

Meeting Summary

Meeting date:

25th March 2011

Workshop 2	2
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Purpose	To progress the Blue Skies' vision for an inclusive community
Questions explored	What does it take to create a genuinely inclusive community?
	How should Blue Skies respond to the Productivity Commission Report on a National Disability Insurance Scheme?
Summary of discussion	Conversation host: Kevin Cocks
uiscussion	Kevin Cocks opened the conversation reminding participants of the history of unsuccessful attempts within Australia to secure an insurance scheme for people who live with disability. This history highlighted the critical importance of the current movement to secure a National Disability Insurance Scheme (NDIS) situating an NDIS as necessary in the movement toward greater realisation of equality and realisation of the human rights of people with disability. Fiona Anderson, Qld State Coordinator of the Every Australian Counts campaign
	for an NDIS, provided the audience with the current campaign activities and challenges in Qld and provided a compelling account for the need for every participant to take personal responsibility to encourage Queenslanders to demonstrate their support for an NDIS by signing the on-line petition on the website and getting involved in the campaign.
	 What would be in place? Portability of funding Investing in developing informal support networks Combination of formal and informal supports Attitudinal shift from medical model to social model Mainstream services available Community service (not disability service)

Blue Skies' vision for an inclusive community





On the ground support ideas?

- Address culture change across all services and facilities (mainstream and specialised)
- Steer away from specialised services
- Extension of MASS to be inclusive of IT equipment and mainstream products (e.g. Apps; Phones)
 - o Trials needed (measure against outcomes)
 - Internet connectivity and smart wiring
 - C-Bus and housing links
- Freedom to choose a path that may not be for everyone. Right to dignity of risk.
 - Pool of therapists to access (incentives / partnerships)
 - Access to broader array of therapists (e.g. Therapeutic Massage; Acupuncture). Therapy of choice should not be limited by low income and/or limitations on current limited therapies available
 - Regulation for therapies is already mainstream in private health cover
- Aesthetically pleasing aids and equipment. Need for more attention to aesthetics.
 - 'Good looking equipment'
- What is a community standard as a standard
- Increasing visibility of people's needs in broader community
- Community capacity building (community development) so people don't have to ask - others notice and offer
- Change perception to a legitimate need
- Change mind set of families to 'employees', not passive recipients
- Education for individuals; families; and services regarding person as employer
 - Education to become a more discerning user of services and know what to ask for and expect
- Change perception to being of service to the person with a disability not the other way around
- Community good will needs to be tapped into. People need to be asked if they want to be involved
- Transparency and disclosure of operational costs
- More Support Workers operating independently as contractors
 - Independent Support Workers need to be supported to not join big services
 - Union leverage
 - Support Worker collectives
- Support micro-enterprise
- Fund advocacy separately
- Access to pool of workers and advocates who can train
- Recognition of regional vulnerability capacity building response required
- Appeals / Complaints mechanism

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Follow up expected

Continuing conversations
Invite others who may be interested

Next conversation will be held on: 27 May 2011

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