Everybody In
Inaugural Conference
University of Otago
Dunedin
27-30 Nov 2011

Community Living, People with Intellectual Disability & Evolving Social Models

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Overview

Historical, Social & Philosophical Shifts (Institutionalisation & Deinstitutionalisation)

Social Model of Disability & Intellectual Disability

Considerations for the Future

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Moral Treatment: Institutionalisation

- 1700-1800s Medical treatment & education used to optimise ability to function in society

  (Kanner, 1964)

- 1800s Asylums for poor, destitute & 'insane'

  (Fox, 1930)

- Patients were required to undertake some form of industry   (Conolly, 1856; Bartlett, 1999)

- Prisons of Protection   (Curtis, 1986)

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Definition: Institution

Institutions are identified with a social purpose and permanence, transcending individual human lives and intentions, and with the making and enforcing of rules governing cooperative human behaviour.

(Stanford Encyclopaedia)

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Community Living

- Therapeutically preferable (Mitchell, 1864)

- "Could be seen as controlling as institutional care" (Walmsley, Atkinson & Rolph, 1999,181)

- Welfare & quality of life   (Taylor, 2001)

H.Trip & B.Burrell, 2011

Contemporary Theoretical Shifts

- Normalisation: Based on 'sameness' in the replication for conditions that are socially normed within one's society

    (Wolfensberger, 1972; Nirje, 1980)

- Social Role Valorisation: Attainment of normalisation can be achieved when value is attached to the roles one has in society

    (Wolfensberger, 1983)

    H.Trip & B.Burrell, 2011

Comment - Health Context

- Inequitable access to health care

  (Leeder & Dominello, 2005)

- Poorer health outcomes

  (Goddard, Davidson, Daly & Mackey, 2008)

- Lack of inclusion/respect in own health   (Trip, 2007)

- Accessibility & provision of health information

  (Hale, Trip, Whitehead & Conder, 2011, In press)

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Social Model of Disability

- Union of the Physically Impaired Against Segregation [UPIAS] (1976)

- Disability is socially constructed (Richardson,2000)

- Limitations imposed by society (Goodley, 2001)

- Revised to include intellectual & sensory (Barnes, Mercer & Shakespeare, 1999)

- Education levels of staff & training opportunities (Spitnalnik & White-Scott, 2001)

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Recognise Re-institutionalisation

Where individuality is not respected,
where groups of people are treated as an
undifferentiated block, when an individual's
social and family ties are negated and life
choices curtailed, re-institutionalisation of
people with intellectual disability
can be said to be occurring

(Burrell & Trip, 2011)

H.Trip & B.Burrell, 2011

To Have An 'Ordinary' Life: Kia Whai Oranga 'Noa' NHC, 2003)

- Recognised the restrictive nature of support

- 'Ordinary' meaning people have fundamental needs & expectations

- Citizenship needs to be embraced

H.Trip & B.Burrell, 2011

To Have An 'Ordinary' Life: Kia Whai Oranga 'Noa' NHC, 2003)

- Health
- Communication
- Chance to pay for things
- Learning new things
- Having fun

- Accommodation
- Paid & unpaid work
- Being part of community
- Relationships
- Moving around

- Maori & Pacific adults with intellectual disability
- Government capacity & service development
- Improving Needs Assessment & Service Co-ordination
- Supporting family/whanau
- Workforce development

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Framework for Accomplishments (O'Brien & Lyle, 1986)

Respect

Choice

Community Presence

Community Participation

Skill Acquisition

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Into the Future

- Active Support

    (Mansell ,2006; McVilly, Gelman, Leighton & O'Nell, 2011)

- Self Advocacy Movements   E.g People First

- Identify strengths & limitations in any movement

- Include people directly in developing research priorities & processes, as well as in tertiary education delivery

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Normalisation
(Wolfensberger & Nirje)

Respect
Choice
Community Presence
Community Participation
Skill Acquisition
(O'Brien & Lyle)

Social Model
of Disability
(UPIAS)

Social Role
Valorisation
(Wolfensberger)

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