

# People with disability left with no choice

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**STEWART LITTLE**

## People with disability left with no choice

**T**HE establishment of the NDIS promised people with a disability better support, greater dignity, and more control over their lives.

Two years into the COVID-19 pandemic, it is clear NSW has failed to deliver on that promise.

NSW used to provide 40 per cent of the state's disability services, but since the arrival of NDIS the state government has executed a carefully coordinated retreat from all front-line disability services.

There is now no government-run safety net for people with disability in NSW.

The COVID-19 crisis unfolding in NSW's disability group homes is on par with the other privatised sector responsible for looking after vulnerable people: aged care.

But while the response to the crisis in aged care has seen the army sent in, as well as ongoing access to a surge workforce and the national PPE stockpiles, and retention pay for staff, again the disability sector has been left wanting.

More than two months after Premier Dominic Perrottet let Omicron rip throughout the state, rapid antigen tests (RATs) will finally be provided to these workers.

But, in reality, this is too little too late, as the sector reported roster vacancies of up to 30 per cent amid the peak of the Omicron wave.

As of early February, federal Department of Health figures revealed 650 NSW NDIS participants have COVID-19, 1259 had recovered, and 22 had died.

Among NDIS support workers in NSW, 1060 currently have the virus, and 2101 had recovered.

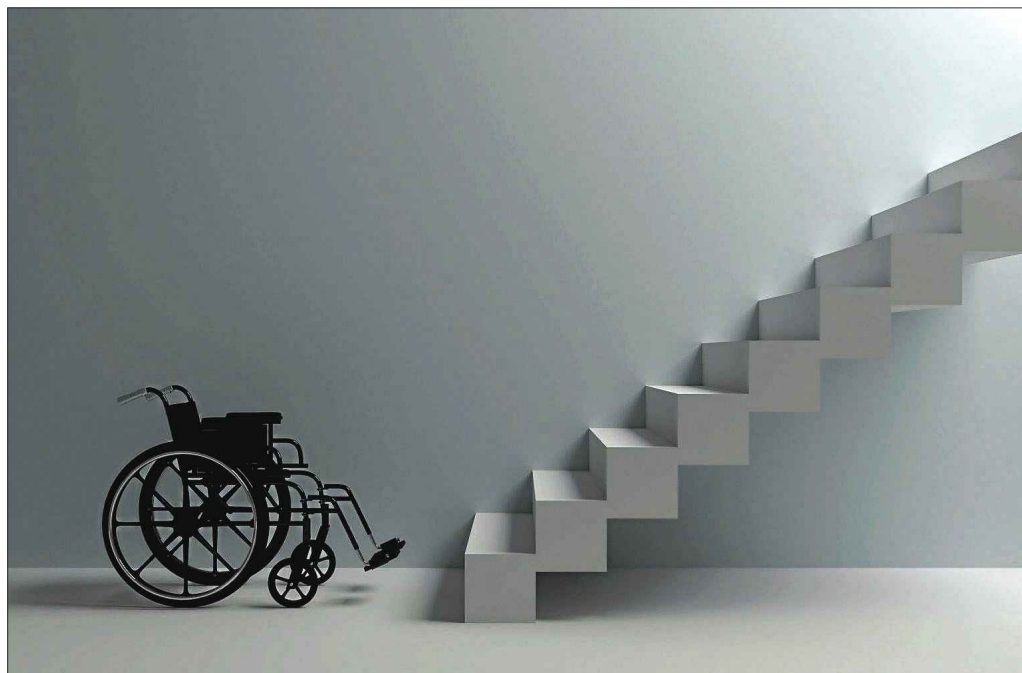
On the ground, CPSU NSW members are telling the union of starting shifts at group homes only to belatedly find out there are COVID-19 cases at the home, and an ongoing lack of access to PPE or RATs.

In one instance, a psychologist refused to see a resident because they couldn't be tested for COVID-19.

This resulted in that resident not receiving an updated behaviour plan and new medication - and then that resident assaulted a worker.

These workers are looking after people who can't necessarily protect themselves from COVID-19 and who are also the most likely to become seriously unwell and need hospital if they contract COVID-19.

But throughout the pandemic every opportunity to give them early and extra protection, from vaccinations to rapid tests,



**VULNERABLE POSITION:** "Throughout the pandemic every opportunity to give them early and extra protection, from vaccinations to rapid tests, has been squandered," Stewart Little says.



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This would not have happened if they were publicly run.

We know that because we just need to look at the state's actions where it retains its responsibility for people.

In NSW's prisons there has been access to

RATs since September 2021.

Outbreaks have been quickly contained and staff have been trained and consistently asked to use PPE.

Hospitals have been stretched, but the state's health care workers have been able to rely on employer-provided tests and PPE.

Even as we packed our kids' lunchboxes, parents had free tests handy.

But because NSW's disability sector is now completely privately run there has been no meaningful, consistent support to stay safe.

The private operators, mostly run by charities, are reluctant to speak out - they risk losing lucrative contracts.

They're torn between advocating for their people, or trying to get on with an already tough job.

They don't have the market power or scale to buy up tests or PPE, they've been left to compete on the free market.

Treating people with a disability as if they're customers bargain hunting for

services fundamentally undermines the spirit of the NDIS.

The intention was to empower people to have more control over their care, not to create a market for operators to cash in on the services people need to live their lives.

The NSW Government likes to say that the NDIS provides people with choice, and the freedom to manage their own clinical needs.

In practice, however, the idea of "choice" is meaningless. And it's particularly meaningless if you live in regional NSW, where there are fewer services.

What choice is there when you live in an area where there are no services?

What choice do you have if your local provider turns you away because your needs are too complex?

Deciding between protecting yourself from the virus or accepting needed support from a worker who doesn't have access to tests is no choice at all.

**Stewart Little is branch secretary of the Community and Public Sector Union NSW**