



What is Self-Determination?

Adapted from Alliance for Self Determination conference invited papers

Barriers (*obstacles, things that keep people with disabilities from having self-determination*)

- Society defining disability as a medical problem instead of a socio-political issue (check out the **Medical Model vs. Social Model** information at www.fvkasa.org/resources/history-model.html)
- Not enough cross-disability partnerships
- Limited leadership roles for people with disabilities
- Societal attitudes that view people with disabilities as dysfunctional, needing to be fixed, or hopeless
- The difference of opinion that is often between what a disabled individual wants and their families' desire for their protection and safety

Recommendations (*what people with disabilities want to have happen so they can have Self Determination*)

- Everyone should have the opportunity to control their lives and supports (things that help them live independently), including the right to refuse treatment or services.
- Life choices should not be decided by outside standards (or other people) and must protect the option of risk and failure.
- People with disabilities must change how they see themselves and push forward the focus and idea of accommodations, full participation and non-discrimination.
- People with disabilities must be in leadership positions to ensure self-determination policies, programs and practices.
- Cross-disability partnerships and coalitions need to form and should be all inclusive (that is, they should provide self-advocacy training and mentoring).
- Self determination is a lifelong issue – it doesn't matter what age or what kind of disability a person may have.
- Services should follow the individual with a disability (Medicaid money should follow the consumer, that is, the person with a disability, into the community – for example, Personal Assistant services should be available a person in their own home rather than forcing a person into a nursing home).
- Abolish (end) the different standards and enforcement of health, safety and welfare matters for people with cognitive and psychiatric disabilities.
- Make the two goals of quality of life (being able to function, being able to live in the community, go to school, etc.) and treatment/cure for people with disabilities equal for organizations, the government and the public.