

## Position Statement on Continuing the Deinstitutionalisation of People with Disability in Queensland

June 2013

**The Public Advocate supports the right of people with disability to access appropriate support and opposes the placement of people with disability in environments and locations that do not enable inclusion and participation in community.**

The role of the Public Advocate is to protect and promote the rights, autonomy and participation of Queenslanders with impaired decision-making capacity through statutory systems advocacy. I am committed to an evidence-based approach that explores and extends our knowledge and influence on inclusive policy, programs and practices to promote improved life opportunities and outcomes for these vulnerable Queenslanders.

Up until the 1980s in Australia, it was common practice for people with disability to reside in large institutions situated on the outskirts of cities. These institutions housed both children and adults with disability in congregate living environments where all day-to-day decisions were made on their behalf by staff. In addition to people with intellectual disability, many people with a physical disability that limited their communication were also institutionalised, often because of erroneous beliefs that they were also cognitively impaired.

The care provided in these institutions was premised on both a medical model of disability, characterising disability as an illness, and a paternalistic approach to people with disability espousing that they were better segregated from the general community to protect themselves and others. There were also many instances of abuse and neglect of people with disability in these institutions.

As a society we have made good progress towards addressing these inequities. Wide-scale movement of people with disability out of large institutions occurred in Australia in the 1980s and 1990s. While outcomes were generally positive, in some instances the lack of sufficient planning inhibited success for some individuals; noting however that there were significant shifts in society's understanding and perception of disability regardless.

The *Convention on the Rights of Persons with Disabilities*<sup>1</sup> has also supported a shift in momentum towards accepting impairment as part of the diversity of our communities. There is increasing emphasis on building the capability of people with disability to maximise their participation in society, as well as increasing the accommodations made by community to meet the needs of people with disability.

In Queensland, many (but not all) institutional living environments have now closed and there has been a concurrent increase in community-based arrangements. However, there are still many people with disability living in 'institutional type' settings and/or who are segregated from the community, often with limited opportunities to increase their autonomy, capability, participation and inclusion.

For example, there are people residing in health care facilities that were originally intended for short-term treatment and rehabilitation, but who remain there indefinitely because of the limited availability of appropriate alternatives.

Additionally, significant numbers of people with intellectual disability or cognitive impairment continue to reside in psychiatric hospitals and other long-stay health care facilities.

Furthermore, the paucity of appropriate services and the limited integration and responsiveness of the Queensland human services system is currently increasing the risk that some service responses, particularly those generated for people with complex support needs, may unwittingly begin to replicate past institutional practices.

<sup>1</sup> United Nations, 2006, *Convention on the Rights of Persons with Disabilities*, adopted by the General Assembly of the United Nations 13 December 2006.

This is already being evidenced for small numbers of individuals who, often as a result of crises in their lives and a lack of more appropriate options for their support, have over recent years been removed from their community of origin and moved to congregate living arrangements that do not meet their needs and/or locations segregated from community. Many of these arrangements were initially intended as short-term emergency responses, and therefore instigated with little planning, but have unfortunately become longer-term placements.

While the complexity of providing appropriate support for many of these individuals is acknowledged, current funding approaches limit the development of innovative service responses, and the current range of available options is narrow therefore inhibiting choice in relation to where and with whom people should live. Furthermore, there is insufficient emphasis given to individualised planning and support aimed at developing a person's capacity to achieve their maximum physical, social, emotional and intellectual potential.

The Public Advocate supports the right of people with disability to have choice and control over the supports they access in response to their needs.

The Queensland Government must carefully develop a plan, based on thorough consultation, to enable increased autonomy for people with disability living in 'institutional' settings while facilitating access to increasingly appropriate support arrangements. A broader range of options needs to be generated with a focus on individualised planning and flexible responses that promote choice, support existing connections with family, friends and/or community, and strengthen each individual's ability to engage meaningfully with community.

There must be an immediate cessation to the placement of individuals in support arrangements that offer little by way of effective outcomes and do little to support participation and inclusion in community.

As Public Advocate, I am committed to monitoring this issue, raising awareness about the circumstances of this cohort and to working collaboratively with Government and other key stakeholders to ensure a positive and planned strategy that will provide increased opportunities and effect positive change in the lives of these individuals.



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