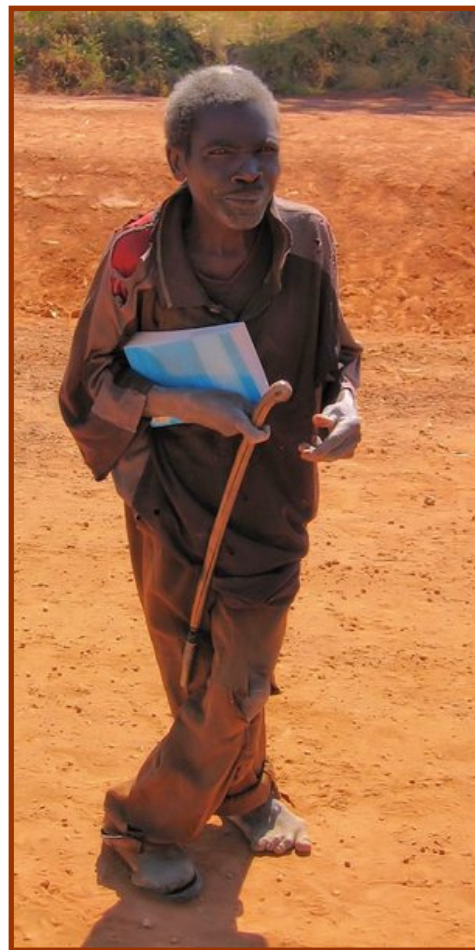




Disabled Peoples International: Concept Paper on the Inclusion of Seniors with Disabilities in Policy and Practice on Ageing



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Overview

There are persons with congenital or acquired disabilities who are ageing, and there are seniors who are ageing into disabilities.

Many projects initiated by Government and Non-Government Organizations explore issues related to ageing **or** disabilities, but few if any bring these sectors together. There is, therefore, an urgent need to develop solutions that meet the needs of **persons with disabilities, seniors, and seniors with disabilities**.

The notion that seniors with disabilities should be able to fully participate in the community is based on the social model of disability. The social model of disability views disability as a social construct, meaning that environmental and attitudinal barriers prevent persons with disabilities from full inclusion in society. As such, the responsibility rests with society to accommodate the needs of the disabled. For example, if an individual who uses a wheelchair is registered for a recreational program, then it is up to the program instigator to make sure the building where the program is to be held is accessible, not to inform the wheelchair user that he or she cannot participate **because** of their disability. Full participation in society means that persons with disabilities:

- Have the **same rights** as everyone else
- Are able to make **informed choices**
- **Pursue** personal goals
- Are viewed as **equal**

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), Article 3, calls for full participation of persons with disabilities in society. Yet barriers exist in the provision of supports and services that enable seniors with disabilities to attain quality of life and equal access. These include:

i. Home Support Services

Home care and home support programs are essential to any individual whose daily functioning is compromised. They contribute to health, independence, and quality of life. However, the reality is that programs available to persons with disabilities and seniors may vary in terms of range of support options (See also CRPD, Articles 19, 20 and 25)

The eligibility criteria for home support services can differ: some exclude persons with disabilities while others exclude seniors, even though services are required for both groups of individuals. In some jurisdictions, when a person is registered as disabled within the health sector, they may lose that status (along with financial benefits) once they become a senior. This means a gap in service and supports until they can prove (again) their disability status by producing new documentation, such as medical assessments and tests. It is not cost effective for government agencies to provide services for one group and not the other.

As people with disability age, the transition from disability services to senior services can be a challenge, with the former advocating for more **consumer control** practices and the latter on a more paternalistic approach to service provision. This begs the question of what losses are experienced by the disabled as they transition to senior services. It is important, therefore, to examine the possibility of integrating models of home care and support from the disability **and** ageing sectors, assuring a fuller range of supports and services to maximize independence for those with disabilities who are growing older, as well as the senior sector ageing into disabilities. Coordinated and integrated services are also more cost effective.

ii. Accessibility

The built environment can act as a barrier or a catalyst to the participation of individuals ageing with disabilities as well as those ageing into disabilities. The built environment includes houses, parks and recreation buildings. Too often the built environment is inaccessible to the disabled: no ramps into buildings, obstructed walkways, and lack of signage. Accessible transportation is another major obstacle since the vast majority of countries, whether developed or developing, have an inaccessible public transport fleet. When buildings are designed along universal design principles, the outcome is that persons with disabilities are able to participate in the social, economic, and cultural aspects of the community (See also CRPD, Articles 2, 9, and 19).

Rural location and access to basic services affects persons with disabilities and seniors who are ageing into disabilities. For example, closure of services such as the local post office, stores, and local banks leave many elderly disabled persons in isolation, dependent on others to provide basic necessities (See also CRPD, Articles 26 and 28).

iii. Stigma Associated with Ageing and Disability

How “disability” is defined can affect a group’s perception of disability. How ageing is perceived can also affect inclusion. For example, some seniors believe that disability connotes frailty, even failure. From a cultural perspective, some societies view ageing as wisdom, while others view ageing as loss of good judgement.

iv. Impact on Individuals and Families

The impact of the increasing number of people ageing with disabilities and those ageing into disability is significant for individuals and families. Supports, such as respite services, to caregivers with disabilities as well as care receivers are inadequate.

A Combined Disability and Seniors Lens

A “lens” is a framework which includes a series of questions to be taken into account in the development, delivery and evaluation of policies, programs and services pertaining to a specific group. Research indicates that separate lenses have been developed as they relate to seniors and people with disabilities, yet these lenses have not been combined to assess common policies, programs, and services for seniors with disabilities. Common issues include the need for affordable, accessible housing; affordable, accessible and flexible transportation, as well as a wide range of home support services.

Next Steps: Questions to consider

- Has the policy been developed in **collaboration** with **disabled and seniors** groups?
- Does the policy address the diverse needs, circumstances, and aspirations of **vulnerable sub-groups** within the seniors’ population, such as Indigenous seniors with disabilities and ageing women with disabilities?
- Does the policy acknowledge the multiple determinants of health?
- Does the policy support independence and self-determination?
- Does the policy support dignity?
- Are environments based on universal design principles?
- Do policies, programs and services allow for a **range** of affordable and accessible housing choices?
- Do policies, programs and services support a range of affordable and accessible transportation choices which are flexible enough to address varying situations experienced by people with disabilities who are ageing and those ageing into disability?

Any policy being developed needs to adhere to the principles of the United Nations Convention on the Rights of Persons with Disabilities and include the input of Disabled Peoples Organisations. Disabled Peoples International is in the position to contribute to the drafting of any such policy.