



“The Professor bumps her head??”

NDIS must deliver choice

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In the last five years the policy world has already changed significantly in disability

In today’s world planning for choice transcends the planning for all future disability services including accommodation. Right across the country governments are getting the message that consumers must decide not experts and advocates. Such new innovation is already enshrined in the first draft of the NDIS recommendations. Quite deliberately NDIS does not push any service delivery model.

NDIS have got it right. Consumers have spoken and the brains behind NDIS are hearing it loud and clear. Only some old fashioned experts refuse to move on? Anyone who does not grasp that, is living in the 1980’s and failing to fully explore the opportunities that exist for people with a disability to lead self directed lives. The broader outcomes are already reflected and stated in the UN Convention on Disability. This United Nations document places individual choice at the very heart of its statement of principles including.

Article 19 (a) states, for example, that persons with disabilities should have “the opportunity to choose their place of residence and where and with whom they live on an equal basis with others, and are not obliged to live in a particular living arrangement.” This means – if it means anything – that *if* a person with a disability wants to live in a clustered arrangement rather than a stand-alone group house that delivers them general community inclusion, participation and individual rights within their expectations – then they must be able to do so...?

The link below from Professor Christine Bigby delivers another of the countless outdated papers that have been written by well intentioned experts on disability accommodation models

<http://www.abc.net.au/rampup/articles/2011/04/18/3194483.htm>

No one argues that Dickensian style accommodation must cease to exist. No one argues that is proven that underfunded, poorly managed, poorly designed accommodation centres are horrible. It is well past time that the diehards moved with the times and stopped trying to dictate how others should live an and started working on modern , more flexible and more cost effective accommodation models.

This must be an aim of all future state and federal governments, future funding should be directed at consumers developing flexible services Professor Bigby does herself no credit in her article. When she mentions 400 people living in campus at Minda in SA she fails to mention that every one of these clients will be offered a chance to live on campus in an updated village style accommodation or move to purpose built community accommodation under the Minda client centred planning process. By picking the eyes out of some aspects of alternative accommodation programs Bigby suggests that this is a view of one with a closed mind, comfortable in their own importance and tending to selective reporting or lacking the argument to discredit a more modern model and approach.

There is absolutely no evidence that well designed, well managed, well funded and consumer driven organizations where people with disability or otherwise live in an aggregate setting fail. If they did the general population would not be flocking to them in their tens of thousands recognising the significant social benefits associated. Such options must also be available by choice for people with disability.

The future of disability accommodation will not be community housing alone. The one size fits all models is already dead and buried. The future will be a plethora of accommodation and service models, shaped and managed by diverse groups of pwd, families and carers. Academics and governments will if they are clever withdraw from these discussions. While community housing will remain one option the future accommodation models will meet many of the following criteria

1. They will be geographically accessible to the general community and not isolated
2. Residents will be free to come and go as and when they please, without any restrictions, other than if they need someone to accompany them for safety and/or general assistance reasons
3. Residents will have their own private and personal space
4. There will be increasing examples of clustered housing or "village" involving a mix of disabled and non-disabled people, with their own separate facilities
5. That all forms of accommodation offered to a person with a disability – individual, stand-alone, small group or clustered – will be in accord with the wishes and views of that person or the outcome of a client support PCP program
6. That day activity and other general programs will be delivered with a better mix of home based and off-site and community programs
7. That accommodation facilities will be family and community managed with family members, friends and advocates of people with severe disabilities, monitoring and controlling the quality of care provided by paid and volunteer support workers
8. That management structure will ensure people with disabilities have the maximum possible personal choice and control over all basic activities and daily living, such as when and where they eat, what time they get up and go to bed, and where and when they go out to shop, visit friends, attend events etc
9. This includes people with disabilities themselves getting to choose and decide where they live, with whom, and in what form

10. That where a very severe to profound intellectual disability prevents a person from making such choices, absolute priority in decision-making be given to those who can demonstrate they best know and understand what that person likes/dislikes, needs/wants and will be of most long-term benefit to him/her, on the basis of specific individual circumstances.
11. That governments/advocates/society in general accept as a basic principle that adults with severe, dependant disability must be offered/provided with quality accommodation of their choice, along with all necessary supports, out of their birth family home, if that is what they and their birth family members wish – so that (apart from anything else) no family carer is forced/required/made to be a fulltime, primary carer unless they wish to do so.

Let's hope that both state and federal governments legislate for choice very soon for all people with a disability.

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