

# JAG Advocacy Key Points

## Discussion Paper



### **Introduction**

Justice Action Group evolved out of the work of Wolf Wolfensberger. The advocacy model belongs to Citizen Advocacy. Much of the philosophy comes from SRV (Social Role Valorization) and other later Wolfensberger work, e.g. Moral Coherency, Death-making. Had the two advocates not worked within the Citizen Advocacy system and not been introduced to Wolfensberger's work Justice Action Group would have been a very different model of advocacy, if it had emerged at all, and a much poorer, less coherent model than it is.

### **Legislative changes- comments-concerns**

During the time of our existence there have been changes to the legislation which affects the people we support. The changes have not been for the betterment of those we support, though they purport to be positive initiatives. Being able to distinguish between the apparent and the actual has also been due in large part to Wolfensberger's work. What we have seen is the introduction of 'compulsory care' legislation, which is in itself a combination of two opposing concepts though most people in the disability sector seem not to recognise what is in effect a disguise for detention. The idea of 'compulsory care' is going to be spread to other areas, e.g. aged people. Legislative changes have been proposed by the NZ Law Commission to add a section into the Protection of Personal and Property Rights Act 1988 to coerce people to accept service situations they may not wish. This will affect both disabled and elderly people. Wolfensberger had already identified the trend years ago. His 'deathmaking' writings and workshops deal with this trend.

### **Philosophy and driving force**

The advocacy model that we adhere to, as far as we are able, is that one propounded in Citizen Advocacy. Briefly outlined this means long term advocacy support. The Citizen Advocacy programme requires freely given long term support by advocates for protégés (the person with the disability).

Though we do not fill that role exactly it is one reason why we work the extra time, whether paid or not and why we stay involved with people we support, particularly those with no other natural supports. This model of advocacy is in contrast to any other form that we know of, where people are paid to do a job and then go home. It is the reason we take calls at night and on the weekends.

Another aspect of this advocacy model is 'standing with' people over the long haul, especially those in dangerous situations. This has the effect of being protective. We have seen this. Staff in 'lock up' units know someone is watching and talking with those they have control over.

Wolfensberger identifies that 'devaluation' is a universal phenomenon. He provides valuable insights into this and also gives us the tools to identify it in relation to those we support. Understanding this means we are able to see it easily when it occurs. It also forms one of the foundations for the way we do our advocacy. It is an indispensable requirement that advocates have an abhorrence of injustice, no matter how they came to it. I believe that our advocates have this in large measure.

### **Vulnerabilities of people we support**

Vulnerabilities are directly related to the devaluation that occurs to those we support and to those who support them. This should not be viewed in terms of belittling, since political correctness covers up devaluation, at least in those who are not able or wanting to see. It is one reason we use as little PC as possible. It is a smoke screen.

What we see is the use of power to force compliance. That power can be in the form of drugs (medications for the PC), assaults (restraints), legislated detention (compulsory care), and the removal of basic rights but covered up by the provision of legislated pseudo rights, e.g. the right to have a phone call. Coercion of family is another form of forced compliance. We see this every week, on most days. There are **no service agencies** that do not take part in this forced compliance, whether through their own volition or to retain government funding and contracts. Many would argue that it is not so but it is obvious to those who can see.

It is not just the obvious forms of forced compliance that show people's vulnerability and devalued status. A less obvious aspect is the complete control that others have over their lives. They can be moved on the whim of providers, funders, or the Ministry of Health purely for the sake of convenience. It happens all the time. No notice is taken of their desires.

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