

NOTHING ABOUT US WITHOUT ALL OF US

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**DEMENTIA
ALLIANCE
INTERNATIONAL**

Support and Advocacy: Of, by and for people with dementia

Global Dementia Charter
“I CAN LIVE WELL WITH DEMENTIA”

I should have:

ACCESS TO A DOCTOR to check if I have dementia (25)

- **medicine and treatment that helps me (25,26)**
- **high quality care that’s right for me (9, 25,26)**

A SAY in the care and support I am given (21,25,26)

HELPED TO LIVE INDEPENDENTLY for as long as I can (19)

TREATED AS AN INDIVIDUAL: those looking after me knowing me
RESPECTED for Who I Am (3a,d)

MY END OF LIFE WISHES discussed with me while I can do so



QUESTIONS TO PEOPLE AFFECTED BY DEMENTIA

- **What do you know about the disability movement in your country?**
- **Do organisations for different groups of disabilities work together to lobby governments to achieve change?**
- **Is the voice of people with dementia being heard?**



QUESTIONS TO ALZHEIMER SOCIETIES

To what extent are your policies based on human rights?

How closely do you work with other disability organisations in your country or region?

Do you know how they have used CRPD?

Would you work with them to ensure that people with dementia are included?



PEOPLE WITH DEMENTIA INCLUDED IN CRPD DEFINITION - BUT NOT IMPLEMENTATION

- *‘Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments*
- *which in interaction with various barriers*
- *may hinder their full and effective participation in society on an equal basis with others.’ (Article 1).*

WHAT DOES THE CONVENTION SAY?

- GENERAL PRINCIPLES

- Respect for dignity, autonomy, freedom to make choices, independence
- **Non-discrimination (e.g. age, gender, disability)**
- **Full participation & inclusion in society**
- Respect for difference; acceptance of disability as part of human diversity
- **Equality of opportunity**
- **Accessibility**
- **Equality between men and women**



LIVING INDEPENDENTLY IN THE COMMUNITY

CRPD Article 19

- **19a: Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement**
- **19b: Persons with disabilities have access to a range of in-home, residential and other community services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community**
- **19c: Community services and facilities for the general population are available on an equal basis and are responsive to their needs.**



ARTICLE 25: HEALTH

Same range, quality and standard of free, affordable health care

Disability-relevant services:

- early detection & intervention
- services to minimise further disabilities - including older persons.
- **AS CLOSE TO HOME AS POSSIBLE**
- No discrimination in health insurance, denial of health care, food or fluids on the basis of disability



ARTICLE 26: REHABILITATION

- Based on early multi-disciplinary assessment of individual needs & strengths
- Use of assistive devices and technologies designed for persons with disabilities
- Promote initial and continuing training for professionals and staff



REHABILITATION PATHWAY

HOME VISITOR TO SUPPORT CARE COUPLE-FAMILY & LINK TO

- Occupational therapist- adaptations to home/appliances(PC)
- Family doctor: check on medications, general health, co-morbidities
- Specialist clinical nurses- eg palliative care
- Physiotherapist- maintain mobility, strength, prevent falls
- Speech therapist: promote language/communication skills
- Clinical psychologist: maintaining cognitive function, psychological interventions, well-being, quality of life
- Social workers: family issues, access to community services



**WHO GLOBAL DISABILITY ACTION
PLAN 2014-2021**

**OBJECTIVE 1: TO REMOVE BARRIERS
AND IMPROVE ACCESS TO HEALTH
SERVICES AND PROGRAMMES**

Evidence of success

Existence of health policy based on CRPD

**Universal health coverage inclusive of
persons with disabilities**



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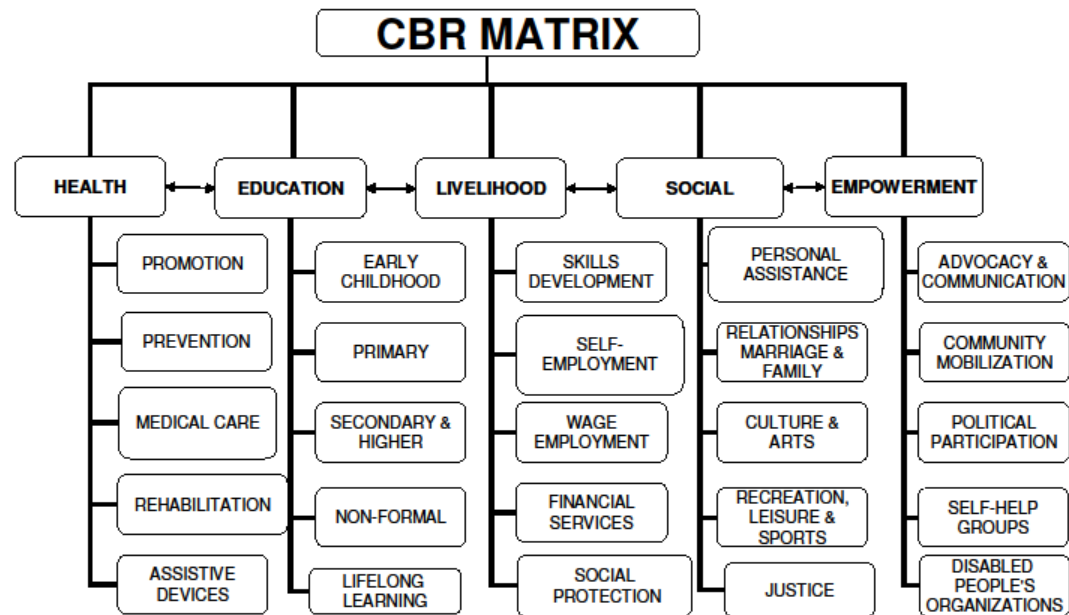
COMMUNITY-BASED REHABILITATION

A home-based first line of support

Can help to ensure that the benefits of the Convention reach people with disabilities at the local level through:

- familiarizing people with the Convention – actively promoting the Convention and helping people to understand its meaning;
- collaborating with stakeholders – working with nongovernmental organizations, including disabled people's organizations and local governments, to implement the Convention;
- • engaging in advocacy activities which aim to develop or strengthen antidiscrimination laws and inclusive national and local policies relating to health, education and employment and community supports





DAI'S QUESTION TO WHO AND GOVERNMENTS

- Does WHO'S full commitment to CRPD include people with dementia?
- Do the 162 governments who have ratified CRPD include people with dementia in its implementation?
- If so, is this delegated to Health Ministries or seen as a responsibility of all Ministries?

