it.

The people with whom we consulted with were generous with what they chose to share and reinforced the insightfulness, resourcefulness and resilience of people with intellectual disability. Despite the focus of the consultations being on COVID-19, many people shared remarkable stories of coping and resilience.

This report will cover:

- Key recommendations

- Methodology
- Summary of findings and issues.

## Key recommendations

Note: Recommendations in this report are generally directed to the Australian Government Department of Health (DoH) as the body with lead responsibility for the Management and Operational Plan. However, it is recognised that DoH will in some cases look to other agencies to lead action on recommendations on issues within their responsibilities.

**Recommendation 1:** The Australian Government Department of Health (DoH) should raise the awareness that people with intellectual disability have of the Plan and related key information by a targeted communication strategy including via disability information, advocacy and service provider organisations. This strategy should include a priority focus on COVID-19 related rights and responsibilities of people with intellectual disability.

**Recommendation 2:** DoH should involve and include people with disability, including people with intellectual disability, in the monitoring, implementation and review of the Plan.

**Recommendation 3:** DoH should ensure that it has available and widely disseminates Easy Read information on COVID-19. Topics for Easy Read information include; the symptoms of COVID-19, testing and how people with disability would continue to be supported in the event that they contracted COVID-19.

**Recommendation 4:** DoH should ensure health professionals such as GPs, psychologists and pharmacists are resourced with Easy Read information on COVID-19, which can be shared with people with intellectual disability.

**Recommendation 5:** DoH should ensure strategies are in place so that people with intellectual disability are safe and aware of safety measures when using public transport.

**Recommendation 6:** DoH should ensure that if and when a vaccine is made available for COVID-19, people with intellectual disability are notified of its release and have equitable access to the vaccine, including priority access where their health status, challenges understanding social distancing or living environment places them at elevated risk of contracting COVID-19.

**Recommendation 7:** DoH should ensure there is equitable access to testing for people with intellectual disability, including alternatives to standard options of testing

(e.g. testing by GP or at home) and ensuring these alternatives are widely known, as well as ensuring people with disability have access to support during testing.

**Recommendation 8:** DoH and the NDIS Commission should brief and consult the Advisory Committee in relation to the use and misuse of restrictive practices in group homes during COVID-19, especially where residents are required to self-isolate in their rooms.

**Recommendation 9:** DoH should provide advice to health professionals that they should take full account of the wishes and needs of people with intellectual disability in deciding whether to use telehealth and video consultations rather than in-person consultations.

**Recommendation 10:** DoH should ensure that people with intellectual disability have access to essential services and equipment such as personal protective equipment (PPE) and internet.

**Recommendation 11:** DoH and the NDIS Commission should ensure that they have in place clear guidance for balanced decision making about restrictions on a person's freedom of movement and access to families, friends and usual activities, with an emphasis on collaborative and informed decision making by the person with disability, family and other advocates and support providers.

**Recommendation 12:** DoH should produce clear, concise and concrete information on the COVIDSafe app, accompanied by a considered community education program that targets people with intellectual disability.

## Methodology

CID consulted with **15** people with intellectual disability. Of these people:

- 4 live in regional NSW, 7 in Sydney, 1 in Tasmania and 3 in South Australia.
- 3 live in supported accommodation (group homes).
- 2 are First Nation's People.
- 1 is from a culturally and linguistically diverse background.
- 2 have had contact and experience with the criminal justice system.

The consultations took place via video conferencing platforms for some and mobile phone for others. For some people with intellectual disability, this was the first time they had used a video conferencing platform. Each consultation went for 1 to 2 hours. Participants were reimbursed for their time with payment or a gift card.

The consultations took the form of a semi-structured interview. Participants were asked open-ended questions such as:

- How has life changed since the pandemic?
- What is your understanding of the Coronavirus?
- What do you think of the Government Plan?
- What are your concerns about the Coronavirus?
- What can the Government do better to support people with intellectual disability during this time?

Participants were given some preparation prior to and during the consultation. All participants were sent a 4-page Easy Read summary of the Plan and what the consultation would involve. This allowed everyone the opportunity to have an understanding of the Plan and the questions that may be asked during the consultation. Some people had a preparation session prior to the consultation with a staff member for support and others had support persons present during the consultation. Some participants were given follow-up calls after the consultation.

All interviews were transcribed, and a thematic analysis was conducted to understand the common themes from the interviews. These themes will be discussed in the summary of findings and issues.

## Summary of findings and issues

This section of the report discusses the findings and issues that arose from the consultations. While the focus of the consultations was on the Plan and the health concerns of people with intellectual disability, participants also discussed the broader impacts of COVID-19 on their lives which extended to issues such as; employment, relationships, transport, loneliness and isolation.

The findings and issues cover:

- Feedback on the Management and Operational Plan,
- Health concerns,
- Access to information,
- Responsiveness from the health and disability sectors,
- The COVIDSafe App, and
- Ancillary findings of employment, isolation, loneliness and technology.

### Feedback on the Management and Operational Plan

Not one person with intellectual disability was aware of the Plan. Most people were pleased that the Plan exists and relayed that the Plan is important to ensure people with disability are not left behind or forgotten during the pandemic.

Some people stated:

*“...I think it’s good that the government are doing something to protect people with disability.”*

*“I think it is good that they want to keep people with disability safe.”*

*“I’m glad that there is a Plan. A lot of people with disability are forgotten so it’s good to know the Government is thinking of us.”*

*“The Plan is good but they just need to do it. They need to take action.”*

Some people raised concerns with the Plan. For example, some suggested that the Easy Read version is too long and that most people with disability are not aware of the Plan. Going forward, people wanted to know how people with disability will be involved in reviewing and implementing the Plan.

**Recommendation 1: The Australian Government Department of Health (DoH) should raise the awareness that people with intellectual disability have of the Plan and related key information by a targeted communication strategy including via disability information, advocacy and service provider organisations. This strategy should include a priority focus on COVID-19 related rights and responsibilities of people with intellectual disability.**

**Recommendation 2: The Advisory Committee should involve and include people with disability, including people with intellectual disability, in the monitoring, implementation and review of the Plan.**

During the consultations, people were stepped through the three phases of the Operational Plan. People gave feedback on these three phases, as detailed below.

### **Phase 1 (Preparedness)**

Many people with intellectual disability stated that they felt adequately prepared to prevent themselves from contracting COVID-19 (e.g. the flu vaccine, regular hand washing, physical distancing and staying at home where possible).

Some people stated:

*“Everyone has had enough of hand washing information; I would like Easy Read info about what we can do in phase 2 and 3, what are the rules, where we will be allowed to go.”*

*“I think Step 1 of the Plan is good. It’s good to be prepared. I feel prepared and I know what to do. I wash my hands, follow the rules, and keep 1.5m away from people. It makes sense.”*

*“The first step about getting ready is really important. I have noticed that when I go to the supermarket I have to prepare myself.... We can get hand sanitiser at the shop before we enter and we can wipe down baskets and trolleys with a*

*wipe. That is all about preparing right and stopping me from getting the Coronavirus?”*

Overall, most people felt well prepared to prevent the virus.

## **Phase 2 (Targeted Action)**

People with intellectual disability had many questions on this phase of the Plan. People asked about; the symptoms of COVID-19 (i.e. what is the difference between the cold, flu and COVID-19), testing (where to get tested and what it involves) and whether they can be visited by family members or support workers if they are isolating at home or in hospital should they contract COVID-19.

Some people asked the following questions:

*“I am a bit unsure about what I have to do if I go to hospital. I don’t know what will happen. How sick would I feel? I have never really had to go to hospital before. I don’t understand what happens there.”*

*“I’m confused about the symptoms – what are the symptoms?”*

*“I’m scared about getting tested if I have to – does it hurt to get tested? I have seen pictures that they put something up your nose, does this happen?”*

*“I’m scared if doctors don’t understand me [in hospital if I have COVID-19].”*

*“If I got sick I would want to know how food would get to my house and if my support worker could come to my house.”*

This demonstrates, people want clear information on; the symptoms of COVID-19, testing and how they would be supported if they contracted COVID-19. Most people expressed that they wanted information in Easy Read.:

*“Everything should be Easy Read; we have been fighting about this for ages.”*

*“I just want all information in Easy Read.”*

*“Put it in Easy Read – no graphs, no numbers.”*

<p><b>Recommendation 3: DoH should ensure that it has available and widely disseminates Easy Read information on COVID-19. Topics for Easy Read information include; the symptoms of COVID-19, testing and how people with disability would continue to be supported in the event that they contracted COVID-19.</b></p>
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During the pandemic, many people with intellectual disability relayed that they had continued to meet with their GPs, in person or over the phone. Many people shared

stories about the importance of their GP and relayed that GPs are trusted health professionals. Some people shared that they have had the same GP for decades and that this has allowed them to build up a trusting relationship and one where the GP is able to effectively communicate with the person in a way that they can understand.

Most people shared that if they did feel unwell or if they thought they had symptoms of COVID-19, they would contact their GP. Some people stated:

*“I would probably call my GP if I needed to get tested”.*

*“If I started to feel sick I would go to the GP. I don’t really know what the difference is between the symptoms of the cold, the flu and Coronavirus...If I felt the slightest bit sick I would go to the GP and they could help me work out what is wrong.”*

People with intellectual disability suggested that key health professionals should be equipped to disseminate information on COVID-19 to people with intellectual disability. Some people shared that the GP is their key ‘health person’ in their life and others shared that theirs was a psychologist or pharmacist.

**Recommendation 4: DoH should ensure health professionals such as GPs, psychologists and pharmacists are resourced with Easy Read information on COVID-19, which can be shared with people with intellectual disability.**

### **Phase 3 (Stand Down and Evaluation)**

People with intellectual disability were very engaged with Phase 3 of the Plan. People asked questions such as ‘when will Coronavirus end?’, ‘what is the new normal?’ and ‘will my life go back to normal?’ For many people with intellectual disability, COVID-19 has brought about fundamental shifts and changes in their lives. For some, they have had to stop working, have been unable to visit family and friends, have had to change the way in which they receive supports from the NDIS and for most participants, an increasing reliance has been placed on technology to connect with others, to pay bills and to do work. People were very eager to know when their lives can ‘go back to normal’.

Many people raised the importance of public transport in accessing the community, services and employment, and wanted to know if and how they will be kept safe on public transport. Concerns about Phase 3 in relation to public transport included:

*“When the Coronavirus ends and they work on what happens [Phase 3], I want to know how they will help us with public transport. I need public transport to get to my job and it takes me an hour to get to work on 2 buses. I don’t know how I can keep 1.5m distance on the bus.”*

*“I’m really worried about public transport and I don’t know when it will be safe to start using public transport. To get to places I need to use public transport. Like my doctor and psychologist, it takes 2 buses. I don’t feel safe using bus[es] and I feel like I could get sick from catching the bus.”*

*“Public transport needs to be safe too. I don’t want to get on a train or a bus if there are too many people on it. They say that you should go in the quiet times. But I’m not sure what this means. They need to say what times are safest to travel so people can be safe. How many people are allowed on the bus? Or the train? I would like some information on this.”*

*“I remember being on the bus recently. It was not a good experience. Some people in the community are not listening to the Government. It is selfish.”*

As demonstrated by the quotes above, many people are reliant on public transport to access the community, as many do not drive or have access to a car. Some people shared that they had stopped travelling on public transport during the pandemic, but that this decision had prevented them from going to work or from visiting their GP or psychologist. People wanted to know how the Government plans to keep people with intellectual disability safe on public transport, and how these plans will be made accessible and available to people with disability.

**Recommendation 5: DoH should ensure strategies are in place so that people with intellectual disability are safe and aware of safety measures when using public transport.**

Some people with intellectual disability discussed and queried when a vaccine will be available. Some people viewed the vaccine as a way in which COVID-19 can be stopped, so life can ‘go back to normal’.

Some people stated:

*“I think the Government needs to make a vaccine to get rid of the Coronavirus. I want the Government to keep me updated on the vaccine, let us know how the trials are going and when it will be ready. People with disability should maybe get access to the vaccine as soon as it is ready.”*

*“It would be handy if you could find a vaccine”.*

**Recommendation 6: DoH should ensure that if and when a vaccine is made available for COVID-19, people with intellectual disability are notified of its release and have equitable access to the vaccine, including priority access where their health status, challenges understanding social distancing or living environment places them at elevated risk of contracting COVID-19.**



## Health concerns

People with intellectual disability expressed a range of health concerns they have experienced during the pandemic. The health concerns that will be discussed include:

- COVID-19,
- Mental health, and
- Other physical illnesses and diseases.

### COVID-19

Some people with intellectual disability expressed serious concern about contracting COVID-19. For many of these people, they have existing and underlying medical conditions such as asthma and other respiratory conditions. These people expressed the following concerns:

*“I have to be careful because I’ve got asthma so I can’t go out so much. It does worry me a bit because I have a respiratory condition. I need to be careful because I am vulnerable... When I go out I put a mask on and I keep my distance from them. But lots of people go out and they don’t have a mask on. I think it’s dangerous.”*

*“The thing that scares me most is that it would be really bad if I got it [COVID-19] because I have other conditions.”*

*“My big concern is about getting the virus...I already have health issues and get really bad asthma, it would be really bad for me...I don’t have heaps of people that can help me if I got sick. My parents are both dead...Maybe my support coordinator or someone from the NDIS could help me if I needed to. The Trustee would have to be involved too.”*

One person shared their experience of being tested for COVID-19 and the various barriers that they encountered during testing. This person called the Disability Information Helpline (1800 643 787) and asked for information on where they could be tested; they were advised that they should visit their doctor and make a booking to get tested. After visiting their doctor and being tested, they received their pathology results via text message. The person experienced difficulties in viewing their results online and subsequently tried calling their doctor. They called on 3 consecutive days and on the third day, were given a negative result to COVID-19. This person described the overall experience as “a drama”.

**Recommendation 7: DoH should ensure there is equitable access to testing for people with intellectual disability, including alternatives to standard options of testing (e.g. testing by GP or at home) and ensuring these alternatives are widely known, as well as ensuring people with disability have access to support during testing.**

## **Mental health**

Many people with intellectual disability have experienced significant mental health issues during the pandemic. Some stated that they are very lonely and isolated and have experienced difficulties in remaining connected to people when staying at home due to problems with using technology.

One person stated:

*“The restrictions over the Easter long weekend really affected me. My mental health was bad. I had a nervous breakdown. I couldn’t see my parents over Easter. It upset me so much. I was alone... I have a phone but technology is not easy – it’s not easy for me to do video calls and I don’t have everything set up.”*

Another person shared their story of living in a group home and having to self-isolate in their room for 4-5 days, after coming into contact with a person who was thought to have had COVID-19 at the time. They were unable to leave their room during this time and described it as ‘seclusion’. They stated:

*“...I was in seclusion for 4-5 days in my room at the group room at [service provider] and I was given meals very kindly by the carers and showers, drinks, food, medication and some sweets and essential items – I was also asked to wear masks, plastic gloves, hand washing and some hand sanitizer with social distancing rules.*

*I felt suicidal ideas and feelings... I wanted to come out of my room and call Lifeline.*

*I had to practice social distancing and use PPE every time I accepted anything from the staff.*

*The staff bought me a find-a-word but I couldn’t get into it. I played CDs and read some books. I listened to lots of different music.*

*When I called Lifeline they were very good... The counsellors asked open questions and paraphrased back to me. I’ve used them before. At [service provider] I was being bullied by another resident. I couldn’t leave on good terms. Because I have a mental illness sometimes people aren’t nice to me...”*

It is not known whether a medical practitioner directed this person to be isolated in line with the Australian Government Chief Medical Officer’s advice, or whether it was a decision made by the disability service provider. Irrespective of whether it was or was not an authorised restrictive practice, it is alarming that a person had suicidal thoughts. A related question is what information and education has been given to residents of group homes about their rights in the group home setting during COVID-

19, including with respect to situations where one resident comes into contact with a person who is suspected of having COVID-19.

**Recommendation 8: DoH and the NDIS Commission should brief and consult the Advisory Committee in relation to the use and misuse of restrictive practices in group homes during COVID-19, especially where residents are required to self-isolate in their rooms.**

### **Other physical illnesses and diseases**

A few people expressed that they are concerned about other physical illnesses and diseases during the pandemic. Some people were concerned that COVID-19 would prevent health professionals from detecting, diagnosing and treating other physical illnesses and diseases. One person stated:

*“I think some people don’t know they can still go to their doctor even if they don’t have Coronavirus. I think it would be good if your doctor reminded you about coming in if you need to. We still need to have our regular treatments.”*

Another person was particularly scared as they were due to receive a check-up for bowel cancer. This person then went on to say that video conferencing (or telehealth) with doctors and specialists is not suited to them. They then stated:

*“How do you get a blood test or get checked for cancer via video...Let us see you [doctor] in person.”*

Another person shared that they are due to meet with their diabetes specialist using telehealth. They were uncertain about how this would work and were arranging for their NDIS Planner to be present during the consultation to support them.

**Recommendation 9: DoH should provide advice to health professionals that they should take full account of the wishes and needs of people with intellectual disability in deciding whether to use telehealth and video consultations rather than in-person consultations.**

Some participants did relay that they did not have any health concerns; COVID-19 related, physical or mental health. These people relayed that they felt prepared to prevent COVID-19 and that they were well supported by family and professional supports.

### **Access to information**

Most people with intellectual disability expressed difficulty in accessing accurate, trustworthy and accessible information on COVID-19. People stated that they have been getting information on COVID-19 from their family and friends, their GP, the TV, Facebook and organisations like CID. Most people shared however, that they haven’t known who to trust or what to believe.

Some people stated:

*“The information about the virus is not consistent. It is not easy to understand. How do you know what the rules are? Should we listen to Scott Morrison or do we listen to what the state says?”*

*“The messages have been confusing. I think the Premiers aren’t very good, they should listen to Scott Morrison. We just need 1 person making decisions.”*

*“I think the Prime Minister makes things very confusing, mumbo jumbo. It is easier to understand what the Premier [in Tasmania] says. The Premier is on TV once a day to explain what is happening and he does it quite well. He speaks slowly and explains things well.”*

*“I trust Facebook more for info.”*

*“The TV was confusing and all the messages were confusing. They kept using graphs and big numbers, it made me scared.”*

*“My Mum and Dad are the main people in my life that are explaining things to me. I let them break down the information.”*

Overwhelmingly, people wanted clear and consistent information on COVID-19 and the state/territory ‘rules’, preferably from one source only. As discussed earlier in the report, people with intellectual disability shared that trusted health professionals should be responsible for providing accessible information to people with disability on COVID-19. People shared that trusted health professionals mainly include GPs, psychologists and pharmacists. People advised that having information at key places, such as GP surgeries, psychology offices and pharmacies, would be preferable. See **Recommendation 4**.

People shared that they wanted information on topics such as: what is testing for the Coronavirus and how does it work? Where can you get tested? Is it safe to go outside? Is it safe to catch public transport? Can people be visited by family members or support workers if they contract COVID-19?

### **Responsiveness from the health and disability sectors**

People with intellectual disability shared mixed experiences with and from the health sector during the pandemic. For example:

- Many people have continued to access their GP during the pandemic; some in person and some via telephone or video conferencing. Overall, this has been a positive experience and has reinforced the strong and longstanding relationships that some people with intellectual disability have with their GPs.

- Some people have continued to access their psychologist via video conferencing and have had positive experiences in doing so.
- Some people expressed concern about having to use telehealth to meet with specialists, rather than in-person consults.
- Some people expressed positive experiences with their pharmacists during the pandemic and relayed the importance of pharmacists in the local community.

With respect to the disability sector, people again relayed mixed experiences. Most people have continued to receive NDIS funded supports during the pandemic. Extra precautions have been taken to ensure the safety of people through measures such as sign-in sheets for support staff to declare they are healthy, physical distancing and regular hand washing. Many expressed that the NDIS should fund essential services and equipment such as personal protective equipment (PPE) and internet.

**Recommendation 10: DoH should ensure that people with intellectual disability have access to essential services and equipment such as personal protective equipment (PPE) and internet.**

Both in the consultation and from a variety of other sources, CID has received reports of people living in group homes having had inconsistent and extreme restrictions placed on them which has limited access to community, family, friends and other services.

There is now uncertainty in the disability community about to what degree restrictions should be lifted as public health orders and social distancing advice for the general population are relaxed.

**Recommendation 11: DoH and the NDIS Commission should ensure that they have in place clear guidance for balanced decision making about restrictions on a person's freedom of movement and access to families, friends and usual activities, with an emphasis on collaborative and informed decision making by the person with disability, family and other advocates and support providers.**

### COVIDSafe app

During the consultations, some people with intellectual disability raised the difficulties that they had been experiencing with the COVIDSafe app.

Some people stated:

*"I downloaded the COVIDSafe app but have not got any notifications yet. I think if I've been in touch with someone with COVID the phone gives a buzz."*

*But it's only for people who have the app. How is the phone supposed to know who has the virus?"*

*"Explain the app in Easy Read. I have downloaded the app twice and then have taken it off. They don't tell you how it works and I got confused about it so I thought it would be best if I just deleted it."*

*"I've downloaded the COVIDSafe app onto my phone and it is not working well...It says when I download it that my phone is not compatible. I think that's because my phone is older and the app is only compatible with newer phones."*

*"I have downloaded the Coronavirus app...but I don't get how the app works. The app is not in Easy Read. I don't know if it is working and how will it tell me things when I need to know?"*

In addition to the consultations, CID has also held discussions about the COVIDSafe app with people with intellectual disability in its Advocacy Group (6 sessions over 3 weeks). The group shared the following accessibility issues with the app:

- People with intellectual disability are confused as to what the app does; some responses when asked what the app does included testing you for COVID-19, telling you where people with COVID-19 live, will keep you protected from COVID-19 and therefore precautions such as social distancing/hand sanitising is no longer needed, some people did not know the app existed.
- The setup process is cumbersome, in particular, the phone registration process where you have to enter a code is sent via text message.
- People experienced confusion that on the iPhone the app tells people to open it, especially in the morning, when the app hasn't been closed.
- Some people think they have downloaded the COVIDSafe app when in fact they have downloaded the Australian Government Coronavirus app.

<p><b>Recommendation 12: DoH should produce clear, concise and concrete information on the COVIDSafe app, accompanied by a considered community education program that targets people with intellectual disability.</b></p>
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## **Employment**

Some participants shared the impact of COVID-19 on their employment. Some people have been asked to stop work, to work from home or to continue coming to work yet under varying conditions.

One person was asked to keep coming to work in a mainstream workplace. They shared the following story:

*“They [employer] still wanted me to go into work and clean books. They told me to bring gloves. I was scared. I was also scared for my support workers who were coming with me to work, and I was worried about them. I went to the doctor and they told me to take 3 weeks off. They don’t think I should go back yet.”*

Some people with intellectual disability shared that they have been asked to work from home by their employers. Some shared that this has been a relatively positive experience, others relayed that it has been difficult as there are distractions in the home and occasionally, family members interrupt their privacy. One person discussed that they have incurred higher internet expenses as a result of working from home.

For some people, they have been asked to stop working altogether during this period. Many shared that this has had negative impacts on their wellbeing as work provides them with meaning, social interaction and income.

For those that work in Australian Disability Enterprises (ADEs) (also known as ‘sheltered workshops’), all have continued to work during the pandemic. Some people shared that hygiene and safety measures have been implemented at their respective ADEs such as regular hand washing, access to hand sanitiser and physical distancing decals to indicate where to stand when working.

## Isolation, loneliness and technology

Most people with intellectual disability shared experiences of isolation and loneliness during the pandemic. Some have experienced significant mental health issues during the pandemic, resulting from having to stay inside and being unable to visit family members and friends. Some people have been unable to do the things that they would ordinarily do to improve their overall wellbeing such as sports groups, dancing, going to Church, or visiting friends and family. Many participants shared the importance of access to the internet and technology to remain connected and informed.

The following concerns about internet and technology were raised:

*“I’m trying to get connected to the internet. Everything has gone online and I need the internet. My support worker thinks they might have connected the wrong apartment to the internet. I am not spotting off my phone, my support worker showed me how to do this.”*

*“My family live in Victoria, Queensland and Western Australia...None of my family live in NSW. I have tried to use the phone to keep in touch and use technology with family but that doesn’t always work.”*

One person shared that they successfully advocated to the NDIS, with support, to fund internet. This person shared:

*“Why does the NDIS not think that keeping in touch with people and working from home is essential? I need the internet to stop me from being isolated. It’s essential.”*

## Acknowledgements

CID would like to thank the people with intellectual disability who participated in the consultations that informed this report.

The people consulted were generous with what they shared about the impacts of COVID-19 on their health and lives. The conversations and this report highlights the insightfulness, resourcefulness and resilience of people with intellectual disability.

CID acknowledges the work of the Australian Government Department of Health’s **Advisory Committee - Management and Operational Plan for COVID-19 for People with Disability.**

This report was prepared by **Council for Intellectual Disability** 11 June 2020.

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