

# **Evaluation of the Individual Support Package Program**

**A Report on the Evaluation of the Individual Support Package (ISP) Program in the Australian Capital Territory**

**Prepared for the Executive Director Disability ACT**

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## Glossary of terms

**Individual Support Package:** Funding allocation to a specified individual to be used by that individual to meet their identified support needs. This package must be auspiced or brokered by an incorporated organisation.

**Block Funding or Capacity Based Funding:** is bulk funding provided to an incorporated organisation by way of an annual contract to deliver specified services to a specified number of people.

**HACC Home and Community Care Program:** funding that is provided by the Commonwealth and the ACT Government to meet the personal needs of younger people with a disability and frail aged to prevent inappropriate placement in supported living arrangement eg group home/nursing home.

**Brokerage:** where an agency purchases services on behalf of an individual from money provided by the ACT Government

**Auspicings:** an incorporated organisation who holds legal responsibility for the expenditure and accountable of Government funds on behalf of an unincorporated organisation or individual.

**CSTDA:** Commonwealth State Territory Disability Agreement – a funding agreement between the Commonwealth and all States and Territories including the ACT which specifies funding contributed by the Commonwealth and the ACT, and services that this funding must be spent on.

## Executive Summary

### Introduction

The Individual Support Package (ISP) program was first introduced in 1994 to assist people with disabilities who were living in institutional care, or were at imminent risk of entering institutional care. The intention of the program was to enable people to retain or move into community-based accommodation and give people a level of control over the care they received. Further, the aim was to establish an environment where decision-making about support needs, service and lifestyle options for a person centred on them, rather than on service types, service delivery practices and infrastructures.

The ISP program was introduced following the signing of the Commonwealth State Disability Agreement and developed as an expansion and refinement of the former Commonwealth Attendant Care Program. The ISP program provided an alternative funding mechanism to block funding or capacity based funding to service providers. The program represented a shift from funding organisations, to funding people with disabilities and their families to assist them to meet their support needs.

Even though the ACT moved towards a more person centred support model in 1994 the ongoing dissonance between personalising support and individualising funding may partially explain the continuing dissatisfaction with the ISP program across the sector. It would also seem that these roles were used synonymously and the underlying assumption was that individualised funding arrangements automatically meant a flow on effect of individualised person centred support services.

The Board of Inquiry into Disability Services (2001) recommended the *Disability Services Act 1991* change from focusing on distribution of funds to focusing on a person centred approach. This change would enable policy to be developed to provide the framework for providing flexible and personalised support for people with disabilities.

The evaluation of the Individual Support Package program was undertaken to inform the Disability ACT on what changes needed to be made in relation to delivering the Disability Reform Group's vision and delivering supports in a more flexible person-centred framework as suggested by The Board of Inquiry (2001). This evaluation will not only inform funding policy but will provide a framework for person-centred services being accessible in the community.

The evaluation investigated whether Individual Support Packages (ISPs) currently in use are the most effective and efficient way to provide targeted person-centred support.

## **A summary of the findings**

The following were the main issues with the ISP program raised by the people the evaluator interviewed:

**Ensuring equity:** The majority felt that Disability ACT should make sure that there was fair and reasonable distribution of funding.

**Transparency in process:** All individuals interviewed commented on what they saw as lack of transparent process with the policy and process of gaining an Individual Support Package.

**Policy and procedure:** Many people commented that community consultation and community involvement in the development of policy, procedures including implementation, review and evaluation was missing. What also seemed to be missing was a practical implementation process that was transparent, accountable and measurable.

**Entitlement versus need:** Additionally, some of those interviewed recommended that Disability ACT should investigate further the possibility that disability payment should be a direct payment based on entitlement (disability) rather than a payment based on the need of the person.

**Brokerage management issues:** Many interviewed perceived a lack of accountability by brokerage agencies to government for expenditure of allocated funding and the inability of many agencies to produce records of funding expenditure to ISP holders.

**Service provider issues with brokerage:** Service providers expressed concern that brokerage agencies do not add value for people receiving individualised funding because they focused on buying support services for the lowest dollar rate and did not focus on personalising service to meet individual need.

**Brokerage agency issues with service providers:** The brokerage agencies perception was that they have been constrained by the inflexibility of the whole support service system. Brokerage Agencies reported that the diminishing dollar value of support packages with the rising costs of support services has forced them to secure support services from the cheapest provider of support.

**Mismatch between what's wanted and what's offered:** Individuals, their families/ guardians all reported that the service system was unable to provide what was wanted and needed and that they were forced to settle for what was on offer.

**Financial administration:** An issue that the majority of people mentioned was the large administration cost (multiple costs) associated with the many agencies involved in providing services to an ISP holder.

**Training and attitude of staff:** Another area of concern for many ISP holders and their families was the lack of well-trained staff, the high staff turnover, the casualisation of the workforce and staff attitudes to their jobs and to the people they serve.

**Basic support needs:** Many people are struggling to understand what went wrong with the ISP program. The ISP holders report that the service system and sector voice the right statements around providing person centred support but the principles ring hollow in the face of under-resourced services that struggle to ensure a decent standard of living and some dignity for the people they serve.

**Access to individualized funding:** The greatest and most immediate issues for people was that individualised funding (IF) in some form continues and that they be allowed to participate in the decision making process on funding policy in the future and that issues for many were degrees of access, equity and decision-making power.

**Gaps between need and allocations:** One of the major issues presented by ISP holders was the inability of ISP funding to match real life cost increases.

**Autonomy in spending:** An issue raised by many was what an ISP could be spent on and the issue of how much autonomy users will have over their ISP once it has been allocated.

**Changing needs and circumstances:** Some consumers expressed their concern that in reality once their ISP has been negotiated, they were vulnerable if their needs and circumstances changed, and if more funding was required.

**Compensable issues:** Some people with acquired injury stated difficulty with insurance companies not paying for support services prior to settlement. They also found difficulty in accessing any support from government-funded services.

## **Recommendations**

### **Disability ACT as funder of ISPs**

- Individuals be given a choice of funding model after personal plan developed (self-determination)
- Funding should be flexible and mix and match between block and individualised funding and be based on need and choice
- All funding processes to incorporate a Needs Based Assessment (may be informal or formal)
- A transparent funding policy and process be developed and implemented
- The funding framework should be transparent, fair, accountable and foster person centred practice
- People receiving an ISP can and should access generic disability services and the entire package should not replace these basic services
- Bottom up budgeting process with funding
- Identified pathway for entry into system taking into account acquired injury and degenerative disability
- Process put in place with insurance agencies for compensable clients
- Different models of funding be further explored and costed

- HACC Commonwealth funded agencies to be included in implementation strategy
- A strategy developed to prioritise and implement recommendations.

### **Current ISPs**

- ISPs should add value above what is available in block funded services
- All current ISPs be reviewed based on an assessment of need
- Evaluate all ISP or IF against the Plans bi annually. The evaluation should be based on quality outcomes for people.

### **Brokerage as a model**

- Brokerage to be offered as one option in managing individual funding
- Brokerage to focus on case coordination and service coordination.

### **Independent Personal Planning**

- Plan to take into account needs assessment
- Funding to be negotiated on plan
- Personal plans to be based on a person-directed, person-centred model
- To incorporate futures planning
- Standards to be developed around planning of need.

### **Service provider**

- A review of administration costs across the service system sector
- All service providers including the generic services comply with standards
- All services undergo a formal evaluation every 3 years and include:
  - Client focus
  - Organisational focus
    - Evaluation based on the Disability Quality Standards
    - Service plan developed and implemented.

# 1. Introduction and Background

## 1.1. The Individual Support Package Program

The Individual Support Package (ISP) program was first introduced in 1994 to assist people with disabilities who were living in institutional care, or were at imminent risk of entering institutional care. The intention of the program was to enable people to retain or move into community-based accommodation and give people a level of control over the care they received. Further, the aim was to establish an environment where decision-making about support needs, service and lifestyle options for a person centred on them, rather than on service types, service delivery practices and infrastructures.

The ISP program was introduced following the signing of the Commonwealth State Disability Agreement and developed as an expansion and refinement of the former Commonwealth Attendant Care Program. The ISP program provided an alternative funding mechanism to block funding or capacity based funding to service providers. The program represented a shift from funding organisations, to funding people with disabilities and their families to assist them to meet their support needs.

The current ISP program is based on the premise that individuals and families, with appropriate support can:

- Make decisions about their support needs and the relative priority of these needs;
- Decide on the support model or service that will be best placed to meet these needs; and
- Be routinely involved in managing their support arrangements at a level at which they are able or choose to be involved.

Fundamental to this premise is the belief that moving decision making to the person will:

- Promote the ability of the person to shape the support options available rather than reflecting predetermined assumptions about how people are to be served;
- Promote the development of new informal and formal support options; and
- Improve service quality; achieve better outcomes for people where their needs are met through a flexible system that encourages personal decision-making and responsibility.

Individual Support Packages in the ACT are based on an individualised funding and are managed through service contracts with organisations in which agreed amounts of funding are allocated, through a service provider, to an individual with disabilities in order to purchase services to meet their specified needs.

Initially in the ACT the ISP Program was used to support people when their needs fell outside of the available service system, and who were seen as being 'at risk'. The original ISP Program did not fund supported accommodation places in the Government group home model and was originally intended to provide supplementary support for people whose needs could not be obtained from the more traditional block funded/capacity based funding services.

From 1994–1996 the eligibility criteria was expanded to include all people irrespective of their disability. The range of services available under the ISP was extended to include generic services such as personal support, respite care and community access. The 35-hour a week cap on funding was also lifted and the ISP became more of an entire support needs funding mechanism. Originally ISP was funded in hours of care and in 1997 the policy changed to dollars of care. This impacted significantly on ISP holders because funding did not keep pace with the true cost of service delivery eg staffing costs.

Further in 1997-1998 the ISP program changed to provide a choice for people either to stay with their specialist disability organisation who auspiced their own services or move to a brokerage agency. The idea of brokering was that this would help people purchase the services they needed from a number of different service providers. The brokerage model ensured that the ISP program was based on the functional separation between the funder/purchaser, the service negotiator and the service provider.

Currently there is a mix of brokerage and auspicing of ISPs. For example the ISP program funds a number of supported accommodation places in the Government group home model which inturn auspices its own services. Further, the majority of ISP funding goes to people with high, complex and multiple needs either living in supported accommodation or living in a setting of their choice.

## **1.2. Roles of key players**

### **Disability ACT's role as funder/purchaser is:**

- Allocation of new or growth funding and the establishment of mechanisms for 'unbundling' block funding/capacity based funds into individual packages as required. This role does include determining the level or percentage of disability funding that will be directed to ISPs;
- block funding/capacity based funding of community services (Non Government Organisations);
- the development of policy settings and directions for person based funding arrangements;
- the development of program outcomes to be achieved and the monitoring of these at a program level; and
- participation in the allocation of new packages to ensure transparency and accountability.

**The role of the person and their family/carer/guardian is to:**

- participate and contribute to the development and consideration of support options;
- identify and raise issues relevant to the support they receive;
- assess the quality and effectiveness of the services in improving their lives; and
- be open to exploring different service approaches and models to get the support package that works best for them.

**The role of the Community Brokerage Service is to:**

- provide support to people with disabilities and their families to achieve the best possible outcomes from the services they use;
- support people with disabilities and their families to understand the service possibilities that exist and help them to access or create these services;
- act as the person's agent in negotiating with service providers on accessing services or improving the services that a person uses;
- act as the broker for people who have allocated funding packages to secure the most appropriate services and support to meet their needs;
- work with the person and/or their family and service provider to review current service arrangements to achieve improved outcomes;
- support people to access generic services that are available in the community and decrease reliance on specialist disability services;
- provide information and training for people with disabilities, their families and the community;
- identify problems in service delivery to individuals and facilitate the resolution of these problems; and
- work to develop positive and constructive relationships between people with disabilities and the organisations and people providing service to them.

**The role of the Service provider/s is:**

- to provide support services as purchased or negotiated;
- to ensure staff are committed to working with the person and family, and have the appropriate skills;
- to assure the quality of services provided;
- to participate in individual service planning and development;
- to support access to generic services offered to the community generally;
- to regularly review service delivery to ensure it remains appropriate over time; and
- to participate in reviews of current service arrangements and to be flexible, creative and open to changes in the way services are provided;

## **2. Methodology of the Evaluation Process**

Ms Robynne Maher Senior Project Manager Disability ACT conducted the evaluation between March and June 2003 through a variety of means. The evaluator was expected to access the program's current performance in line with the outlined objectives and, more importantly, to provide recommendations for the program's future.

The evaluator has spoken extensively with ISP holders and agencies via invitation to public workshops and individual meetings (Attachment 1). The evaluator interviewed 41 of the 103 ISP holders and/or parent/guardians, 3 families who had applied for and not been successful in gaining an ISP and interviewed both formally and informally 43 agency and support staff. The evaluator has interviewed key staff within the department and has reviewed the existing policy and current processes and read all relevant reports. The evaluator undertook a literature review to identify current best practice in providing person centred support.

A Reference group was established with ISP holders, brokerage agencies and support services staff and met fortnightly from March until end of June 2003.

### **2.1. Limitation of the Evaluation**

Although all ISP recipients, Brokerage Agencies and Specialist Disability Service Providers were invited by letter to participate in the evaluation, only approximately one third of ISP holders met with the evaluator. This may have meant that those not interviewed were satisfied with the ISP program in its current format. Alternatively it may have meant they just did not have the energy to participate. Even though statistically one-third response by people with an ISP is valid the evaluator may have received other viewpoints from those people not interviewed.

Another limitation of this evaluation may have been not taking into account ISP holder's response by size of their package, whether the package was auspiced or brokered and when the package was allocated.

A further limitation may have been not identifying peoples responses in relation to service delivery with HACC funded services, Disability ACT funded support services and generic community service providers.

## **3. Context of the evaluation**

### **3.1. Major Review of ISP Program**

In 1997 the then Department of Health and Community Care and the ACT Disability Services Advisory Committee conducted consultations on the ISP Program with service users, providers and families. This consultation process followed a review of the ISP program by Michael Kendrick, an international expert extensively involved in training, advocacy and service development in Australia, New Zealand, Canada, UK and the USA.

The review and subsequent consultations found that ISPs are a valuable funding mechanism that can assist in the development of a person focussed service and support arrangements. In this environment the person with disabilities, and their family, have an increased role and greater control in making decisions about their own support needs and the services that they require. This increased role goes beyond involvement in service planning processes and extends to participation in the day-to-day management and control of key elements of their life, including the management of their support arrangements.

The review suggested that:

- ISPs be seen as an important component of the broader system of purchasing disability support services but not necessarily as the only way services are purchased
- an ISP approach may be suitable for some people more than others and may be more appropriate at certain times in a person's life as a strategy to address specific service problems or
- to facilitate the achievement of desired outcomes.

This review had many recommendations for improving the ISP program and little work was undertaken to implement the changes to improve the program.

### **3.2. Board of Inquiry and Steps to Reform**

The Board of Inquiry into Disability Services (2001) found that individualised funding did not deliver a person-centred approach in the ACT. The Inquiry recommended that the Disability Services Act (1991) be amended to change its focus from distribution of funds to producing more effective person centred support arrangements that more closely fit the needs of individuals and their families.

In the Government Response to the Recommendations in the Report of the Board of Inquiry into Disability Services (2002) the Government agreed to provide the framework for flexible and individualised support for people with disabilities. The question for future funding policy is whether we make a philosophical shift from a focus on funding per se to a focus on models of support service delivery and then resolve how we are going to fund that service.

The Board of Inquiry into Disability Services (2001) further recommended that a Disability Reform Group be established to inform the Government on the reform process. The DRG Vision for the disability sector is:

*“All people with disabilities achieve what they want to achieve, live how they want to live, and are valued as full and equal members of the ACT community.”*

The ISP program was implemented to deliver support in a person centred way.

### **3.3. Person Centred Service Model**

The model recognises that people and families are best placed to make decisions about their support needs, their priorities and lifestyle options. In addition it is recognised that they are also best placed to decide who could provide services to meet these needs. It also recognises, that many people will require support, information, training and development opportunities in order to make these decisions. Along with information exposure to examples of best practice and contemporary service developments so that decisions about how their support needs will not be limited to existing service options.

A fundamental premise of this model is that, given the importance of these decisions to the person and their family, this support and advice should be independent from direct service provision and therefore increase the likelihood that all service options (formal and informal) will be openly and impartially considered. This will improve the likelihood that the preferred service package/model will reflect the person's needs and aspirations and not be limited by a particular service orientated view of the world. It may also provide an impetus for change of current service delivery models to better meet the needs of people.

This does not mean that service providers and individual service workers do not play a key role through their relationship with the person and their family and through the understanding and perspective of the persons needs they are able to bring to inform this process. The presumption is, however, that the person will benefit from advice and developmental opportunities that are provided by their own "agent".

This model presumes that there are a number of ways in which a person's needs can be met and that individuals and families may need support to:

- decide on the outcomes they wish to achieve;
- know the various service options available; and
- understand the advantages and disadvantages of each;
- determine which provider/providers are best suited to providing the required service.

The model seeks to avoid the situation where input or output based funding of services pre-determines the type of service a person receives and the setting in which it is provided.

An essential element to this model is the establishment of an independent information, negotiation and brokerage service which will take on the role of supporting people to negotiate support arrangements with providers, review support arrangements and, where appropriate, manage the funds to purchase the support package for an individual.

### **3.4. Issues with ISPs**

The history of ISP's in the ACT suggests the implementation of the ISP program changed from funding additional need that was not accessible through generic services to an individualised funding mechanism.

This change in focus is reflected in The Strategic Plan for Disability Services in the ACT (1999) and clearly reflects that ISPs are now primarily an individualised funding mechanism for buying support services and proposes the following reform to ISP's:

*“Use individualised funding in situations where it offers clear advantages over direct purchasing of services from contracted providers, and/or where the required services cannot be provided by other funded providers”.*

Even though the ACT moved towards a more person centred support model in 1994 the ongoing dissonance between personalising support and individualising funding may partially explain the continuing dissatisfaction with the ISP program across the sector. It would also seem that these roles were used synonymously and the underlying assumption was that individualised funding arrangements automatically meant a flow on effect of individualised person centred support services.

The ISP program still seems to be based on keeping people out of nursing homes and has not transitioned into enabling people to establish quality of life in the community that reflects their unique needs and preferences. Evidenced by the current eligibility criteria for an ISP:

*“People with disabilities who are eligible for specialist funded disability services in accordance with the DSA 1991 who:*

- *Are at risk of an inappropriate placement in a nursing home facility;*
- *have high/complex support needs and do not have access to or capacity to develop access to stable support arrangements through family/community/mainstream services.”*

Due to the lack of alternative service systems in the ACT an unintended consequence from the shift to individualising funding resulted in ISPs buying main stream/block funded generic services that were available without having to have individualised funding. No strategy was put in place along side individualised funding to build capacity in the creative, flexible, delivery of support services that addressed individual need.

Another contradiction is that we as a community have used individualised funding to facilitate progression from the institutional facilities 'into the community' but to date individualised funding has not lived up to its expectations of individuals becoming 'of the community'.

#### **4. The Evaluation**

The evaluation of the ISP program was undertaken for the following reasons:

- The Board of Inquiry recommended The Disability Services Act (1991) change from focusing on distribution of funds to focusing on a person centred approach. This change would enable policy to be developed to provide the framework for flexible and personalised support for people with disabilities.
- A review undertaken by Disability ACT (2002) states that due to the various program reviews undertaken and recommendations not implemented, changes in ISP criteria, community expectations, lack of annual audit of allocated packages to monitor due process and consistency in funding levels of packages, and the significant reduction of purchasing power of existing ISP recipients – it is timely to undertake a full review of the ISP program.
- To ascertain whether ISP's in their current format are just another mechanism for funding and as such provide little benefit beyond what already is on offer from more traditional models of funding.
- Further, the focus will be on ISP's as a model of service delivery and evaluating whether the model is an efficient and effective approach for achieving a person centred service.

The evaluation will investigate whether Individual Support Package (ISP) currently in use are the most effective and efficient way to provide targeted person centred support.

The primary objectives of the current evaluation are to:

- a) Identify and recommend current best practice for providing targeted person centred support
- b) Identify what extent an ISP adds value to peoples lives
- c) Identify to what extent the current system of ISPs is a needs led process rather than driven by the service system
- d) Identify how links between policy and practice could be increased.

An evaluation of the Individual Support Packages will inform the Government on what changes need to be made in relation to delivering the DRG vision and delivering support in a more flexible person centred framework as suggested by The Board of Inquiry (2001). This will not only inform funding policy but will provide a framework for person centred services being accessible in the community.

## **5. Data Collection**

## 5.1. Background reports and relevant literature

There have been a number of reviews of the ISP program in the last 8 years, the most recent being in 2001 in developing a policy context.

Summaries of the reviews/key points are as follows:

1. Dr Michael Kendrick (1996) conducted a review of the ISP program. Outcome of the review highlighted the need for mechanisms to be developed to allow people to move from conventional service arrangements to an ISP approach and back again as appropriate.
2. The Department of Health and Community Care and the ACT Disability Services Advisory Committee (1997) conducted consultations on the ISP program with service users, providers and families.
3. The Department of Health and Community Care and the ACT Disability Services (1998) launched *Individual Support Packages for People with Disabilities in the ACT. A Person Based Funding Model*.
4. Pasco Hall and Associates (1998) conducted a survey of the administrative practices around the auspice of ISP's. Pasco Hall developed operational policies around this role.
5. Carol Bartley Communications (1988) reviewed the ISP client service policies and procedures and facilitated consultation workshops on the discussion paper *Individual Support Packages for People with Disabilities in the ACT. A Person Based Funding Model*.
6. The outcomes from the above reviews and key papers informed the Strategic Plan for Disability Services in the ACT (1999) and proposed the following reforms to the ISP program.
  - Use individualised funding in situations where it offers clear advantage over direct purchasing of services from contracted providers, and/or where other funded providers cannot provide the required services;
  - Develop policy and guidelines on all-important aspects of individualised funding and provide this in forms, which are accessible to those who need to know;
  - Establish user-friendly, transparent application, assessment and allocation processes;
  - Investigate options to streamline administration, management and auspice of individualised funding and implement the preferred option/s;
  - Improve opportunities for self-management by consumers and establish mechanisms to facilitate transfer of funds between purchase contracts with service providers and individualised funding.

7. Wade and Weir (2001) conducted a review of reports and discussion papers on ISP's in the ACT and Australian context, and reviewed of a sample of ACT ISP's in May 2001. The paper outlines a number of potential changes to the individual Support Packages (ISP) policy.

This review highlighted a number of issues with the ISP program. An overview of their recommendations is:

- That circumstances for which an ISP is used be clearly defined
  - The need for regular reviews for funded contracts
  - Appropriate limitations to funded contracts
  - Appropriate mechanism in place with auspice agencies for maintaining quality controls
  - Review of the impact of ISP's on recipients and/or carer
  - Mechanisms in place to consider changes in support levels required.
8. A further brief review undertaken by Disability ACT (2002) states that due to the various program reviews undertaken and not implemented, changes in ISP criteria, community expectations, lack of annual audit of allocated packages to monitor due process and consistency in funding levels of packages, and the significant reduction of purchasing power of existing ISP recipients – it is timely to undertake a full review of the ISP program.

## **5.2. Individual and group interviews**

The individual and group meetings were based on a semi-structure interview. Initial discussion was encouraged exploring The Person Outcomes Measure (The Council on Quality and Leadership, 2000), which identifies 7 key areas in planning person centred outcomes. These areas are Identity, Autonomy, Affiliation, Attainment, Safeguards, Rights and Health and Wellness (Attachment 2). People were encouraged to take away the POM and complete and return to the evaluator especially if it triggered new information for the evaluation.

Interviews took about 1.5 - 2 hours and in these meetings people identified a range of issues and problems from their own perspective and suggested possible changes and improvements to the current service delivery for the Individual Support Package program. The summary of findings below sets out in themes, the concerns raised by the group interviewed with the ISP program.

## **6. A summary of the findings**

### **6.1. Issues with funding**

The following were the main issues raised with ISP funding and the Government's role:

**Ensuring equity:** Equity was seen as an important issue and they acknowledged that it will be extremely difficult, if not impossible to resolve so that everyone who has a claim on public resources feels their needs are being effectively met.

The majority felt the Government should ensure what's fair and reasonable in distributing what most people saw as finite resources.

One parent reported to me that his daughter was receiving much less in funding than was needed just to ensure basic supports were in place, he had applied for extra funding but had been rejected. He reported that his friend's daughter with exactly the same condition and similar circumstances was receiving an extra \$45,000 a year and receiving adequate care.

**Transparency in process:** All commented on what they saw as lack of transparent process with the procedure of gaining an ISP. Many ISP holders reported that the Government only responded with funding if you were in an extreme crisis and sent letters to every Minister in Canberra. Many people reported that Government employees suggested to desperate parents that they might write to the Minister to help them secure funding.

**Policy and procedure:** The process was seen to be competitive not 'needs based'. Many people commented that in fact the Government informed you that you were ranked against each other in deciding who was going to receive funding.

The process was also based on peoples' form filling ability. Interviewees reported that if forms were incorrectly completed your application was *'binned'* in the department. When the evaluator investigated this it was in fact true, correct form completion was the first step in the screening process.

Many people commented that an independent ISP panel should be formed. An ISP panel had been recommended in earlier reviews and did seem to be what happened when ISPs were first introduced.

When the evaluator investigated the files in the Department and interviewed funding staff the following issues were identified:

- Recommendations from the previous 8 Reviews were on the ISP files but most recommendations had not been implemented
- There was a current policy that was reviewed and updated in 2001 including a review process for individual ISPs. On investigation the process of ISP allocation seemed to be resource driven rather than process driven. That is if funding was secured there was urgency in allocating an ISP without much thought about process
- If there wasn't funding ISP applications were kept on file and the majority of individuals reported the department *'put applications in the bottom draw so to speak'* or *'applications went into a big dark hole called the*

*Department never to be seen again*'. On investigation this seemed to be an accurate description of what happened to applications. The funding area in the department did not acknowledge receipt or respond in writing to ISP applicants before this year. All ISPs in the current round that is 2003-04 are responded to in a timely way.

What seems to be missing is a practical implementation process that is transparent and accountable. The other missing link is the implementation process for evaluating process and outcomes for individual ISP holders.

One parent reported that *'personalising support was a lot harder than rocket science, though nowhere near as well paid'*.

Many people commented that community consultation and community involvement in the development of policy, procedures including implementation, review and evaluation was missing.

**Entitlement versus need:** Additionally, some of those interviewed recommended that the government should investigate further the possibility that disability payment should be based on entitlement rather than based on need. That is, an assessment put in place around the level of disability and a direct payment to the person with the disability based on level of disability, rather than a Needs Based Assessment, which may result in two similar levels of disability getting varying amounts, based on the need of the individual (not the disability) at that time.

**Compensable issues:** Some people with acquired injury stated difficulty with insurance companies not paying for support services for compensable clients prior to settlement. They also found difficulty in accessing government-funded services. An issue that needs further work is around working with insurance companies on funding support services for compensable clients prior to settlement. In all other states in Australia there is specific legislative entitlements for accident victims except in the ACT where accident victims are only covered by Common Law. This obviously requires a whole of Government approach.

## **6.2. Issues with the brokerage model**

Different groups had different views on the brokerage model and with some people the term was confounded with auspicing packages of care. On the whole there were a number of issues that caused concern for many ISP users who brokered their packages, including:

**Management issues by ISP holders:** The perceived lack of accountability by brokerage agencies to government for expenditure of allocated funding and many agencies inability to produce records of expenditure to ISP holders on their funding.

The perceived lack by those interviewed with ISP of meaningful support planning with individuals including futures planning and many thought funding should be based on the Plan.

Many individuals interviewed agreed that instead of brokerage opening up possibilities in creative service delivery and empowering the ISP recipient brokerage actually was '*anti-person centred*' in that the current focus seems to be on brokering services rather than support.

Most parent/guardians wanted to have the brokerage system as one option to manage their daughter/sons ISP.

Those ISP holders interviewed with an acquired injury wanted to manage their ISP themselves but would like an independent planner to help in planning current and future need.

**Service provider issues:** Service providers expressed concern that in their opinion the brokerage agencies had far too much '*power*' and that this was the root cause of services not being delivered in a person centred way.

Service providers also expressed concern that brokerage agencies do not add value for people receiving individualised funding because they focused on buying support services for the lowest dollar rate and did not focus on personalising service to meet individual need.

Service providers suggested that the reason given to the disability community service agencies by the brokerage agencies was economics. Brokerage Agencies would buy the cheapest labor costs and in the past this has been the generic community service agency.

The disability service agencies saw this as a great cost to the delivery of person centred services to individuals with a disability. They report that they as disability support agencies will spend a lot of time meeting and matching clients needs with support staff and staff training prior to commencement with each client (person-led). Their perception was that generic community service agencies would match time and availability of staff (system-led) not match on need and getting to know individual requirements of staff.

Support service providers also expressed concern that brokerage agencies had explained to them on several occasions that Brokerage Agencies have a philosophical view that all services should be provided through generic community services agencies e.g. Health Call, ACT Nursing, and not through specifically disability funded services.

Support Services expressed concern that in their opinion Brokerage Agencies had '*hijacked*' the fundamental principles of individualising funding that is the principles around self-determination.

**Brokerage agency issues with service providers:** The brokerage agencies perception on the other hand was that they have been constrained by the inflexibility of the whole support service system. This was given as the reason on their inability to be able to respond in a personalized way.

Brokerage Agencies also reported that the diminishing dollar value of support packages with the rising costs of support services has forced them to secure support services from the cheapest provider of support. The diminishing dollar value has resulted in the ISPs package being used to meet only the functional needs of the person such as personal care, house cleaning or respite care.

Many individuals and agencies agree that having to fight for the very basic of functional needs being met for individuals has resulted in a lack of interest in the whole of life goals for the person and what they want to achieve in life.

Further, the brokerage agencies reported that they did not have any incentive from government to provide case management and in-depth personalized planning because most of their resources went on securing support services.

### **6.3. Issues about service provision and service providers**

Service providers reported that splitting the brokerage system and the support system has produced a power imbalance in the service system. In many service providers opinion brokerage agencies have helped create the inability to personalize services by '*reducing service*' to purchasing hours of personal care, respite care or home help rather than focusing on the '*need*' of the person.

Further, with the separation of brokerage and service delivery and with erosion of resources because of high cost increases has resulted in the loss of the added value that many community-based disability services have provided to people over the years. For example, taking time to just talk to people, understand their problems, assisting them to make appointments, supporting them in dealing with the government departments or other service providers, assisting them in aspects of their private life, giving advice and guidance to identify and achieve personal goals etc.

Service providers report that a lack of resources has produced a tight market place and that the service economy has been centrally planned to squeeze out the redundancy that makes competition possible. People within the service system report that the overall service market involve fewer participants and fewer transactions that many other consumer markets do. As a result the ACT community may have too many service providers for the amount of resources allocated to the disability area.

An additional issue for service providers was liability issues related to workplace rules, regulations and high insurance premiums. This meant that it was impossible to provide a truly personalized support, and creative response to individual needs.

**Mismatch between what's wanted and what's offered:** Individuals, their families/ guardians all reported that the system was unable to provide what was wanted and needed and that they were forced to settle for what was on offer. People requiring service reported that the service system could or would not respond to changing daily circumstances and people had to plan

their daily support needs months in advance. *'A simple request of changing support requirements from one day to the next because a friend was coming to visit could not be accommodated by the service system'*.

**Financial administration:** An issue that the majority of people with an ISP mentioned was the large administration cost associated with the many agencies (multiple costs) involved in providing services to an ISP holder. Many people mentioned the administration cost of having so many small agencies and asked might it not be possible to amalgamate the administration to reduce overhead costs.

**Navigating the service sector:** Many people reported not understanding the Commonwealth, State and Territory Agreement and/or the difference between Home and Community Care (HACC) funded services and Disability ACT funded services. They would like to have a clearer understanding and pathway to accessing services.

**Training and attitude of staff:** Another area of concern for many ISP holders and their families was the lack of well-trained staff, the high staff turnover, the casualisation of the workforce and staff attitudes to their jobs and to the people they serve. They wanted staff given the opportunity to be adequately trained in an individual's care before they began working with someone. In many instances the person with a disability does training with the staff member after they start working with them. Many people commented that they had to back fill shifts not the agency when staff phoned in sick.

#### **6.4. Issues with ISPs**

**Basic support needs:** Many people are struggling to understand what went wrong with the ISP program. The ISP holders report that the service system and sector voice the right statements around providing person centred support but the principles ring hollow in the face of under-resourced services that struggle to ensure a decent standard of living and some dignity for the people they serve.

When presented with questions around person centred support many people reported that the idea that a person with a disability can have the resources and the range of choices required to enable them to live the lifestyle they prefer was, oftentimes, regarded as *'ridiculous'* by those interviewed.

**Access to individualized funding:** The greatest and most immediate issues for people was that individualised funding (IF) in some form continues and that they be allowed to participate in the decision making process on funding policy in the future and that issues for many where degree of access, equity and decision-making power.

Many people interviewed believed that the key limitation placed on people's lives (both carers and people with disabilities) by ISP program in the ACT are due to lack of adequate funding and lack of real power to purchase the services they need if those services are not available in the ACT.

People reported that in some cases, the ACT is simply too small a marketplace for services to be provided economically to very small sectors of the community. Lack of funding places restrictions on existing ISP holders, but also places limitations on people who cannot receive ISP funding at all and are therefore required to choose from the menu of service options available (which may actually be more expensive than what they would use an ISP to purchase).

Many people reported direct payment to the person with a disability was seen as a right if we were to implement self-determination as the underpinning of individualised funding.

Others thought direct payment under the ISP program might be open to criticism because of the perception that people can purchase things as they please, and that accountability might be an issue in spending of public funds.

While decisions about who ultimately receives IF are matter of public policy, to be carried out by the fund-holder, people with disabilities and their parent/guardians nonetheless want to play a consultative role in determining the eligibility criteria. They saw this as critical because it is inevitable that demand for IF will exceed availability of funding.

Further, many people commented on capping of individual funding and/or only partial funding what was needed, could not possibly be based on a person centred approach to funding. Although at the same time equitable allocation of resources was raised as a major issue. Some people raised a further concern that capping could result in individualized funding becoming a great way to continue to fund the group home model, as service providers realized that 4 x \$90,000 meant one 24-hour staffed house for four people.

**Gaps between need and allocations:** One of the major issues presented by ISP holders was the inability of ISP funding to match real life cost increases. That is the diminishing value of support for all ISP holders. Many of the ISPs did not even cover basic support needs and because they received an ISP many of the generic HAAC support services did not rate them as a high priority because they were in receipt of individualised funding.

**Autonomy in spending:** An issue raised by many was what an ISP could be spent on and the issue of how much autonomy users will have over their ISP once it has been allocated. Some disability advocates suggest that they should have no constraints. For many it seemed reasonable to suggest that choice, while needing to be as flexible as possible, should have some parameters. People interviewed thought that perhaps one response would be to utilize an initial agreement between the person and funding body that specifies, either generally or specifically, which services are to be purchased. Further that, some general guidelines could be developed through a community consultation process to indicate the types of changes that will require no reporting, and those circumstances that might require government endorsement.

Following on from this issue and also highlighted in the literature was that even if effective access is guaranteed there remains the potentially difficult issue of the possible gulf between what individuals might want and what government might be prepared to endorse and fund. Government's face internal bureaucratic pressures to operate in ways that categorize needs, along with clear criteria about what expenditures will be acceptable or not. This will not always accord with the various individual needs and lifestyles (some of which may be entirely acceptable choices for ordinary people), for which individuals will seek funding. Thus the spectre is raised of people seeking funding for supports, which others might judge to be off limits, too dangerous, too expensive, etc.

Another unresolved question raised by some was related to user autonomy and whether individuals should be able to spend money saved from their original agreement on services/goods that were outside of that agreement, including the ability to carry unspent funding into a new financial year.

On the other hand many ISP holders reported that the government did not currently monitor support service or require itemized expenditure from brokerage agencies or support service agencies and that in fact they already had a lot of say in what the money could be spent on.

On investigation Disability ACT does require an acquittal of spending on ISP from brokerage or auspicing agencies. The output form is signed by both the agency and the ISP holder and requires the total amount of expenditure not the itemized expenditure that many people were requesting.

**Changing needs and circumstances:** Some consumers expressed their concern that in reality once their ISP has been negotiated, they were vulnerable if their needs and circumstances changed, and if more funding was required. It seems reasonable by them to suggest that people need to have assurances that their funding agreement can be renegotiated on as-needed basis. With respect to crises, as mentioned previously, interviewees reported that this might be dealt with in a variety of ways. Including attaching a percentage to the budget in anticipation of crises, or making available a crisis budget that could be accessed in a timely manner by either individuals or their supporting agencies.

## **7. Discussion**

### **7.1. Identify and recommend current best practice for providing targeted person centred support**

## **Person centred support how to make it work**

At the heart of person centred support lies person centredness that comes from the personal attributes and commitment of the people involved, ie. people with disabilities, their families, friends, service providers, support workers etc. Dr Kendrick (2002) describes person centred practice as an approach to service delivery that people often call the personalising of service. People experience it if they come into contact with good honourable people who act with integrity towards them and who have their best interests at heart.

Dr Kendrick explains that person centred service development means a willingness to change the system after learning something, and understanding that peoples' needs change. If systems are flexible, adjustments can be made as and when needed.

Dr Kendrick explains that the issue these days is not whether the options are individualised, but how responsive they are to the person in the individualised option. To do that he explains, it is necessary to respond to the unique elements of each person's situation, which cannot happen if working from a standard template. So, person-directed planning starts with promoting self-determination and for providing individuals the support they need to pursue their goals and dreams (Dawson, 2000).

## **Individual Planning of Supports**

Planning is regarded as a major system function in an individualized funding model. This function ensures that individuals and families have the support they need, and choose, in developing plans, negotiating funding, and selecting/developing services and supports. It is also a critical tool in ensuring cost-effectiveness of an Individualised Funding (IF) approach.

Through planning supports, individuals and families gain an opportunity to explore options beyond that provided through generic community services or disability specific services or delivered through IF. As well, planning support agents can provide assistance to generic community service providers (recreation, health care), employers and others in making effective accommodations that minimize need for direct IF investments.

Finally, planning support providers can assist in developing 'personal support networks' or 'circles of support', to assist individuals and families in managing their support arrangements. This minimizes the need for paid administrative and management supports. However, paid administration and management supports should always be examined as one of the needs individuals and families may have under an IF approach.

## **Frequent Misapplication of Individual Planning**

The main criticisms with individual planning have been that individual planning has not been person directed planning and as a function

operates more as a gate keeping mechanism, often "planning" people into what "slots" or vacancies exist within the service system (Halle,J; Lowrey,K., 2002). A major policy debate during the last decade has centered on where this function should appropriately be located and how it should be funded so as to make it more flexible, responsive and accountable to individuals.

The major issue seen by Halle et al (2002) has been the lack of monitoring of standards and quality control around the planning process and the funding provider lack of follow through in insisting on requiring empirical analysis that is evaluation that require demonstration on efficacy of outcomes.

### **Independent Planners**

The independence of planners is seen as the crucial mechanism in person centred planning (Bleasdale,M, 2001). The accessing of independent professional assistance to develop a plan that identified individual needs, negotiate for funding with government and effectively use that funding in community was seen as crucial in gaining person centred outcomes.

According to parents, service brokerage is "*. . . a technical, mediating support service, the primary objective being to assist individuals to capably use their allocated funding and, where necessary, to cross system and organizational boundaries to meet identified needs*" (Salisbury,B. 1998). To ensure that brokerage could respond effectively to individuals, they understood that this critical function needed to be community based and autonomous from government and other forms of direct service delivery. Significantly, parents were equally certain that brokerage **must** be an option, and not imposed, if they were to retain their status as empowered decision-makers.

### **Determining Need and Allocations**

In principle, the process of determining the required size of an individual allocation should start from a 'blank sheet', with no assumption made about the funds required. It is a process based on the person's own aspirations and circumstances and needs, not on a clinical functional assessment of 'need'. However, this is likely to cause anxiety for the state fund-holder, who is asked to negotiate funding on a person-by-person basis, but must somehow reach the year-end with total allocations held within budget.

Improved accounting systems, especially those which have a statistically based predictive capacity, may be some help, but will still leave many fund-holders embarked on large-scale implementation feeling very nervous. Bleasdale (2001) suggests an assessment of need to assess all candidates for requiring funding and categorise according to a series of bands representing levels of disability. On the basis that there is likely to be a broad correspondence between degree of disability and support costs. In itself, this information will assist the prediction of overall costs. Yet more certainty can

be introduced by making it policy that funding will only be allocated within a range associated with the band in which the person has been assessed.

Bleasdale (2001) explains that although this restriction does contravene a fundamental principle of IF it is tolerable as a temporary measure during the transition to fully needs based funding and bottom up budgeting arrangement. However, in Bleasdale (2001) view it is essential to inform candidates about the band in which they are placed, and the limit to funding which it implies. In this way they can take responsibility for adapting their plans to fit available funds, rather than pointlessly enter into negotiations with a proposal, which will not succeed.

### **Conditions funding success**

John O'Brien (2001) researches an interesting and demanding idea of the way individualised funding creates change and suggests the study of complex adaptive systems. This perspective defines people with disabilities and their families as agents whose relationships with service providers and connections with other actors shape innovation, not as consumers who choose from providers' menus. This theory would suggest the importance of individual funding as a powerful means of increasing the variety of strategies that will create new pathways to valued roles in community life.

The study of complex adaptive systems (Axelrod and Cohen, 1999) draws attention to key questions for designers of individualised funding initiatives to answer as they develop structures for allocating funds, supplying brokers, and managing funds. It also highlights the role of people with disabilities and their allies as the kind of customers who negotiate and collaborate with providers when they are not themselves the designers and managers of the supports they require.

Students of complexity suggest looking at the creation of markets that stimulate innovation from the point of view of complex adaptive systems. Such systems emerge and change as many players adapt to each other in circumstances that make it very hard to predict and control outcomes. In complex adaptive systems order evolves through a history of interaction among separate agents rather than from the imposition of central plans. When people with disabilities and their families can form effective alliances with service providers, additional possibilities emerge.

In order to create new possibilities for people with disabilities and their allies to enjoy and contribute to community life, O'Brien suggest that people must make connections that will give them the knowledge and the courage to negotiate for the personally customized assistance they require. In this way, people with disabilities and their allies will use individualised funding as one means to re-shape our world.

### **7.2. Identify what extent an ISP adds value to peoples lives**

Everybody interviewed and current international and national literature support the concept of Individualised Funding

(O'Brien, 2001; Dowson, S. & Salisbury, B 2000). Individualised Funding along with person directed planning is seen at the core of implementing the principles of self determination (Dowson, S, 1999). The self-determination movement focuses its attention on the significant change in the way that disability services must be provided to ensure the core principles of freedom, authority, support and responsibility. The funding mechanism should be decided with the funder only after the in-depth individual plan is drawn up.

People reported that options for services had never been presented to them, nor had they been assisted to explore options that may exist outside the current range of services available in the ACT. Many people reported that the ISP system does nothing to improve service quality and report that some flexibility of the system may be its only advantage.

Further comments by ISP holders and their families explain that the whole ISP system gives power to the broker and auspicing agencies and if the system was person centred the ISP recipient would hold the balance of power regarding their own support. Many ISP holders interviewed agreed that the current system focus on services rather than support

Those interviewed reported that ISPs in the main had become just another funding mechanism and the ISP program currently did not add additional benefit over block funding in its ability to provide adequate and personalised services.

### **Individualised funding models do add value**

All people interviewed wanted the choice to decide what type of funding model suited their own needs at different times throughout their life. The situations that were most crucial for individualised funding were the following:

- People who desire to take control of the management of their own support. For young people or adults who are at major transition points in their life, leaving school, moving out of home etc.
- People who would like to leave the block funded supported accommodation and live with family/friends or live more independently.
- People who require levels of service that cannot be guaranteed through the traditional service system.
- Adding Value above what is offered by the block funded services
- When conventional services are not available

There three major Individualised Funding models recommended in the international literature (Bleasdale, M. 2001):

- Direct Payment
- Microboards
- Brokerage

**Direct Payments** is a system whereby people with disabilities have the funds they require to purchase supports paid to them, and is largely up to them which providers they use and which types of supports they have access to.

Direct Payments are the preferred model of funding of the UK Disabled Persons Movement. It puts control over funds for services and over those who provide support totally in the hands of the service user.

**Microboards** are formed when a small group of committed family and friends join and form a not for profit society around a person who has particular needs for support. The group addresses the person's planning and support needs in a way that ensures maximum control by the person for whom it is created. The person themselves may sit on the board. The creation of this society is for one person alone. The Microboard takes responsibility for receiving, distributing and acquitting the funds that come from the funding body for the use by the person with the disability.

**Brokerage** refers to a process whereby a person with a disability employs a person to assist them with the processes of planning, getting resources and then hiring and reviewing the quality of service providers. The task of organising an individualised funding arrangement can be quite complex, and sometimes difficult and tiresome for an individual. The services of a broker, as long as they are provided independently, can be of considerable benefit.

There are many other types of individualised funding models such as family governance around a group of people living together. The concept is that the right group of people are working with an individual to reach individual outcomes.

### **7.3. Identify to what extent the current system of ISPs is needs led process rather than driven by the service system.**

All the issues raised by ISP holders would suggest that the ISP program is system driven not needs driven. They thought this was because of the lack of resources, lack of creative flexible support services and at every stage of the process they felt at the mercy of what was on offer not what was needed or wanted.

Most people reported that the ISPs did not even cover daily functional support requirements and until government addressed basic levels of person care there was no point in discussing person centred care. If the program was needs led, funding would follow need and thus vary from person to person and change over time to meet changing need.

Another example given of the system not being needs led was the 8 previous ISP reviews. There was no process put in place to ensure the program was delivering what it was meant to deliver. Few of the review recommendations were put in place and no individual evaluation of personal care outcomes have been implemented to date.

When researching the literature around individualised funding many studies suggested keeping an amount of individualised funding in large flexible pool to enable individual responsiveness (Salter, S. 2002; O'Brien, J. 2001; Kendrick, M. 2002). This one strategy would help ensure funding was responsive to need.

#### **7.4. Identify how links between policy and practice could be increased.**

All respondents thought the philosophy behind ISP's was sound in that it individualised funding and was based on the principle of self-determination. They saw the flaws of the ISP program to be in the implementation of policy, processes, procedures and evaluation process.

Many people saw that the misapplication of the program began with not defining each step of the process in an open, transparent and accountable way.

People reported a lack of identifying and agreeing with the disability community on the desired outcomes of the program and deciding how they would be achieved. Individuals expressed concern that the Department '*got stuck on the first step of the process and did not apply all the steps of implementing, evaluating, changing, reviewing, changing, implementing resulted in allocation of an ISP with no follow up*'.

The majority of people wanted agreement with all stakeholders and the disability community on the ISP program processes and outcomes.

The notion of equity was often raised in discussions around individualized funding. All people interviewed wanted a fair, reasonable and transparent system for rationing service and/or funding.

Individuals suggested that economies of scale may be possible and that these are likely to be in the form of shared outcome-based resources, mainly because the amounts committed to individualised funding arrangements are frequently higher than those allocated to block-funded agencies.

The majority of people interviewed wanted a system to be implemented based on assessing needs of individuals and forming a personalised plan that incorporated planning for future. They wanted funding framework to flow from this process and incorporate a bottom up budgeting process that fostered person centred practice. The majority of people interviewed wanted choice of funding models and for the brokerage system to be one choice.

All people interviewed wanted the '*competition against each other*' removed from the funding process.

Many respondents requested that an ISP panel be established and made up of skilled and experienced people who have an extensive background and understanding of the support needs people with disabilities may need to achieve their goals and live successfully in the community.

## **8. Concluding summary**

From the people interviewed there was an overwhelming response about support needs not being met by the current system in the ACT. Many people commented that there must be a better way. Further, all people reported that the ISP program as a model for achieving person centred service was both inefficient and ineffective.

Many people commented that there should be providers of choice and that the Disability ACT should tender out service delivery and set out clearly what was expected in service quality. All people interviewed with an ISP would like to see agencies more stringently measured and evaluated against the Disability Standards and quality outcomes for individuals.

The majority of ISP holders wanted the option to have some one else manage their package whether this was by an auspice service delivery agency or by an independent brokerage agency or by a collective.

Many people commented that although there is never enough money allocated to the disability sector Disability ACT was not ensuring that allocated funding was being targeted to those most in need. Inequities in the allocation of funding and the lack of a transparent, fair and accountable process were a major concern. Wastage within the current system was also a major concern, sighting multiple ISP administration fees as an example.

Those interviewed reported that ISPs in the main had become just another funding mechanism and the ISP program currently did not add additional benefit over block funding in its ability to provide adequate and personalised services. However, all people interviewed wanted a choice around funding models and individualised funding arrangements to be a part of the funding framework.

The other major area highlighted by this evaluation is that our greatest resource in helping solve these complex issues has been left out of the loop until recently. The people the evaluator interviewed understood the funding resource issues in depth and had many great solutions to utilising the funding resources we have in a more effective and efficient manner. The people interviewed want to be a part of the whole process including decision making that effects their lives

## **9. Recommendations**

### **9.1. Disability ACT as funder of ISP**

- Individuals given a choice of funding model after personal plan developed (self-determination)

- Funding should be flexible and mix and match between block and individualised funding and based on need and choice
- All funding processes incorporates a Needs Based Assessment (may be informal or formal)
- A transparent funding policy and process be developed and implemented
- The funding framework should be transparent, fair, accountable and foster person centred practice
- People receiving an ISP can and should access generic services and the entire package should not replace these basic services
- Bottom up budgeting process with funding
- Identified pathway for entry into system taking into account acquired injury and degenerative disability
- Process put in place with insurance agencies for compensable clients
- HACC Commonwealth funded agencies to be included in implementation strategy
- A strategy developed to prioritize and implement recommendations

## **9.2. ISPs**

- ISPs should Add Value above what is available in block funded services
- All current ISPs be reviewed based on a assessment of need
- Evaluate all ISP or IF against the Plans bi yearly. The evaluation should be based on quality of outcomes for people.

## **9.3. Brokerage**

- Brokerage services to be offered as an option in managing ISPs.
- Brokerage to focus on case coordination and service planning

## **9.4. Independent Personal Planning**

- Plan to take into account needs assessment
- Funding to be negotiated on plan.
- Person plans to be based on a person-directed, person-centred model.
- To incorporate futures planning
- Standards to be developed around planning of need.

## **9.5. Service provider**

- A review of administration costs across the service system sector
- All service providers including the generic services comply with standards
- All services undergo a formal evaluation every 3 years and include:
  - Client focus
  - Organisational focus
    - Evaluation based on the Disability Quality Standards
    - Service plan developed and implemented.

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## **11. Attachments**

**Invitation to participate in the evaluation  
The Personal Outcome measure**