

From: [ODI \(MSD\)](#)
To: [Sean Maxwell](#)
Cc: [Maria-Laura Crespo](#); [ODI \(MSD\)](#); [Jasmine Lindsay](#); [Ken Bowater](#); [Brian Coffey](#)
Subject: ODI Feedback - Traffic light level review - key impacts
Date: Friday, 14 January 2022 12:49:21 pm
Attachments: [FW FOR ACTION - Omicron Cabinet paper - content required by 10am Tuesday 18 Jan .msg](#)

Kia ora Sean,

Thanks for the opportunity to provide feedback.

The below input is broader in scope than what was requested by DPMC as we noted that in the commissioning (attached) for the Omicron/Care in the Community Cabinet paper agency consultation, DPMC would draw information out of the CPF consultation rather than consulting on population impacts.

As disabled people are more clinically vulnerable to contracting COVID-19 due to underlying health conditions as well as inequities related to their need for access to supports (such as carers), we'd be very keen to see a copy of the Cabinet paper when it comes through.

CPF Paper – Disability

In the current COVID-19 outbreak, disabled people have been disproportionately affected. They are more likely to:

- be clinically vulnerable to contracting COVID-19 due to underlying health conditions.
- suffer poor outcomes, including death.
- be vulnerable to exposure due to their reliance on carers – many of whom will be supporting multiple clients.
- be unable to manage their environmental exposure risk due to being blind or having learning difficulties.
- experience isolation.

Stress and safety

There has been significant pressure on families/whānau of disabled children, and disabled adults, during isolation/quarantine, particularly in Auckland due to the long lockdowns.

Isolation has also been particularly felt by the blind community. Generally, people don't have a good understanding of social distancing – blind people have no control of this. Neither do they know when temporary signage is in place and they cannot follow visual arrows, potentially resulting in greater disadvantage and vulnerability to infection.

Some residential group home providers are restricting access by visitors to shared homes. People in these houses are increasingly isolated - some whānau have reported not being able to visit and support their family members.

The movement to the protection framework will have alleviated some of these pressures (and will continue to alleviate pressures while moving to orange and/or green settings), but this will be tempered by perceived risks regarding safety.

Some disabled people continue to be too scared to leave their homes, even for essential services.

The community have raised concerns with ODI about how the government guidelines are not being followed, including businesses not asking everyone for My Vaccine Passes, others asking for ID when presenting a vaccine pass (disabled people do not always have an ID, and this extra step can be challenging for people with an intellectual (learning) disability) and unvaccinated individuals using Vaccine Passes that do not belong to them.

We continue to receive reports of people with face covering exemptions experiencing discrimination from businesses and other customers.

Access to services (and impact on service provision)

Disabled people need to be able to access appropriate support services for their needs, while also being protected from workers that could have COVID-19.

We continue to hear anecdotal reports of disabled people and their family/whānau struggling to access carers and other supports. This issue was [highlighted in the media](#) this week. Furthermore, migrant workers contribute significantly to the carer workforce, and COVID-19 has impacted their availability. Border closures and increased case numbers may further impact these shortages.

Internationally, People With Disability Australia have reported health and disability staff shortages (due to large numbers of workers needing to self-isolate). These staffing shortages have caused ripple effects for the disability community and have reduced the opportunities for disabled people to live independently in the community. Some disabled people have been moved to hospital as they can't get the support they need in their residential settings. These issues could well be repeated in the New Zealand context.

The current Care in the Community model does not provide a commitment to monitoring disabled people's needs or how the government is responding to and resolving any issues raised, including disability service provision. This continues to contribute to anxiety levels – both for disabled people and also for their families/whānau.

Communication

We continue to receive feedback from the community regarding the need for accessible, meaningful and helpful information. The current information around the COVID-19 Protection Framework (and what these look like in a real-world context) does not resonate with disabled people and their whānau. There is a need to develop for the disability community simple, clear and consistent tailored information, including in accessible formats, about each of the traffic light settings. Translations of general-audience information fails to communicate effectively with a disabled audience that needs targeted information.

We have heard that some disabled people (e.g., those with memory and other cognitive conditions) are remaining isolated as it's less stressful for them than trying to understand the CPF messaging – they give up and stay home.

Ngā mihi

ODI team

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