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

To the Editor: The National Disability Insurance Scheme (NDIS) is one of the largest health reforms in Australia's history. The scheme aims to give people with a disability choice and control over their daily lives. It is designed to operate as nation-wide disability "markets" from which services can be "purchased". NDIS participants are allocated a budget from which they purchase the services they require.

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 decentralised workforce. The NDIS is a visionary reform; however, we are now seeing that it is also designed to spread an epidemic such as coronavirus disease 2019 (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 participant's home, performing a care service, and then moving on to another home. The workforce is now predominantly casual, and there are growing numbers of self-employed.³

This structure is primed to spread infection because:

- large numbers of carers are moving between homes;
- carers are not paid if they do not perform care tasks, which deters people from self-isolating; and
- much of the workforce is disparate and there is no central registry, which makes it difficult to provide new information such as hygiene practices to all people.

Unfortunately, many people who are part of the NDIS have comorbidities, making

them vulnerable to COVID-19 by both physiology and 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 a pandemic.⁵ While government agencies are working to communicate hygiene practices with NDIS participants, challenges such as personal protective equipment shortages and high worker motility need to be addressed. Otherwise, the health care system will need to ready itself for a disproportionate number of people with disability.

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