

The National Disability Insurance Scheme and COVID-19: a collision course

Associate Professor Gemma Carey
Research Director
Centre for Social Impact
University of New South Wales
Kensington, Sydney

Introline: The design of the National Disability Insurance Scheme is putting thousands at risk of COVID-19.

The National Disability Insurance Scheme (NDIS) is one of the largest health reforms in Australia's history (1). The scheme aims to give people with a disability choice and control over their daily lives (2). The design to operationalise this vision is nation-wide disability 'markets' from which services can be purchased (2). NDIS participants are allocated a budget by from which they 'purchase' the services they want.

The NDIS is very different from our previous disability models, which saw people receiving standardised services from a more limited number of government and not-for-profit organisations and a less de-centralised workforce. The NDIS is a visionary reform, however, we are now seeing that it is also perfectly designed to spread an epidemic such as COVID-19 to thousands of people with a disability.

The NDIS has created a 'gig economy' within the disability services sector. Individuals are paid for discrete services: from showering and feeding, to social support activities, to household tasks. This means as many as ten different carers entering a participants home, performing a care service, and then moving on to another home. The workforce is now predominately casual, and there are growing numbers of self-employed (3).

This structure is primed to spread infection:

- Large numbers of carers are moving between homes
- Carers are not paid if they do not perform care tasks, disincentivising people to self-isolate
- Much of the workforce is disparate and there is no central registry. This makes it difficult to get new information such as hygiene practices to all people.

Unfortunately, many people who are part of the NDIS have co-morbidities (4) – making them vulnerable to COVID-19 both by physiology and by system design.

Previous research has raised concerns about the readiness of the workforce to handle complex disability, under normal circumstances, let alone in the context of pandemic (5). While government agencies are working to communicate hygiene practices with NDIS participants, issues like PPE shortages and high worker motility need to be addressed. Otherwise, the healthcare system will need to ready itself for a disproportionate number of people with disability.

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