

Quality of Life Care, not Minder Care

Many areas of care and support for people with disabilities are little different to those of childhood education and care. The following is an Extract from what Genevieve Barlow wrote for Melbourne's Child, July 2013

LISA Comment: Measures driving improvement and consistency in early-childhood education and care services are similar to those needed in services for the care and support of many people with intellectual and multiple disabilities.

The National Quality Framework (NQF) for Early Childhood Education and Care is good news, says parent Carolyn Wray. "I felt like I won the lottery when I got my kids into a high-quality childcare centre, and it shouldn't be a matter of luck. The NQF guarantees the standards for everybody, so all kids are on an equal footing no matter where they live."

First agreed on in December 2009, the NQF took effect in January last year, with key requirements being phased in up until 2020. It operates under national laws and regulations and sets the National Quality Standard (NQS). The standard covers seven quality areas and includes staff-qualification requirements, educator-to-child ratios, space requirements, documentation about children's learning, educators' interaction with children and other aspects of educational care. Approved services, including long day care, family day care

More than half the services rated were meeting or exceeding the standards. "Families should note that a service may be rated as 'working towards' because they have not met one of the 18 standards or one of the 58 elements in those standards

"I think parents will see our language is becoming more professional," says childcare educator and parent Kiri Strong. "A lot of our quality-improvement plan has been about showing parents what their child is learning."

Rachel Hunter urges parents and families to ask questions where services aren't meeting NQF standards. "Our message to families is to look at the detail of your service's assessment and rating in terms of the seven quality areas," she says. "Where a service is not meeting the national standards in one or more of these areas, you should speak with services and educators to understand why that's the case and what that means for further quality improvement. Get involved and talk to your service."

LISA Comment: Equally, people with disabilities and their stakeholders should be able to meaningfully question service level and quality, but this dialogue is frequently limited by the current captive market, charity hand-out of most residential and day services ([Traditional disability support services](#)).

Although we are referring to young and mid-aged adults, their limited intellectual capacity places them as having similar needs to children in respect to their need to build intellectual capacity from their level of ability - despite this may be very much less than their chronological age.

Yet we see traditional services still using the old well-worn avoidance tool – “not age appropriate”. Therefore, if there are few age appropriate things which are in any way meaningful to the person, they do little more than look at four walls, be driven around the community or walk in the park – [rather than developmental and interactive activities](#).

With the current, mainly block funding of residential and day care services for people with disabilities, most services have a captive market culture with little incentive to provide other than minder care.

There is little potential for change towards consistent and meaningful quality of life care, without a movement away from captive market services where the consumer has little or no choice of service provider.

It was the original intention of the NDIS (DisabilityCare Australia), that consumers should have marketplace choice through the ISP being in the consumers pocket.

With the current movement towards ISP support service funding, consumers and their stakeholders should make themselves familiar with the positive movement of child care and education, that the ISP funding shall be a positive process towards quality of life care and support, with the consumer and their stakeholders at the centre of service provision, rather than just more of what we have now.

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