



Freedom Housing

Freedom Housing®

Versus

**Traditional Models of Care and Accommodation
For Persons With Disabilities**

*A structured comparative analysis evaluating the models' degree of
compatibility with the relevant Objects and Principles of the NDIS Act 2013*



Presented to:

**National Disability Insurance Scheme Taskforce
Department of Families, Housing, Community Services and Indigenous Affairs**

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Aim

To estimate by anecdotal evaluation, the degree of compatibility of Freedom Housing and traditional models of care and accommodation, with the relevant objects and principles of the National Disability Insurance Scheme Act 2013.

Method

The method is a structured analysis employing evaluation based on anecdotal evidence. The reader is invited to consider the evaluations in light of the NDIS Act, and to square them with her own informed experience and enlightened expectations.

Authors of this report

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Abbreviations

FH	Freedom Housing
FK	Freedom Key
FKMC	Freedom Key Management Committee
NDIS	National Disability Insurance Scheme

Executive summary

Freedom Housing conclusively outperforms traditional models of care and accommodation in terms of compatibility with the objects and the principles of the NDIS Act 2103. Freedom Housing is also substantially less reliant on the public purse. It is more ethical and irrefutably more efficient.

Freedom Housing provides persons with disabilities - and their friends and families - with the most effective way to substantially compensate for what has been taken away from them all, as a result of the disabilities of the person with disabilities. Freedom Housing enables a more dignified, a more inclusive, and a more productive lifestyle for the person with disabilities, and also for her family and friends. It is the only model of care and accommodation designed to care for the person with disabilities along with the significant persons in her life. Freedom Housing is the ultimate person-centred model of care and accommodation.

With Freedom Housing the state benefits materially as a result of the economic engagement of the person with disabilities. Members of her family are also freed to work. They were hitherto compelled to withdraw their valuable skills from the workforce in order to become her carers.

Freedom Housing is a private development. It is quickly able to respond in terms of supply to meet market demand. The response will be even more effective if Freedom Housing is recognised and supported as an investment instrument by the state. Investment incentives will ensure that the private sector quickly responds to meet demand. Freedom Housing enables the NDIS to greatly extend the reach of its given resources.

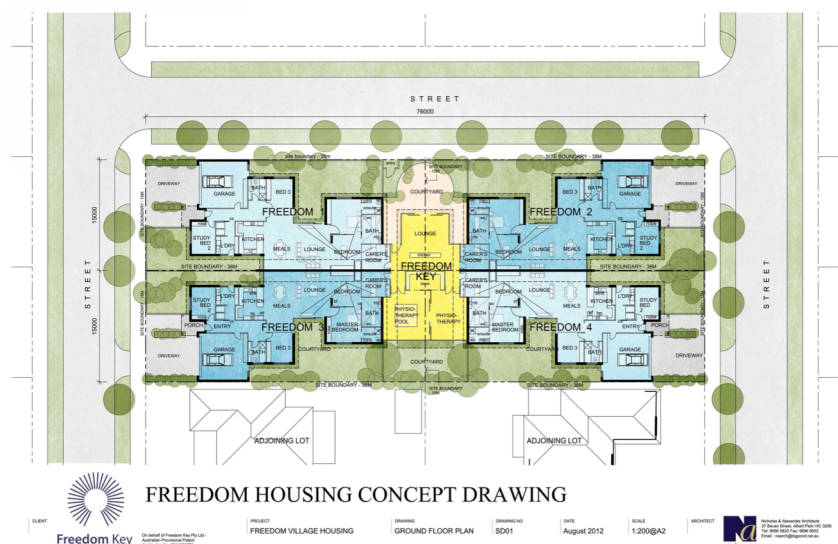
The Freedom Housing model is most worthy of support in the NDIS Agency trials to be conducted around Australia. Optimisation trials of Freedom Housing will provide Freedom Housing Pty Ltd, Freedom Key Pty Ltd, the NDIS Launch Transition Agency, and other interested stake holders in the regions, with the resources and the opportunity to optimise the architecture, the equipment, the operational methodology, and the training.

Freedom Housing

Freedom Housing is a world-first innovative approach to housing for persons with disabilities, who require personal care services, and who wish to continue to live in a normal household. To ensure dignity and respect, Freedom Housing incorporates the key features of assisted living with the freedom of living at home with loved-ones or friends. It is designed for individuals and families who are struggling to provide adequate personal care to a loved one with disabilities at home, but who refuse to relinquish her to a residential group care facility, or to a nursing home.

Whether requiring low or high-level care, the Freedom Housing design allows the person with disabilities to live independently - or with loved-ones - without ever being compelled to move to institutionalised care, or to be admitted to a hospice.

Freedom Housing comprises four private houses connected to the Freedom Key, from which discrete and non-disruptive 24/7 care is provided in a way complementary to home living and also to the objects and the principles of the NDIS Act.



The drivers of Freedom Housing

1. The avoidance of relinquishment to institutions of persons with disabilities.
2. Values of compassion, family, friends, community, privacy, choice, life, and the celebration of the human spirit.
3. The resolution to always strictly privilege the particular needs of the person, over the general operational requirements - or the profit motives - of institutions.
4. The provision of high quality life-long care, including palliative care.
5. The facilitation of generational succession and certainty, so that parents of elderly children with disabilities, may be assured of continued care and accommodation for their child in her own home, after they pass away.

The benefits of Freedom Housing

Persons with disabilities:

- Are empowered through membership of the Freedom Key Management Committee.
- Are engaged with their communities.
- May choose to live with their loved ones or friends.
- May conduct a normal happy parent/child relationship with their children in a normal home.
- May conduct a normal happy parent/child relationship with their parents in a normal home.
- May create employment opportunities for themselves in the management, facilitation, advocacy, coaching, and training of other Freedom Key Management Committees.
- May invite their friends and families to enjoy visitations in their private homes.
- May live an independent and empowered existence, forging careers of their own choosing.
- May manage and specify their care needs, including the hiring and firing of personal carers.
- May resist relinquishment of their independence to an institutional provider.
- May choose to share the cost of 24/7 care across 4 private households, thereby making care more efficient and more affordable.
- May be gainfully employed at home, or operate a business from home.
- May remain in their own home through all phases of their life, and including the palliative phase.

Persons who may be cared for in Freedom Housing homes

Persons with:

- Alzheimer's
- Autism
- Chronic illness
- Frailties
- Intellectual disabilities
- Disabilities of old age
- Physical disabilities
- Terminal illness

Versatile, low cost, and ethical

The persons with disabilities are ultimately able to choose with whom they live. Household constitutions will impact on costs. In some homes there may be two or more persons with disabilities. Further substantial savings in care costs are realised in such cases. The Freedom Housing household scenario that appears later in this report, provides a snapshot of the powerful versatility and flexibility of the Freedom Housing model.

Freedom Housing places 'human elements' together in complementary ways. The elements combine dynamically and act as human-capital generators. The 'responsive cohesion'¹ of this model makes it very ethical and very desirable. It is also very cost effective. The state is responsible only for the personal care and equipment through care-package funding. Capital costs are met in the private sector by competitive free enterprise.

Builders and owners of Freedom Housing homes

The houses may be owner-occupied or they may be tenanted. In the case of owner-occupiers, they will contract to buy the house and land off the plan. When four buyers have signed the contracts, the development will begin.

Tenants will pay rent to owners who are private property investors, or to owners who are Non Government Organisations, registered providers, local governments, or state government agencies.

Freedom Housing may be retrofitted into existing apartment buildings, into an existing set of four houses, or into green field developments.

¹ Warwick Fox, *A Theory of General Ethics: Human Relationships, Nature, and the Built Environment*, MIT Press

Building Freedom Housing homes

Care organisations, government agencies, or private developers may build Freedom Housing homes under license from Freedom Key Pty Ltd (<http://www.freedomkey.com.au>)

Freedom Housing Pty Ltd (<http://www.freedomhousing.com.au>) is licensed by Freedom Key Pty Ltd to develop Freedom Housing. Organisations and individuals may wish to contract with this company to build their Freedom Housing homes.

Private homes

The persons with disabilities and the able-bodied members of the private households may choose to lead absolutely private lives. They are not obliged to interact or socialise with occupants of the three other homes in the Freedom Housing complex. They may wish to do so of course, but it is entirely their choice. The only necessary intrusion to private space may occur when a personal carer or medical professional enters the home to attend to the person with disabilities. This is done from the Freedom Key entrance into the house. The entry is very discrete and follows strict protocols of behaviour, including respect for privacy.

Owners corporation

The Owners Corporation is responsible for the common property, which is constituted by the Freedom Key section of the building. The Owners Corporation fee is determined by an estimate of the management and maintenance costs. The landlord or the owner-occupier pays this fee.

Cost of building

The cost of the house and land will depend on the price of the land as well as the particular design and the features and fixtures of the house. It will be comparable to the price of a standard house. In Melbourne one can expect to pay around \$400,000.00 for each house. That includes 25% of the cost of building the Freedom Key, which is around \$300,000.00.

Operation of Freedom Housing homes

The care coordination and the advocacy requirements may be self-managed - with the assent of the Freedom Key Management Committee (FKMC) - by an external provider. It is preferable - if possible - that Freedom Housing is self-managed. In the self-managed model, the homes organise their support and care needs through the FKMC. The FKMC draws its members from amongst the Freedom Housing residents. Members may be the persons with disabilities, family members, or residents nominated by the individual households.

Each household nominates the person with disabilities - or their representative - to the FKMC Committee. The FKMC has four office bearers: Secretary; Chair; Treasurer, and Care Coordinator.

A FKMC requires specific supports, capabilities, and skill sets, in order to effectively execute its functions. Over a period of time, it is desirable that external assistance is incrementally withdrawn until the FKMC becomes confident and capable of executing its functions independently. The time over which this may occur will depend on the skills and the capabilities of the FKMC members. External management or facilitation is always available as a back up if the FKMC members require it.

The services that the Freedom Key Management Committee may source

Care services and care coordination

The primary role of the FKMC is to source and to coordinate the care services. Each person with disabilities pays a basic care fee of \$50,000.00 per annum. This will provide 24/7 attendant low care. Higher care needs are assessed, and an extra fee is payable. An experienced FKMC may choose to be wholly responsible for governance, advocacy, and management.

Governance

This service provides facilitation of democratic meetings of the persons with disabilities and/or their representatives, to ensure that:

- Persons with disabilities are being cared for adequately and according to their wishes.
- The Freedom Key is functioning efficiently.
- All issues are addressed fairly and expeditiously.
- The coordination of care services is satisfactory.

Advocacy

The provider of advocacy services ensures that persons with disabilities:

- Are receiving all of their entitlements.
- Are aware of all their rights.
- Are able to access all of the required health services.
- Are assisted in their life-style choices.
- Have a way for their voice to be heard, and their wishes respected and promptly honoured.

Facilitation

Under instruction from the FKMC, a facilitator of care services may be employed to source carers, nurses, physiotherapists, doctors, specialists, etc. This may be through specialist care organisations and/or with sole traders to ensure that:

- Excellent value for money is achieved.
- Care quality is monitored and constantly improved.
- Appropriate nursing and medical care is accessed.
- The latest treatments are provided.
- All relevant care entitlements are accessed.
- Care service provision and coordination is satisfactory.

Coaching and training

Particularly in the early stages, the FKMC members may require coaching and/or training services in order to develop the skills and capabilities required to effectively organise their support and care needs, and in order to operate the Freedom Key Management Committee, and also to liaise effectively with DisabilityCare.

Externally sourced management of a Freedom Key

An externally sourced manager of the Freedom Key carries out all the functions of a FKMC. The manager organises the care, and provides governance training and facilitates advocacy. An externally sourced manager may be appropriate in the early stages during which the new Freedom Housing residents are developing the skills and capabilities required to effectively manage their own affairs: or in the case where the persons with disabilities - and their loved ones - are unable to manage their own affairs.

Separation between landlord and care provider

It is undesirable for the landlord of Freedom Housing to also provide care services to the Freedom Key. If this happens, Freedom Housing collapses into the mould of institutional care models. This is to be strictly avoided. An absolute separation between the landlord and the care provider must be assured.

The Freedom Housing concept, as a model of empowerment and self-directed care, is compatible with the philosophy of self-directed care, and constitutes a radical shift away from the traditional paradigms of institutional care models, or costly and inadequate live-at-home solutions. The service needs and culture of Freedom Housing is radically different from traditional models.

Existing providers

Existing providers of traditional models of care and accommodation have opportunities to retain a role in providing accommodation or care in the Freedom Housing model: but not both at the same site. They may:

- Build and lease Freedom Housing
- Provide agency care services
- Manage Freedom Keys
- Provide coaching, training, governance, and advocacy services to Freedom Key Management Committees.

New providers

New providers like Freedom Key Pty Ltd will offer governance, facilitation, advocacy, and management services to Freedom Housing clients. It is anticipated that existing providers and new entrants will also offer these services. Freedom Key Pty Ltd offers training, facilitation, and management services to Freedom Key Management Committees.

Freedom Key facilitators

The services provided by the Freedom Key facilitator empower, and build capacity in the members of the Freedom Key Management Committee so that they are able to self-manage the FK effectively. This includes capacity in self-advocacy and self-governance.

Comparative analysis

This report provides a comparative analysis in terms of compatibility with the relevant objects and principles of the NDIS Act. Freedom Housing and traditional accommodation and care models such as nursing homes, supported accommodation, and group accommodation, are considered in terms of whether they prevent, frustrate, permit, support, or satisfy the relevant objects and general principles of the NDIS Act.

The care and accommodation models considered here are characterised in Table 1. These characterisations inform the analysis.

Table 1: Freedom Housing and traditional care and accommodation models

Mode	Description
Freedom Housing	Four Freedom Housing homes are connected to a Freedom Key, from which care is sourced. Persons with disabilities live with family or friends. This is a non-institutional model: private accommodation.
Nursing Home	Provides 24/7 care to many persons with disabilities. They are housed remotely from family and friends. This is an institutional model.
Group Accommodation	People of similar category of need, disability type, or age, are accommodated together. They are housed remotely from family and friends. This is an institutional model.
Supported Accommodation	Supports people with disabilities to live – at least to some extent – with a degree of independence. They are housed remotely from family and friends. This is an institutional model.

NDIS objects and general principles

The methodology adopted for this comparative analysis is to evaluate models of care and accommodation in terms of the degree to which they are compatible with the 35 relevant objects and principles of the NDIS Act. The rating descriptors for compatibility are: Satisfies, Supports, Permits, Frustrates and Prevents. The results are summarised in tables 2, 3, and 4 below.

Table 2: Compatibility with NDIS objects

	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
Satisfies	12	0	0	0
Supports	0	1	0	0
Permits	0	1	0	0
Frustrates	0	5	3	1
Prevents	0	5	9	11

Table 3. Compatibility with NDIS general principles guiding actions

	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
Satisfies	17	0	0	0
Supports	0	6	0	0
Permits	0	4	0	0
Frustrates	0	5	7	1
Prevents	0	2	10	16

4. Compatibility with general principles guiding actions of people who may do acts or things on behalf of others

	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
Satisfies	6	0	0	0
Supports	0	0	0	0
Permits	0	0	0	0
Frustrates	0	2	0	0
Prevents	0	4	6	6

Results

The Freedom Housing model is compatible with every relevant object and principle in the NDIS Act. The traditional care and accommodation models either mostly frustrate or they prevent every object and principle.

The reason for the compatibility with the Freedom Housing model is that it:

- Provides a person with disabilities the choice to remain living with her family and/or friends.
- Avoids the relinquishment of responsibility to an institution.
- Authentically empowers a person with disabilities to make decisions determining her care and support.

The traditional models - by their very nature - ensure that persons with disabilities are removed from their natural living arrangements and are relinquished – together with their independence and social connections - to an institution, where institutional custodial imperatives must necessarily govern their lives to an unacceptable degree.

Cost

The cost of supporting care and accommodation models will be critical to the financial long-term sustainability and the overall viability of the NDIS. The cost of providing accommodation and care services to persons with disabilities eligible for insurance will form the most substantial component of the overall cost of the scheme.

Presumably, the compensatory cost that supports persons with disabilities to live a life with the same opportunities and rights as an able-bodied person will be predominantly subsidised by the scheme. The particular theatre of the care and accommodation (models) will have a significant moderating impact on long-term NDIS costs.

As described in Appendix 1, the report considered the costs implicit in all models, regardless of whether those costs are met by private individuals or the state, and they were compared to a baseline using a stylised example of a person with disabilities supported to live in a standard family home.

Supporting a person with disabilities in a Freedom Housing model is far more cost effective than either:

- Supporting a person with disabilities to live in their existing home.
- Relinquishing them into any of the three traditional institutional models.

In terms of accommodation costs, the Freedom Housing model results in an additional cost equivalent to one quarter of the costs of building the Freedom Key estimated at around \$75,000.00. This is significantly less than what it would cost in the traditional institutional models.

The Freedom Housing model, like the other care models, benefits from economies of scale in the meeting of care needs. For instance, where care needs call for 24/7 care, the cost is spread across four households. This compares with a situation where a single household meets the full cost of the care - either by providing the care themselves or by employing carers.

In the Freedom Housing model, persons with disabilities are empowered to manage their own care and support needs through the FKMC, therefore the administration costs associated with residential care provision are largely eliminated. As Freedom Housing effectively retains personal care within the private domestic legal sphere (the persons with disabilities are not required to relinquish their independence to an institution) there is no basis or need for state regulation. Regulation in traditional institutional models of care and accommodation is necessitated by the custodial nature of such models.

Recommendation

DisabilityCare ought to favour the Freedom Housing model, because it is the most compatible with the relevant objects and principles of the NDIS Act. The traditional models considered in this report mostly frustrate or prevent the objects and principles of the NDIS Act.

It is not possible for the traditional models of care and accommodation – regardless of how much money is directed to the persons with disabilities accommodated in them – to be made fully compatible with the relevant objects and principles of the NDIS Act. The nature of the traditional models produces unintended outcomes, which are philosophically opposed to the spirit, purpose, and the intended outcomes, of the NDIS Act.

This inherent systemic performative contradiction between the imperatives of the Act and the natural outcomes of the traditional models of care and accommodation is serious and cannot be overlooked. DisabilityCare funding of care in the traditional models ought to be firmly avoided where more compatible alternatives are available, and preferred, by persons with disabilities and their families.

The particular model chosen, for the care and accommodation of persons with disabilities, matters significantly and fundamentally. Freedom Housing is the only model - of the four considered - which is fully compatible in terms of outcomes with the purpose and the values of the NDIS Act.

Appendix 1: Method of comparative analysis

The aim of this structured comparative analysis is to assess the compatibility of Freedom Housing and traditional institutional models against the objects and the principles set out in the NDIS Act.

The analysis takes a structured approach. The objects and the principles are organised into tables, with each cell containing an object or a principle, which is then evaluated in terms of its compatibility with each care and accommodation model.

The tables are the bases from which the analysis is aggregated to smaller tables that summarise the results. This transparent approach allows all assumptions and conclusions to be contested by the reader. The analysis may be deepened, expanded, or a more rigorous evaluation conducted.

The content of this analysis - particularly in evaluating the objects and principles of the Act in respect to the four models - is predominantly based on the insight and anecdotal experience of Christos Iliopoulos, the founder and CEO of Freedom Housing. Its purpose is to demonstrate the prima-facie compatibility of Freedom Housing with the objects and principles of the NDIS Act, and its superior efficacy over traditional models.






The analysis involves a rational consideration of each object and principle and an evaluation as to whether the model satisfies, supports, permits, frustrates, or prevents the object or principle in question. The summarised results are presented in Tables 2.3 & 4.

Appendix 2: Stylised hypothetical of the households in a Freedom Housing complex

















































Current Situation	'Ben' is 40 and has multiple sclerosis. He is paraplegic, and also has limited movement in his arms. He is divorced. His two young children live with their mother. He does not see them very often, because they do not like coming into the group accommodation facility where Ben lives with five other persons with disabilities. There is no privacy, little to do, and the children don't like the others listening to them when they talk to their dad.	'Robert' is 15 and has significant physical disabilities. These confine him to a wheel chair. He lives with Sarah his mum - who is divorced - in a two-bedroom home. His mother is an academic and her work takes her away from him quite often. She is with him most other times. She finds herself rushing home to Robert all the time. Robert's mum feels trapped and this is causing stress and ill health. Robert does not like being left on his own, but also feels awful that his mum does not have the freedom enjoyed by other mums.	'Jan' is 55 and has intellectual disabilities. She lives with her elderly retired parents, who are her principal carers. Her parents are finding it increasingly difficult to look after her as they get older (78 and 79) and they are also concerned about what will happen to Jan after they die, or when they no longer have the capability to look after her.	'Ching-Lan' is 26 and has a Masters in Engineering. She works from home. She is paraplegic following an accident. She lives with her parents but she would like to start a relationship and move out of home. She would prefer her own private place where she could pursue a relationship and eventually raise a family. Ching-Lan's parents feel sad that their daughter's dreams cannot be realized.
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In Freedom Housing	<p>Ben moves into a FH home with his sister. The children often stay with Ben and their aunt, and undertake a wide range of activities together.</p> <p>Ben is now enjoying his time with family and friends, and the children love having a private space in which to be with their dad, and play games.</p>	<p>Robert and his mum Sarah move into a FH home. Robert has access to 24/7 care and human company. At times he helps the FK carers prepare his lunch or chats with Ben and the others in the Freedom Key.</p> <p>Robert can stay in his own home too if he wishes. The care will come to him.</p> <p>Sarah can now go shopping, or she can go away for the weekend with her partner without feeling guilty.</p> <p>She asks friends to stay with Robert. They don't mind doing that now because in an FH home they do not have to provide personal care. The FH carers do that.</p>	<p>Jan and her parents move into a FH home. The second bedroom is leased to a young couple for reduced rent, in exchange for their involvement in overseeing Jan's care. The young couple is saving to buy their own home.</p> <p>Jan has 24/7 care and her parents are now freed from the ever-present burden of caring for their daughter. Legal arrangements have been drawn up to ensure Jan remains in the FH home with a succession of guardians until she passes away.</p> <p>Jan's parents can enjoy their remaining years in the knowledge that Jan will be looked after well, after they pass away.</p>	<p>Ching-Lan moves into a FH home with friends. This allows her to live in a share-house type setting like her able bodied friends can do, and it provides the privacy and opportunity to develop a relationship. Her housemates contribute to the rent. This helps with Chin-Lan's expenses.</p> <p>When she gets married, she will ask her housemates to move out. She and her partner will remain in the FH home to raise their children.</p> <p>When her partner receives a job offer from interstate, the family will move to another FH home there.</p>
FKMC Member	Ben (Chairperson)	Robert's mother (Treasurer)	Jan's father (Secretary)	Ching-Lan (Care Coordinator)
Benefits	Ben is now able to live his life the way he chooses, to watch his children grow, and to be a regular and important part of their life.	Sarah's stress levels have dropped. Her partner has proposed marriage because he can see that they can live a full life as well as look after Robert.	Jan's mother and father are very relieved that Jan will be cared for well, after they pass away. Jan is able to live a more interesting and enjoyable life.	Chin-Lan has been able to live her dream of having a family. Her parents are able to apply themselves more rigorously to their business and to earn the income to help Chin-Lan and her family.
Financial	Ben has purchased the FH home with his sister.	Sarah has leased her FH. The rent from her existing family home is paying for most of the rent of the FH home.	Jan's mother and father have purchased the FH home. They are leasing out their family home and receiving rent for it.	Chin-Lan is leasing the FH home with help from her parents. Her house mates pay for some of the rent.
Future	Ben knows that he can receive palliative care in his FH home. He is comforted by the thought that he will never be admitted to a nursing home, or to a hospice.	Robert continues to live in the FH after Sarah passes away. A succession of guardian tenants live with Robert until he passes away.	Jan's mum and dad will pass away, but Jan will have her guardian tenants to supervise her care until she herself passes away. Relatives and friends may wish to live with Jan also.	Ching-Lan and her family will live in the FH home. She may invite her parents to move in when her own children have moved out and when her parents are very old. They too will receive care from the FK.

Appendix 3: Ordinal measures of compatibility with objects and principles of the NDIS Act

Measure of Compatibility	Explanation of Measure	Symbol
Satisfies	Fully satisfies the object or principle	
Supports	Supports the object or principle	
Permits	Does not hinder the object or principle	
Frustrates	Presents barriers to the object or principle	
Prevents	Not possible to satisfy the object or principle	

























Appendix 4: Compatibility with the NDIS objects

	Objects of the Act	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
1	(a) in conjunction with other laws, give effect to Australia's obligations under the Convention on the Rights of Persons with Disabilities done at New York on 13 December 2006 ([2008] ATS 12); and				
2	(b) provide for the National Disability Insurance Scheme in Australia; and				
3	(c) support the independence and social and economic participation of people with disability; and				
4	(d) provide reasonable and necessary supports, including early intervention supports, for participants in the National Disability Insurance Scheme launch; and				
5	(e) enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports; and				
6	(f) facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability; and				
7	(g) promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community; and				
8	(h) raise community awareness of the issues that affect the social and economic participation of people with disability, and facilitate greater community inclusion of people with disability; and				
9	(i) in conjunction with other laws, give effect to certain obligations that Australia has as a party to: (i) the International Covenant on Civil and Political Rights done at New York on 16 December 1966 ([1980] ATS 23); and				
10	(ii) the International Covenant on Economic, Social and Cultural Rights done at New York on 16 December 1966 ([1976] ATS 5); and				
11	(iii) the Convention on the Rights of the Child done at New York on 20 November 1989 ([1991] ATS 4); and				
12	(iv) the Convention on the Elimination of All Forms of Discrimination Against Women done at New York on 18 December 1979 ([1983] ATS 9); and				
13	(v) the International Convention on the Elimination of All Forms of Racial Discrimination done at New York on 21 December 1965 ([1975] ATS 40).				

Appendix 5: Compatibility with the general principles guiding actions

	General principles guiding actions under this Act	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
14	(1) People with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development	■	■	■	■
15	(2) People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.	■	■	■	■
16	(3) People with disability and their families and carers should have certainty that people with disability will receive the care and support they need over their lifetime.	■	■	■	■
17	(4) People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports.	■	■	■	■
18	(5) People with disability should be supported to receive reasonable and necessary supports, including early intervention supports.	■	■	■	■
19	(6) People with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation.	■	■	■	■
20	(7) People with disability have the same right as other members of Australian society to pursue any grievance.	■	■	■	■
21	(8) People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity.	■	■	■	■
22	(9) People with disability should be supported in all their dealings and communications with the Agency so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.	■	■	■	■
23	(10) People with disability should have their privacy and dignity respected.	■	■	■	■
24	(11) Reasonable and necessary supports for people with disability should: (a) support people with disability to pursue their goals and maximise their independence; and (b) support people with disability to live independently and to be included in the community as fully participating citizens; and (c) develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.	■	■	■	■
25	(12) The role of families, carers and other significant persons in the lives of people with disability is to be acknowledged and respected.	■	■	■	■
26	(13) The role of advocacy in representing the interests of people with disability is to be acknowledged and respected, recognising that advocacy supports people with disability by: (a) promoting their independence and social and economic participation; and (b) promoting choice and control in the pursuit of their goals and the planning and delivery of their supports; and (c) maximising independent lifestyles of people with disability and their full inclusion in the mainstream community.	■	■	■	■
27	(14) People with disability should be supported to receive supports outside the National Disability Insurance Scheme, and be assisted to coordinate these supports with the supports provided under the National Disability Insurance Scheme.	■	■	■	■
28	Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted.	■	■	■	■
29	(16) Positive personal and social development of people with disability, including children and young people, is to be promoted.	■	■	■	■
30	It is the intention of the Parliament that the Ministerial Council, the Minister, the Board, the CEO and any other person or body is to perform functions and exercise powers under this Act in accordance with these principles, having regard to: (a) the progressive implementation of the National Disability Insurance Scheme; and (b) the need to ensure the financial sustainability of the National Disability Insurance Scheme.	■	■	■	■

Appendix 6: Compatibility with the general principles guiding actions of people who may do things on behalf of others

	General principles guiding actions of people who may do acts or things on behalf of others	Freedom Housing	Supported Accommodation	Group Accommodation	Nursing Home
31	It is the intention of the Parliament that, if this Act requires or permits an act or thing to be done by or in relation to a person with disability by another person, the act or thing is to be done, so far as practicable, in accordance with both the general principles set out in section 4 and the following principles: (a) people with disability should be involved in decision making processes that affect them, and where possible make decisions for themselves;				
32	(b) people with disability should be encouraged to engage in the life of the community;				
33	(c) the judgements and decisions that people with disability would have made for themselves should be taken into account;				
34	(d) the cultural and linguistic circumstances, and the gender, of people with disability should be taken into account;				
35	(e) the supportive relationships, friendships and connections with others of people with disability should be recognised;				
36	(f) if the person with disability is a child—the best interests of the child are paramount, and full consideration should be given to the need to: (i) protect the child from harm; and (ii) promote the child's development; and (iii) strengthen, preserve and promote positive relationships between the child and the child's parents, family members and other people who are significant in the life of the child.				

This report may be found on the Freedom Housing web site: www.freedomhousing.com.au

Freedom Key Pty Ltd (www.freedomkey.com.au) is the owner of the innovation patent (IP Australia) for Freedom Housing