

## Investing in People

*Periodic Updates from the Individualized Funding Coalition of Ontario*  
*2:1* *March, 2002*

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### Accountability and Individualized Funding

Some one in my family several generations ago used to say: "You can't make a silk purse out of a sow's ear." Of course, a cured pig's ear makes a great doggie treat but not an accessory for an evening gown.

Accountability for services for people who are considered disabled has been a concern for a long time. Yet, in spite of the time, effort and resources committed to ensuring availability and quality of support, there are still many people who are not being served, especially people who are still living with aging parents. Where people are receiving services there are still many examples of poor practice -- and sometimes-even atrocities. Many of these situations have been in the news lately.

For more than 25 years, most governments in Canada have resisted the development of the mechanisms necessary to make individualized funding for support widely available. It is often stated officially that it would be too difficult to ensure accountability in a system of individualized support. The problem lies in a mistaken idea of accountability.

The service system has two roots -- charity and medicine. In the charitable way of thinking, the person with disability is "an unfortunate".

Kindhearted people are expected to help out. The role of the government is simply to make resources available to kindhearted people. Charity workers are assumed to be accountable for rendering good care simply because they ARE kind hearted.

The medical model is based on different assumptions. The person with disability is viewed as sick or impaired. The task is to return the person to "normal" functioning as much as possible. Often the educational model overlays the medical model. Therapies usually have training or teaching component. Education and medical professionals are assumed to be accountable simply because they ARE certified as professionals.

Given that our society relates disability to charity, medicine and education, accountability mechanisms emphasize such things as checking credentials and certifications, running volunteers through police checks and ensuring that staff training is updated regularly. In addition we ensure that buildings are safe and clean, and that programmes are delivered in the recommended dose and frequency.

But the wrong model delivers the wrong results no matter how carefully we implement it. Sows ears don't make silk purses!

People with disability are citizens. As citizens they have the same rights and responsibilities to participate in society as anyone else. To do so they require access to all aspects of society -- homes, education, relationships, employment, transportation, education, health services -- like anyone else. Access involves supports that range from public to personal. Public access supports include curb and building ramps, information in a variety of languages and modes, accessible transportation, inclusive classrooms and more. Personal supports vary according to the individual and if they are to be effective they must be designed and managed by the individual who needs them and the family and friends who know them best.

In the citizenship model, accountability is related to the outcomes that the citizen achieves. If the person's goal is to gain and keep employment, then accountability includes checking that resources are actually being directed toward job finding and training, adequate transportation and other work related supports, as well as relationship building and community connections.

Such support must be tied to the individual in order to be effective. Individualized funding of support is a powerful tool for achieving, tracking and renewing accountability. Simplified measures of actual effectiveness become possible. For example, if the person loses a desirable job, or if their

relationship network diminishes, it's easy to see where the supports have broken down or need enhancing.

Individualized funding is the silk purse of accountability when citizens with disability require support to fully participate in society.

**Judith A. Snow, M.A.**

**MAKING INDIVIDUALIZED SUPPORT AND FUNDING WORK IN ONTARIO**

**COMMUNITY WORKSHOPS 2002**  
for self-advocates, families, service providers, and government.

**April 19 (evening) and all day April 20<sup>th</sup>**  
**London**

For more information, contact  
Janice Strickland 519-473-4786

**May 11; 9:30 to 3:30**  
**Mitchell (Perth County)**

For more information, contact  
Barbara Leavitt 519-284-1400, ext. 226  
Follow-up action planning  
May 29, 6-9pm with supper

*The Coalition and nine other provincial organizations continue to advocate with the Ministry of Community and Social Services to support the STATEMENT ON ALLOCATING RESOURCES FOR 2002  
You can help by writing a letter to MCSS  
– or call the Coalition for information*

*The Individualized Funding Coalition supports the self-determination of persons with disabilities and their full participation in community life.*

**Coalition co-chairs: Yona Frishman & Judith Snow**

*To learn more or to become a member of the Coalition, please go to the Membership section of our website at: [www.individualizedfunding.ca](http://www.individualizedfunding.ca)*