CRUCIAL TIMES

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editorial

Be discontented. Be dissatisfied...be restless as the tempestuous billows on the boundless seas. Let your dissatisfaction break mountain-high against the walls of prejudice and swamp it to the very foundation.
John Hope

These words were written by John Hope in 1896, and are a sign of the timelessness of struggles against unjust social forces. The words are also timely for those who have been involved in the community living movement: the waves of discontent have prevailed and brought about many gains in the past two decades, but there is more to be done.

From the 1970s onwards, the community living movement made it clear that people with disabilities did not belong in institutions and that congregation and segregation did not meet people's needs for a valued life. The community living movement made many inroads, influencing policy-making across the nation. Since those initial gains, however, there has been a growth in the number of places being created for people with disabilities that are other than those of their own homes in ordinary neighbourhood settings. There has been a regressive entrenchment of practices of segregation and congregation, which are beginning to dominate service models and, once again, people with disabilities are told that 'their place' is in a group home, a day center, or on the periphery of ordinary life.

We invite readers to step into an uncomfortable zone: stepping away from our routines to take stock of where we are, what has been accomplished, and what still needs to be done. In this edition we want to name some sources of dissatisfaction; in broad terms they are about the lack of values and vision, the chaos of service systems and the need for reform.

Questions of values and vision.
People with disabilities continue to be perceived as objects, medical mistakes, and burdens. These perceptions exist in the wider society, but more worryingly they exist within the human service system. People with disabilities are becoming equated with funding packages or with a need to fill group home vacancies, no matter where the vacancy might be in Queensland. People with disabilities are still not seen as having the potential to learn and grow or to be full members of the community. The service system continues to offer responses that result in people simply being 'minded' in the community. People with disabilities and families are still not seen as being trustworthy or competent enough to have a level of authority over their own lives. They are still 'owned' by services even though they want to be more resilient and to be able to solve their own problems.

Service system chaos.
We live in an increasingly demanding and fast-paced world. One of the ways that complex human service organisations cope with this is through a reliance on formalised and standardised processes, and where the job of a manager can be done without knowledge of the particular issues that face people with disabilities. There is pressure on community services to become more like corporations than true welfare organisations which are involved in grass-root, social justice initiatives. In human services, a corporate culture has been forced upon those who are involved in human problems, as if human services are factories

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and people with disabilities are objects or units to be counted and assessed. It is clear that economic imperatives are deemed more important than human needs. The use of benchmarking, competitive tendering and efficiency dividends are clear indications that economic concerns have a higher priority than true quality indicators, which relate to a person having access to the good things in life.

The need for reform and innovation.

Great dissatisfaction has been experienced by people with disabilities and families who, when they receive funding, can only purchase more-of-the-same from a fixed menu of congregation and segregation. In contrast to this, there are some outstanding Queensland examples of services that demonstrate key features of quality. They are of a size, structure, and location that enable decisions to be made by those who have a deep knowledge of each person receiving the service. They assist people to manage their own affairs and they strengthen rather than rupture relationships between the person, their family and others in the community. In important ways they also strengthen the local community in which a person lives. They have a strong commitment to a positive values base. Each of the examples is an individual or family-governed initiative, working in grassroots ways in their local communities.

These services are highly valued and respected. People come from interstate and overseas to visit them and to learn about how they have created such high quality support, yet they are extremely vulnerable in today's political and economic climate. There has been little growth in services of this type during the past five years, and there appears to be little hope for their development in the future.

The community living movement was clearly active against institutions. Institutions were easy to recognise because of their size, their history and the brutalities that made media headlines. Like other social movements across the world, the community living movement has slowed. Does this mean that we are on the slippery slope of a return to institutions, even if they are located in the community? Does it mean that the efforts of the past twenty years have been for nothing? Where is the groundswell of discontent?

The groundswell of discontent is in the hearts and minds of people with disabilities, their families, dissident professionals and support workers, and moral and inspirational leaders. But the dissatisfaction needs to be brought into action. We need to create the next wave of vision, and to resist the forces of re-institutionalisation. This is a time for recreating the vision, and for reclaiming the agenda for change. ⊠

Jane Sherwin

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from the president

Mike Duggan

What does it mean to be *human*? Why am I so eager to talk about this question? I am eager because we all have one thing in common – our shared humanity – and contemplating our shared humanity should bring us to the very heart of our common living experiences. Although we all share humanness, some of us are viewed as being less human than others. This heresy is subtle, but finds explicit expression: people with disability are often redefined as being of less value than others, and as having lesser human needs than others.

Through the ages there have been varying schools of thought about what being 'human' really means. For example, ancient Jewish culture viewed a human as an integrated being – 'human' was a psychosomatic unity – and for centuries, Jewish culture maintained this holistic view. In contrast, Ancient Greek culture divided 'human' into soul (psyche) and body (soma), with the soul (spiritual/metaphysical) denoting goodness, and the body (physical/material) representing evil. This idea, along with many others that derive from Greek thought, dominated Western belief about what it means to be human.

The ancient Greek view prevailed throughout the Middle Ages until the Renaissance. A human was now seen as the highest and most noble example of the divine creator at work. During the age of the Enlightenment this view was reversed with the rise of scientific rationalism – evolutionary theories, based on the work of Darwin, saw humans as the product of a cosmic accident. In Marxism, the concept of 'human' changed again, with a human seen as a 'resource'. Marx asserted that humans are a function of historical processes and forces, in which the human is subjugated to the status of a machine or object, and exploited by the forces of capitalism. Thus, by the end of the Nineteenth century, the Renaissance definition of 'human' (as a divine work of God) had been radically reversed.

The work of Darwin and Marx laid the groundwork for another powerful theory, that of psychology. Building on Kantian philosophy (which acknowledged the existence of nothing, apart from subjective reality), Sigmund Freud and Carl Jung argued that the human 'self' was a construction. More recently, Carl Rogers argued that humans are the sum of their individual experiences, with the consequence that modern psychology is preoccupied with individual experience and subjectivity, and the physicality of the body is often disregarded.

We can see that the definition of 'human' has changed dramatically over time, and continues to change. With so many modern technological efforts bringing to pass the actual eradication of people with disabilities (some, even before they are born), it is often difficult to place credence in a concept of a 'shared humanity'. But it is not until we embrace the concept of a shared humanity that we can bring about change for people with disabilities. This change will address the imbalances that are presently evidenced by:

- An overall lack of strong, inclusionary policy-making, especially in primary, secondary and tertiary education;
- A rise in exclusionary policies, an example of which are respite houses for children and adults with disabilities and group-homes that are being built for people labeled with 'challenging behaviour';
- People with disabilities being re-institutionalised in the community for an increasing number of reasons;
- A pushing down of people's consciousness about exclusionary practices, through the use of soft language – for example, group-homes that are built for those with challenging behaviour being called 'innovative housing'.

Contemplating our shared humanity, and being conscious of where many of the dominant ideas of the present age have come from, can help us to understand our shared experience of living and being in the world. ⊠

Making good public policy

Christine Douglas *has a long history of advocating for people with disabilities. She is especially conscious of policies that deny people their full identity, dignity and moral right to be a part of the whole community. Christine is now working as a counsellor, specialising in issues relating to people with disabilities and their families.*

Social policy is not about others; it is about us. Policy is never made in a vacuum, although at times it seems that way. It is set within a particular time and a particular culture, and infused with particular values and assumptions. It is made, one would hope, in response to particular needs. It seems however, that as bureaucracy grows, policy, policy-makers and the practitioners who implement those policies, are becoming more contemptuous of, rather than relevant to, us as citizens. This is particularly evident when it comes to policies that relate to citizens with a disability or citizens who, for whatever reason, are sidelined on the margins of our society.

Policy, as defined by the dictionary, is a plan or method based on a long-range or overall view of things. In other words a policy expresses a vision, towards which all aims, goals and strategies are focused and gain potency and coherence. Herein lies the difficulty, because it seems that current policies are made without that vision; they are short-term responses to crisis situations made under constant budgetary constraints. The social dimension of policy making is lost because of the primacy of other agendas, and good policies relating to people with disability are left floundering. What will break this impasse? How is it that in 2002 we are still fighting for ordinary, meaningful and included lives for people with disabilities?

Part of the dilemma lies in the residual effects of the English Poor Laws of the Nineteenth century, which were the precursors of social policy today. Notions of the ‘deserving poor’ are still alive. They can be sensed in the Ascertainment policy of the Education Department, and in the rationalisation of health services. How else do we explain the alarming rise in exclusionary policies that are bent on keeping people with disability, especially those with challenging behaviour, congregated in our less affluent suburbs, warehoused in sub-standard boarding houses with appalling levels of support, and young people with high levels of support languishing in nursing-homes for the aged? Any number of defenses may be raised to explain this state of affairs but deep down, either consciously or unconsciously, there is a message that says: *Are these people really worth it? Our dollars would be best spent elsewhere.*

The climate for exclusionary policies has been bolstered by the rise in global terrorism and its recent proximity to our shores. The drive to set out more defined boundaries of ‘difference’ (who’s in and who’s out in our country) will make the rise in exclusionary practices in the disability arena even harder to shake. We may have moved from the two-hundred-bed institutions of previous decades but the institutionalised practices that went with them have crossed over and made themselves at home in the rigid impersonalised characteristics of group-home living: clustered recreational activities; the stripping of identity; the countless lost moments of friendship; and wasted opportunities that mark the lives of people with disability. It is death by a thousand cuts: in the slow, inexorable wasting of a person’s life and the endless waiting for inadequate funding and accommodation vacancies, endless meetings, and retelling of stories simply to gain one tiny margin of relief – a stopgap victory over an issue that will re-emerge at a later stage. ▶

Where is the outrage? Where is the action? Where is the cry for restorative justice? Where is the compassion and where is our egalitarian spirit? How can we prevent policies that relate to people with disability being a form of social control? These are vexing and complex questions that require serious and concerted consideration if strong, inclusionary policies are to be the result.

We need policies that bestow esteem rather than stigma on people. We need a balance between the ideology of individualism (which receives such powerful support from market values) and the notion of collective responsibility. We need to keep reminding policy-makers that the issues of social policy are essentially moral, not technical. Policy makers need to explore different types of moral transactions, embodying notions of gift-exchange, and reciprocal obligations that bring about social and community relations. We need to challenge the belief that human service systems are actually concerned with the enhancement of individual and collective wellbeing because we know that the policy aims of such systems are sometimes so modest they do little more than prevent a lowering of living standards, and in some cases, do outright harm to people.

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At the same time we must also examine our own hearts. If policy is not made in a vacuum, but according to what is ultimately tolerated and legitimised by the whole society, whether this legitimacy comes about through our apathy or our outright support, then we all have a part to play. If it is not a direct part then it is through our relationships with our neighbours, our associates, our churches, the educational systems that we or our children attend, our sporting affiliations, and our entertainment preferences. How do these groups and individuals regard people with disability and how are their actions, and ours, reflected in the policies of our nation? ⌧

2003 CRU CONFERENCE

April 10 -11-12
Hilton Hotel Brisbane

Many people are concerned that the disability movement has stagnated and words like ‘survival’ have taken the place of ‘vision’. Even though attention and resources have been diverted to a service system that is dominated by technocratic processes and managerialist agendas, wisdom tells us that grass-root efforts can make a difference, as they have in the past.

With a focus on the community-living movement, the conference will gather together those who want to consider core issues and actions, those who want to grasp the opportunities that currently present themselves, and those who want to be clear about the investments that need to be made for the future.

CRU invites you to this important event.

Full conference brochures will be mailed in the next few weeks.

Young people in aged-care facilities

***Melissa Ryan** has been engaged in research relating to one of the most concerning issues in Queensland – young people being placed in aged-care facilities. This highly inappropriate response to their needs has life-wasting consequences for the young people.*

Imagine that you are sixteen years old and have been in a motor vehicle accident. As a result of the accident you have a serious brain injury. You are about to be discharged from hospital, but your family is unable to care for you and it is impossible to get any specialised assistance for you to stay at home. The only option available to you is to be placed in an aged-care facility – a nursing home. Alarmingly, this has become a common situation in Queensland in recent years.

The inappropriateness of young people living in nursing-homes cannot be over-emphasised: they are lonely, isolated and there are no opportunities for them to embark on educational, training or employment opportunities. Neither are there facilities for rehabilitative programs. There is a lack of privacy and staff members are inadequately trained in dealing with the particular behavioural problems that are often associated with acquired brain injuries.

In addition, there are few opportunities for young people to access the general community or to develop relationships outside the nursing-home. Young people in such circumstances experience boredom, depression and frustration and feel alienated from society and from their peers. Nursing homes are not attractive to young visitors. Young people have different interests from older residents – they are interested in music, sport and often stay up late, a time when older people are asleep.

Deep depression is a common condition for young people in nursing-homes and their families are also affected by the early admission of their sons and daughters to aged care facilities. Geographic distance and general distress often leads to families having limited contact with their relative. Some aged care facilities discourage family participation in the physical aspects of personal care for the young person, viewing this as predominantly the role of professionals and considering it disruptive to the routine of the facility. These factors are especially true of large facilities.

A number of concerned groups have formed an alliance for taking action against the growing number of young people who have been placed in residential aged-care facilities, or who are presently using inappropriate aged-care services. One of their main concerns is that in the absence of appropriate support or funding arrangements, aged-care facilities, which were once considered to be the ‘last resort’ for younger people with disability, are rapidly becoming the *only* option.

threats to the community living movement

Shirley Paterson *lives in Adelaide and works with people labelled with 'challenging behaviour'. She is concerned about threats to the community living movement, identifying an increasing number of reasons for people being institutionalised or re-institutionalised in the community.*

One of the greatest threats to the community living movement is the continued presence of institutions and the re-institutionalisation of people with disabilities. A person with a disability can become institutionalised or re-institutionalised for a number of reasons.

By simply becoming older, people with disabilities are placed in aged-care facilities, often on the campus of an existing aged-care institution. People with intellectual disabilities are especially vulnerable to this form of institutionalisation. But youth is not a protection against institutionalisation; many young people, when they become severely disabled through illness or injury, are placed in aged-care facilities.

Tired, overwhelmed and unable to access other options, families leave their relative to the care of the state, with the consequence that the person is left in institutional care. Many families who have sought community accommodation options are shocked and frightened by the lack of available opportunities. Institutionalisation seems to present an unshakable security. Many older parents want a name on a bed for their son or daughter for when they, the parents, die, even if that bed is in an institution.

When the behaviour of a person is seen as being unacceptable to others or unsupportable in a neighbourhood setting, the person is often removed to a segregated facility with others who have similar behaviour. Services are often preoccupied with concerns about legal liability with the result that people living in the community are assessed in terms of 'risk management' by their services and increasing numbers of people will be excluded from community services because the risks are seen as being too high.

Without urgent action, we may be seeing the demise of community organisations as viable alternatives to institutions or to large corporate accommodation services. The challenge for those who have a strong allegiance to the community living movement is how to manage the onslaught of institutionalised practices and exclusionary policies that are coming to dominate human services, especially in the accommodation sector. A proliferation of regulatory requirements has resulted in confusion about the purpose of human service organisations.

In addition to the institutionalisation and re-institutionalisation practices that are described above, the construction of community living options has itself become institutionalised. For example, decisions about the grouping of people who need accommodation are made at a bureaucratic level where the primary obligation is seen as simply accommodating the people. Groupings may be based on supervision-needs rather than on the individual needs of each person. Behavioural difficulties are underestimated even though they are one of the highest contributors to breakdowns in accommodation arrangements. In addition, many people experience the breakdown of numerous accommodation placements, leaving them homeless and even more vulnerable.

Opportunities for a person to have a real home seem to be limited to an organisation's ability to create a good group-home model. Group homes are concerned with health and safety audits, risk management strategies, incident reports, rosters, occupational health and safety protocols, manuals describing what to do in every possible eventuality, emergency action plans, menu plans, individual service plans, health care plans, guidelines for financial management and so on. The state enthusiastically promotes a service excellence framework based on uniform policies, procedures and data collection, rather than on a real understanding of what it takes to provide quality support.

Positive change to the present range of accommodation options is going to require revitalisation of a different set of values from those that currently prevail. Lack of political vision and will, inadequate resources for the development and maintenance of community living options, and a reliance on institutions as a situation of last resort all contribute to the re-institutionalisation of people with disabilities, and to the proliferation of institutionalised practices.

LANGUAGE MATTERS

***Marcus Richards** is a parent of a young woman with an intellectual disability. He has been involved in advocacy and service provision. In this article he identifies some of the ways in which language is used to obscure reality and to imply other realities.*

We use language to communicate. Through language, we express our thoughts and ideas, we create impressions, and we endeavour to influence other people's perceptions and opinions. Most of us, most of the time, endeavour to communicate in a sincere and straightforward way. Some of us, some of the time, communicate in ways which are not straightforward, but which are oblique, cryptic, or even deceptive. Sometimes this deception is unconscious and sometimes it is conscious.

An example of the conscious use of language to obscure a reality is the term 'collateral damage', which was coined by the US military. It refers to the death of civilians in a situation of armed conflict. Rather than talk about how many women and children were accidentally killed in hostilities, the military and political leadership speak of 'collateral damage'. By referring to the deaths of people who are not engaged in the military action in language that is technical, unrelated and ambiguous, those in power sanitise the language so that the situation is more palatable to public opinion.

There are a number of issues, which are related to the lives of people with disability, that illustrate the way in which the unconscious use of language tends to obfuscate or obscure the reality about the way in which they are excluded and devalued. For example, I've often thought that the use of the term 'special' to refer to people with disability was spurious – special needs, special schools, special people. The word 'special' implies something that is highly valued, set apart from the ordinary in a positive sense: You need a certain brand of up-market cosmetic *because you're special*. I have always found the talk of 'special people' rather condescending, a sort of code. For example, special schools are places where children with disability are set apart from their peers, not because they are highly valued, but because they are seen as burdens to the educational progress in a mainstream environment. In this instance, 'special' is a euphemism that is utilised to sidestep an unpalatable reality: that the prevailing social attitude towards people with disability is negative.

To cite a more current example, the phrase 'people with challenging behaviour' has come into common usage to refer to people with intellectual disabilities, who behave in ways which many of us, including the services that ostensibly support these people, find challenging to respond to in constructive ways. That is not to say that some of the ways in which this group of people behaves at times is not challenging to us. But, in the use of the term 'challenging behaviour' there is an implied assumption that such behaviour is an inherent characteristic of the person's disability. While this may be the case in some instances, it is hardly surprising that people who are contained in stultifying environments, deprived of opportunities to experience everyday enjoyment, and who are often abused, neglected and exploited, may express their frustration or hurt in challenging or violent ways. But if we refer to them as 'people with challenging behaviour', we effectively shift the blame from our inadequate systems of care onto people who are highly vulnerable.

Another term that implies a positive outcome but which is rather ambiguous is 'institutional reform', or its companion term 'de-institutionalisation'. What do these terms mean? At issue here is what constitutes an 'institution'. The term is used by a range of stakeholders in the disabiltity sector to refer to residential facilities, however, there is a degree of ambiguity as to what actually constitutes an institution in relation to certain other factors. For example, one conceptual framework interprets the term on the basis of size, according to the number of beds in a particular facility, while another perspective is based on the nature and culture of the facility.

An exploration of the Alternative Living Service (ALS) illustrates these issues. The ALS was established in the early 1980s, in a bid to downscale Challinor Centre, and later, Basil Stafford Centre. The idea was that people could move out of the institutions into houses in the community, with four to six people in each house. This arrangement was to be an *alternative* to the institutions. The intention was that this was to be a transitional arrangement, and that people would move on to establish a home of their own. But this so-called transitional arrangement has itself become a system, and now comprises a network of approximately one hundred and fifty group homes across Queensland.

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According to the view that defines an institution by size – an institution being a facility with more than six beds – the group homes of the ALS system do not constitute a network of mini-institutions, because there are six beds or less in each house. But if you apply the interpretation of the word 'institution' as defined by culture, the perspective is quite different. There was an assumption that the closure or downsizing of institutions would lead to a dismantling of the institutional cultures of Challinor and Basil Stafford Centre. However, the Carter Report found that, in the process of downsizing the Basil Stafford Centre and the relocation of the people into the community-based ALS, the institutional culture within the Basil Stafford Centre had been transferred, to a significant degree, to sections of the ALS system. Accordingly, the so-called Alternative Living Service system can be viewed as a network if mini-institutions, with an imbedded institutional culture, and as such, does *not* constitute an *alternative* to the institutions which people had left.

There are many other examples of how language is used to obscure the reality of what happens to people with disabilities. Language is an expression of the way we think and how we see things. For those people who wish to see through obfuscating language, it is helpful to check the reality of what actually happens to people with disabilities and to be able to name, in unafraid ways, the reality of the conditions that limit their lives, their identity and their humanity.

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> ***In order to effectively engage in dialogue with persons who have been devalued, it is important to be aware of the language that we use and how it implies who is in the position of power.***

From: *Leisure, Integration and Community*

A CALL TO CHANGE:
When Vision & Commitment Count

Jan Clark *describes a process of change that was driven by a clear vision of what was possible for people with disabilities. That vision, and an enduring commitment by a support agency, led to changed lives.*

In 1986 I visited Alkira Village, a residential facility on large grounds in the western suburbs of Brisbane, starting a long association with the people living there. A group of women, mainly with intellectual disabilities, had moved into the facility in 1980 to take up residence in what had formerly been the dormitories of a boy’s home, run by a large organisation. Three dormitories had been converted into more homely surroundings with eight women living together, supervised by live-in houseparents. A new building had also been completed so that a group of men could also take up residence on the grounds. There were about forty residents in all.

During the day all residents attended craft activities, and sometimes went on trips in the two large ‘home’ buses. Every weekday at noon a bell sounded and everyone lined up at the dining-room door for the midday meal. A cook, laundress, groundsman and cleaner, and a personal carer were employed. Clothing for residents was bought in bulk by the houseparents. Residents lined up to have their hair washed, toiletries were also bought in bulk, and residents lined up to see the visiting doctor. The workers at the residence were kind but were untrained and understood ‘caring’ to mean keeping people safe, clean and well fed.

Before becoming involved with Alkira, I had the experience of assisting people with intellectual disabilities to work in open employment, to gain driving licenses, handle their own finances, and to become part of their local community. I saw the residents of Alkira as having great potential but realised, from the perspective of my previous experience, that a transition to more typical lives was a call to change. Each week I began taking a small group of people, who seemed to have had the least opportunities in life, to a disused house on the grounds where we prepared meals and learnt new skills. We also went out, using public transport and demonstrated the possibility of more typical lives for other residents at Alkira.

This idea led to staff training being undertaken by the organisation; it seemed odd to be trying to find ‘activities’ for people each day, when workers were doing things for residents that they could do for themselves. Gradually, one meal a week was prepared at the house by the residents with some help from staff who began to see their roles more as ‘teacher’ and ‘helper’. The roles of the cook and laundress diminished, and these positions were absorbed into support worker roles, under relevant industrial awards.

By 1991 the main dormitory buildings had living units built underneath and the craft supervisor had taken on the role of teaching six women day-to-day living skills. The women bought their groceries at the local shops, travelled by public transport, cooked their own meals, did their own banking and became more involved in community groups. Soon a group of three women, who were seeking even greater independence, moved into the old house on the grounds and soon after that, into a rented house in the neighbourhood. They enjoyed the freedom and the limited assistance but three was not a good number for house sharing, and conflicts arose. With more space now at the facility, residents had rooms of their own, but living in such close quarters had always been a concern. Although people were often moved around to try to find better combinations and groupings it was never really successful.

In 1991, funding for the support of people with disabilities was moved from a federal responsibility to a state responsibility and although there was a lot of confusion surrounding the arrangements, this was seen as an opportunity that should be grasped. The following year, when the new Disability Services Act was legislated in Queensland, our organisation was concerned about being both landlord and support service for the residents of Alkira. Discussions were held with Housing Queensland and this led to what appeared to be the best solution: housing applications were made for all residents. Although only a few individual residents of Alkira were being considered for individual accommodation support by our organisation at that stage, we believed it was important to keep the options open for all residents. Gradually large units on the grounds were divided into seventeen smaller individual units. It was amazing what was achieved for very little cost.

In 1995 funds were made available for a consultant to make recommendations about the future of the residents. Plans were developed for each person and it was recommended that Alkira should close. It was also recommended that funds be sought through the government’s Institutional Reform program for all residents to live in their own homes. Our organisation wanted to remain committed to each of the residents for the long-term, and was prepared to remain in the role of service provider, supporting the people when they moved to housing in the community. During this time the three women who shared a house were offered individual public housing units in another area of the city. As the location was some distance away our organisation saw that, in order to provide support services to the women, there would be a substantial drain on the block funding, but it decided to take the risk. In addition, when two nearby housing units became available, after careful consideration, two women moved in, and the organisation again stretched its resources to provide them with support.

Most of the residents were now becoming more involved in the local community and the organisation secured funding for a Community Integration Worker who would help staff to find options for individual people and also work with a group of people who were at greater risk of social isolation than others. In addition, two coordinators were appointed, spreading the load and allowing for a more individualised approach to meeting the needs of each person. Our organisation has announced that Alkira will close by June 2003, and it is hoped that with careful planning and funds provided by government, twenty-six residents will have moved to housing in the community by that date. Houses are ready, staff positions planned, and residents are eagerly waiting.

In mid-September 2002 a party was held to celebrate the first anniversary of sixteen former residents who are now living in their own homes. They were joined by family, friends and other supporters who helped to make their dream become a reality. The guests-of-honour gleamed with pride as each showed a video of their own home. They talked about the life they now enjoy. No one has any regrets about the choice made. Many are still coming to grips with the more difficult aspects of life in the community such as not having someone around all the time, using public transport, being exhausted from being ‘too busy’, learning about neighbours, and having to carefully budget money – but no one wants to return to the institutionalised life of Alkira.

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