



# DISABILITY SUPPORT WORKERS: THE FORGOTTEN WORKFORCE IN COVID-19

## KEEPING DSWs AND PEOPLE WITH DISABILITY SAFE

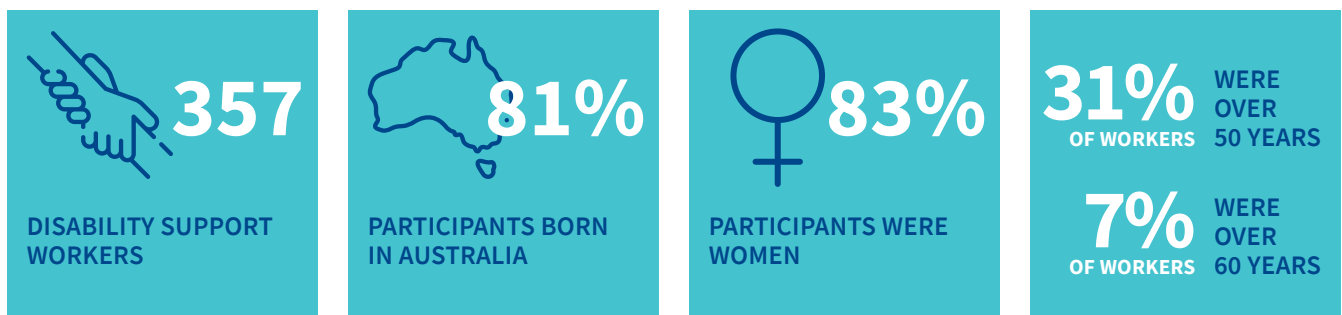
Disability support workers (DSWs) are the forgotten essential workers in the COVID-19 pandemic, despite their vital role in supporting people with disabilities.

Researchers from the [Disability and Health unit at the University of Melbourne](#) and the University of NSW Canberra conducted an online survey of disability support workers in June about working during COVID-19. We asked about physical distancing, access to PPE, training and testing and the financial and psychological impacts during the pandemic.

“COVID-19 really emphasised in my mind how overlooked the disability sector is. At the beginning the government kept talking about health care workers and nursing homes but I never heard any mention of disability. It left us in unknown territory and felt like we had just been forgotten and weren’t as important as other workers”.

DSW survey participant

## WHO PARTICIPATED IN THE SURVEY



## WHO THEY WORK WITH

DSWs support people with a range of disabilities\*



\* Clients may have more than one disability

## PHYSICAL DISTANCING

- 90% of workers were **NOT** able to maintain physical distancing in their day to day work
- 53% provided support with tasks that require close personal contact like feeding and brushing teeth

Like health and aged-care workers, disability support workers are unable to physically distance because of their work.

## COVID-19 INFECTION CONTROL TRAINING

DSWs were asked if they had received any COVID-19 related training on how to protect themselves and their clients from COVID-19.

- 23% of workers had **NOT** received any COVID-19 infection control training and 69% that did receive training wanted more training
- Of the 77% of workers who did receive training, 48% would like more training
- Most workers who received training had on-line training (66%) and/or accessed printed material (26%).

“COVID-19 has changed some of the ways I go about my day especially when working e.g. washing hands frequently and asking clients to do the same and modelling and teaching new hygiene skills to clients”.

DSW survey participant

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 64% of DSWs had received or purchased some form of PPE
- Over half (54%) had received gloves and 37% had received masks (surgical and/or N95/P2) from their employer
- **Notably, 38% of DSWs purchased their own masks even if they had some from their employer.**

## TYPES OF PPE

### Employer provided



### Worker provided



## TESTING FOR COVID-19

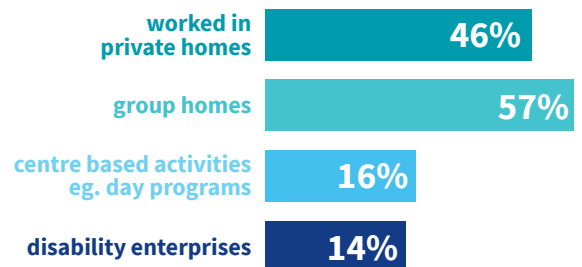


23% of workers had been tested and 11% had wanted to be tested citing a range of reasons including ‘they did not have symptoms’ or ‘they did not meet the criteria for testing.’ Even though they may have had symptoms, they didn’t want to take time off work to wait for results.

When time was taken off work because a worker was sick, only 47% were paid, reflecting the highly casualised nature of the disability support workforce.

## WORK SETTINGS

- 14% reported that they worked for more than one provider
- 6% worked in both the aged-care and disability sector
- DSWs worked with an average of 6 people with disability a week
- 57% provided support in a congregate setting including group homes
- 42% worked in 1 or more setting, 58% of workers worked in 2 or more settings and 21% in 3 or more settings.



## CONCLUSIONS

**90% of disability support workers could not physically distance in their day to day work.** This places them at risk of transmitting or acquiring COVID-19 in their workplace. Many provide care to multiple people and the people they support may also receive support from many others and live and/or work in congregate settings. The number of close contacts means that once a DSW or person with disability becomes infected, the risk of transmission to multiple people is high.

It is concerning that even in late May and June, **23% of workers had not received COVID-19 infection control training** and, even among those that had, half wanted more training. This may indicate a lack of outreach to workers.

The shortage of PPE in March/April, and the low levels of community transmission, meant that the disability support workforce was not prioritised for access and did not receive PPE early on. In fact, at that time the advice **was that PPE was not necessary** unless looking after a case or suspected case of COVID-19 or someone

who was a close contact of known case.

By the end of June 2020, PPE was becoming more available through the NDIS directly or service providers. However, there was a strong push for providers to source their supplies through commercial means. Despite these recommendations only 2 out of 3 workers had received some PPE; half had received gloves, 37% masks and 20% had received gowns. The situation has changed dramatically in the context of the rising number of cases. On 17 July 2020, the Commonwealth government recommended the [mandatory use of masks](#) in Melbourne and Mitchell Shire, and the rest of Victoria if people can’t adhere to the 1.5m distancing rules, which many DSWs are unable to do.

Although nearly a quarter of support workers had been tested, another 10% wanted to be tested but did not because of difficulties accessing the test, and concern about loss of wages if they had to wait for the result of the test, highlighting the precarious nature of the DSW workforce.

“During the first two months I was worried I could have the disease and pass it on to the people I support. I wanted to get tested so that I knew we were safe and free from the disease. But those first few months no testing was available to support workers or the general public.”

“My managers haven’t let us know as disability workers who to contact for testing so I can get results within 12 hours because I am a front-line worker.”

“I would have to take time off work to wait for the results.”

DSW survey participants

## RECOMMENDATIONS

In this rapidly evolving situation, recommendations regarding how to protect DSWs, and the people with disabilities they support, needs to be tailored. In Victoria, where transmission is high, greater care is needed to prevent transmission where as many states return to usual activities is occurring.

In areas where community transmission is high we must:

- Ensure all workers have **access to masks** and receive training on how to use them
- Have **greater outreach** to workers and people with disability on infection control and PPE
- With community transmission high, and significant outbreaks in aged-care facilities, there is a need to **proactively train DSWs** before they are in a situation where they are supporting COVID-19 positive clients in risky situations
- Encourage people with disability to **wear masks** recognising that for some people with disability this may not be possible
- Encourage workers to **maintain a 1.5m distance** from clients and other workers whenever that is possible
- **Minimise the number of workers** and people with disability **in one space for long periods of time**
- Ensure DSWs **minimise the total number of people they support and the number of settings they provide support in, to reduce risk of transmission** among multiple people with disabilities and DSWs. Particular attention should be paid to identifying workers who work for more than one provider and/or work across multiple group settings.

It is also critical that workers get tested if they have [symptoms](#) and it is worrying that one in ten did not get tested even though they wanted to. Concerns about losing pay while waiting for the test results is a legitimate one; DSWs are relatively low paid and loss of shifts can significantly impact on their ability to purchase essentials (see Fact Sheet 2).

### Therefore, we recommend that Disability Support Workers:

- Are a priority group for testing and processing of results to minimise work disruptions
- Are eligible for paid pandemic leave if they need to take time off work for testing and while waiting for test results, as well as if they need to quarantine or self-isolate.

As the advice from government is changing rapidly, we encourage disability support workers and disability service providers to keep abreast of the changing advice through official government websites available at the links below:

### Resources for disability support workers\*

#### National

- Commonwealth Department of Health Coronavirus (COVID-19) advice for people with [disability](#)
- Commonwealth Department of Social Services Information and referrals for people with disability and their supporters about [coronavirus \(COVID-19\)](#)
- NDIS coronavirus information and [support](#)
- NDIS Quality and Safeguards Commission coronavirus (COVID-19) [information](#)

#### State

- Victorian Department of Health and Human Services (information for service providers [here](#) and for people with disability [here](#))
- [Coronavirus disability support worker assistance](#) from Victorian government
- NSW government advice for [providers](#) and people with [disabilities](#)
- [Queensland](#) government for providers, people with disability and their supporters
- Tasmanian government advice for people with disability and [providers](#)
- ACT government COVID-19 disability [strategy](#)

\*We include the government COVID-19 websites that are relevant to disability support workers. If you know of others please contact us to let us know.

## FURTHER INFORMATION

**Disability Support Workers: the forgotten workforce in COVID-19** was funded by the Melbourne Disability Institute, The University of Melbourne. This fact sheet is part of a series on disability support workers and COVID-19 in Australia. **Contact:** [md-i@unimelb.edu.au](mailto:md-i@unimelb.edu.au)