

Changing the View: Exploring new service responses

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Overview

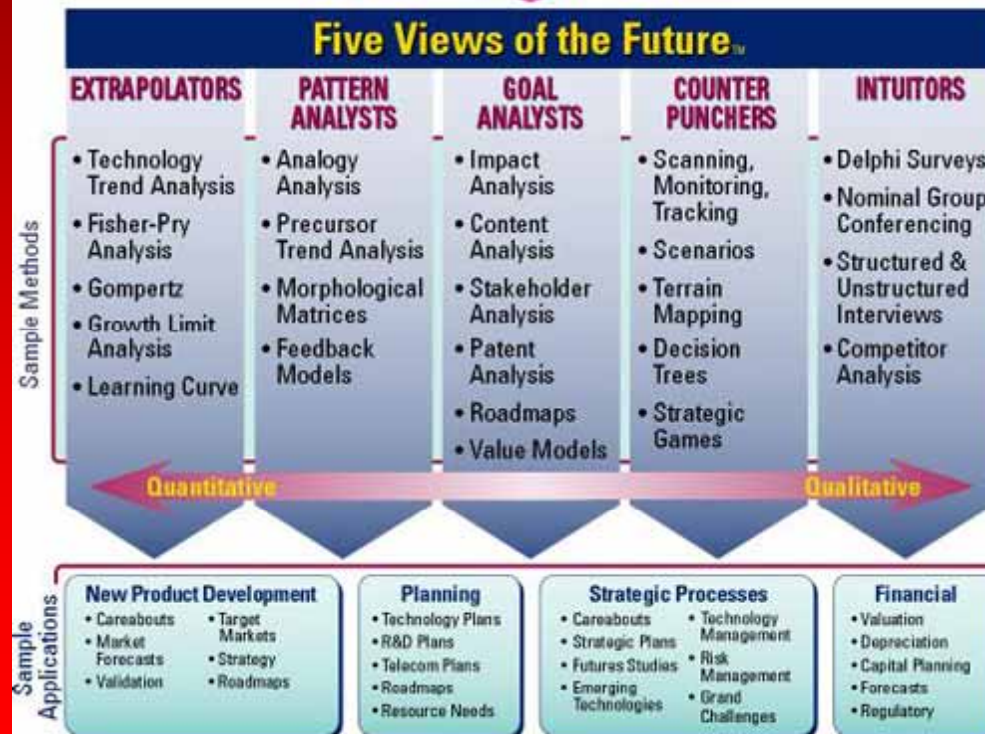
- Why do we need to change the view?
- Is there anything new anyway?
- Some examples
- Cautions
- Some key principles for new service development





Five Views of the Future™

A Strategic Analysis Framework

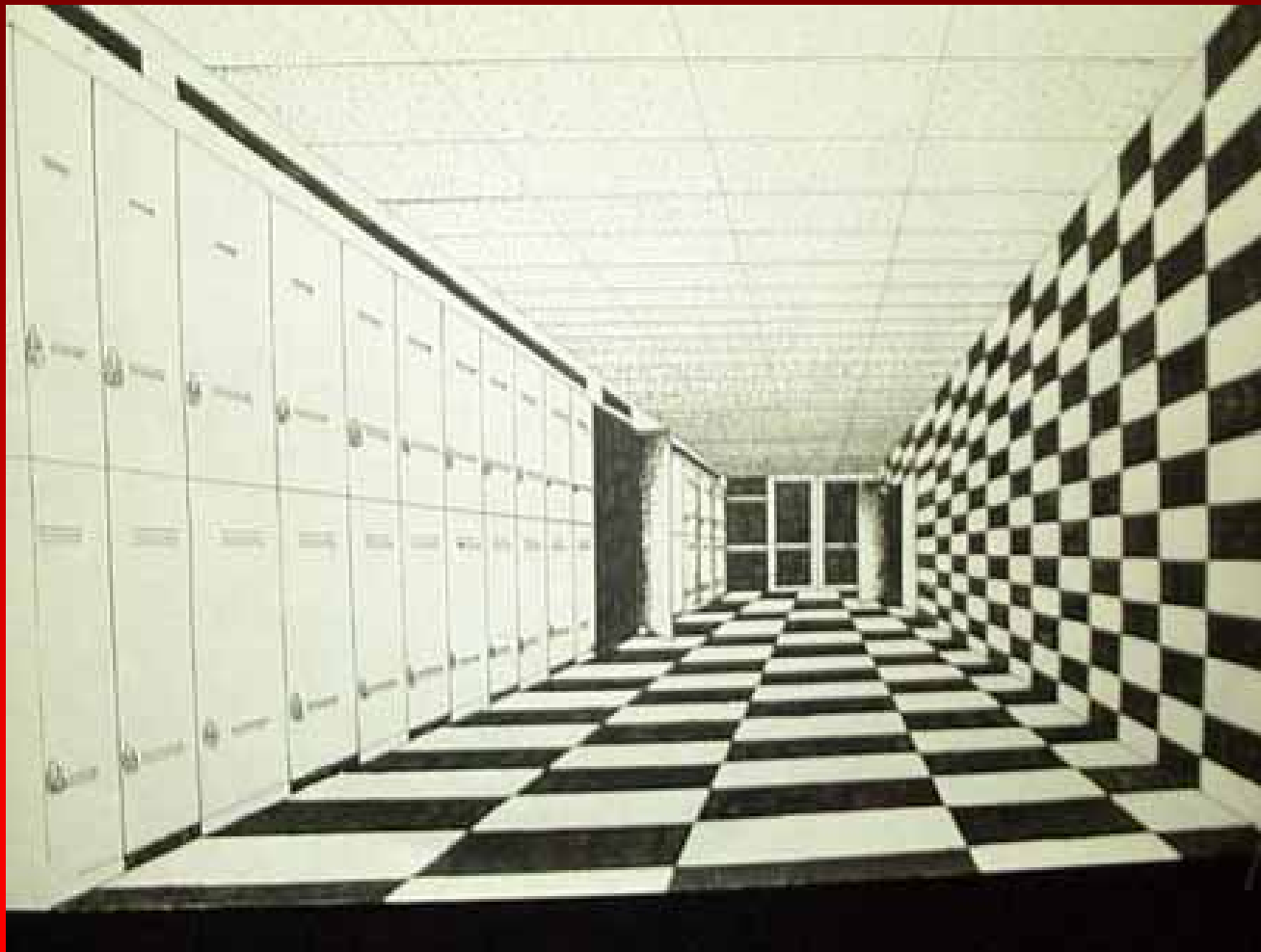


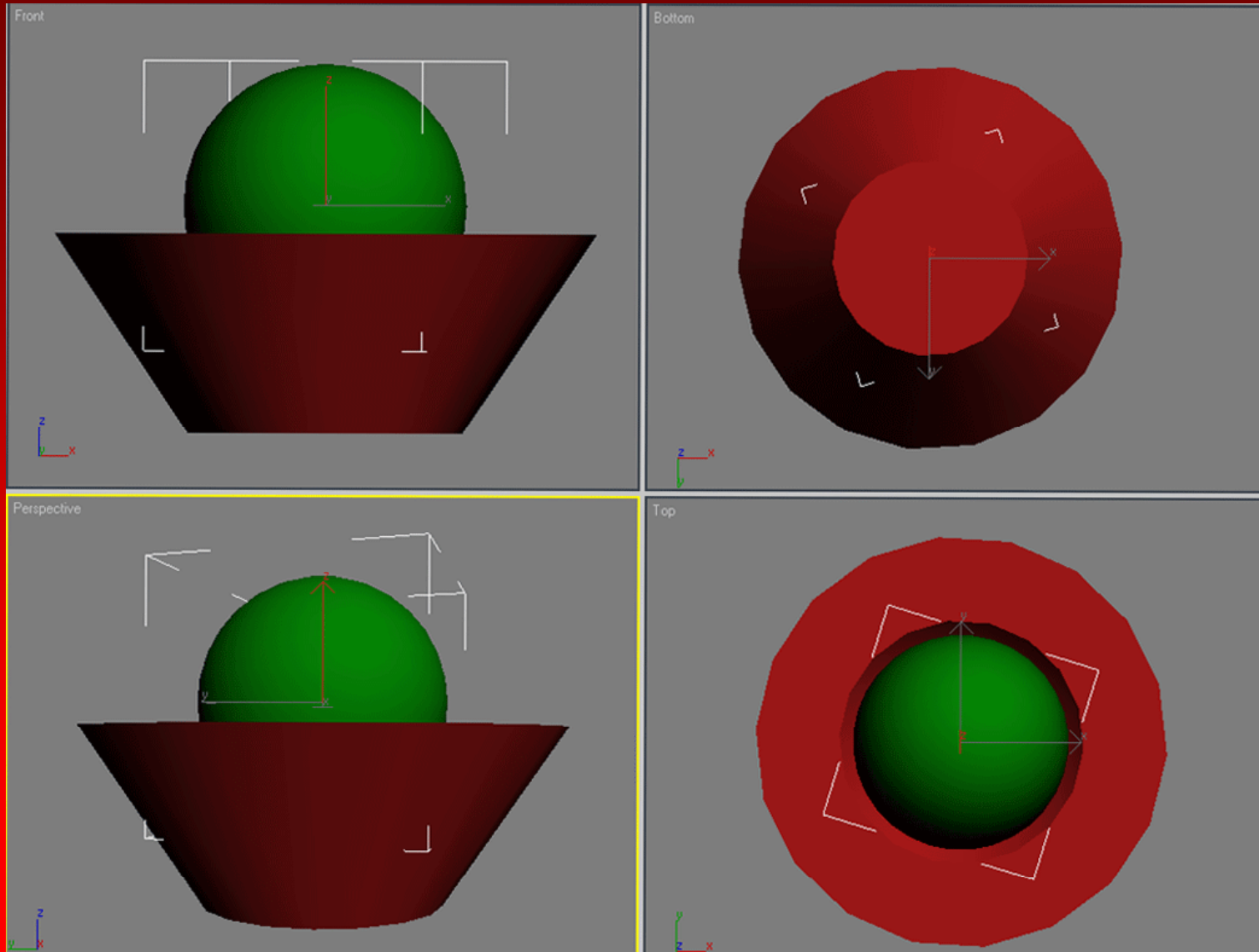
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Why do we need to change?

- More people needing service support
- Not enough funding to provide them
- Stale ideas
- Retreat to old models
- Workforce issues

Why we ought to change

- Moral imperative
- People with disabilities and families deserve better
- UN Convention on the Rights of people with disabilities now 136 signatories and 41 ratified

Is there anything new anyway?

What has been will be again, what
has been done will be done again;
there is nothing new under the
sun. (Ecclesiastes 1:9-14 NIV)

Is there anything new anyway?

- Number of studies into new models that are happening around the world
- Victoria, Queensland (e.g. Laragy, Parmenter, Chenoweth)
- New impetus at the federal level – eg employment, AusAID
- International developments

Some examples

Emergent trends

- Self-directed care/Self-determination/Individualised funding
- Independent living with services provided in the community

International

- In policy systems internationally, there have been moves to a citizenship/inclusion approach
- Canada, Scandinavia, the United States and the United Kingdom

International

- Overwhelming trend to individualised approaches to both funding and support
- Many terms -
 - person-centred services; self-directed support; person-directed service; independent living; consumer control; self determination; self- directed services; consumer-directed services; individualised funding (IF)

International

- Key principle
 - if disabled people are to participate and contribute as equal citizens they must have choice and control over the funding and support they need to go about their daily lives (Glynn et al., 2008).

Scandinavia

- Citizen perspective towards persons with disabilities (Weinbach, 2004).
- Aim is to make services offered to the general public available for people with disability.
- (Weinbach, 2004).

United Kingdom

- direct payments &
- underpinned by legislation, since 1996
- Recent reforms increase use of IF
 - Choice of taking these as cash or services
 - Use of agents to help people with cognitive impairments take these up

In Control

1. My money – finding out how much



So it looks like I can get £15,000.

2. Making my plan



Who else can we get to help us do this plan?

3. Getting my plan agreed



Yes - it looks like a good plan.

4. Organising my money



I'm opening a bank account for my support money.

5. Organising my support



I can choose how I get my support.

6. Living life



My life's changed - I'm in control.

7. Seeing how it worked



It's gone well. Let's talk about what's next.

Canada

- Longer history
- Every province has IF arrangements of some sort
- Eg Alberta since mid 1980s BC 1998

| Existing Service Approach | Disability Inclusion Approach |
|---|--|
| Eligibility based on diagnosis biomedical criteria | Eligibility based on impact of disability |
| Service/program-centered | Person-centered |
| “One size fits all” and “on/off” responses | Measured responses based on need |
| Fragmented service delivery | Integrated service delivery |
| Passive and residual measures (e.g. welfare) | Active measures (e.g. disability employment supports) |

Figure A. Disability Inclusion Approach (Government of Saskatchewan, 2007)

Individualised funding program in British Columbia: Choices in Supports for Independent Living (CSIL)

- Once an individual has been assessed by a case manager from the nearest office of their regional Health Authority and been approved for CSIL, the funding that would normally go to a service provider agency to provide the home support goes directly to the consumer. Currently this means that \$25.00/ hour of allowable home support is deposited directly into a separate bank account that is set up under the individual's name but specifying that it is for CSIL (for example, John Smith – CSIL) .

Here is an idea of how it works in practice:

- John is assessed as needing 4 hours of home support/day. This means \$100.00
- of funding/day. Based on a 30-day month, \$3,000 will be transferred to John's
- CSIL account each month. Using this \$3,000 John will hire, manage and pay his
- own support workers to meet his care needs.
- Under the CSIL program, individuals cannot use service provider agencies except in the case of emergencies. They must assume the responsibilities of
- being their own employer. Each Health Authority has a standard contract, which individuals or client support groups must sign and which is renewed on a
- yearly basis. Individuals who, because of their disability, cannot manage their support independently can still use CSIL if there is a group of family and friends who are willing to form a client support group. A client support group consists of a minimum of 5 committed individuals who form a non-profit society in order to provide the coordination and management of the CSIL option on behalf of the person with a disability.
- a third option for direct funding Under this program, individuals are responsible for all aspects of home support management **except** the payroll functions. These functions are handled by an agency designated by Fraser Health.

Microboard (*USA*)

- small group of committed family and friends
- join and form a non-profit society around a person who has particular needs for support
- group addresses the person's planning and support needs - ensures maximum control by the person for whom it is created.
- Some jurisdictions have created Microboard associations to assist families. These provide development, support, and training. (National Council on Disability, 2005).

Cash & Counseling

- Gives consumers monthly allowance
- Hire workers, purchase care related services & goods
- Consumers get help managing
- Counselling
- Bookkeeping services

Brokerage Models

- Person with disability hires a person to assist them with planning, getting resources and reviewing quality
- Separate from service provision

Australia

- WA QLd and other states – LAC model
- LACs develop, coordinate resources and supports at local level
- LAC cost effective

Western Australia

- Individual Coordination Service
- 9% (\$30.2 million) DSC budget
- 38% (7,836) service users
- 2006–2007, 7,836 service users LAC support
- Of these, 1,521 service users received LAC Direct Consumer Funding.
- i.e. total of \$10.3 m paid as LAC Direct Consumer Funding.
- Average cost of **\$6,772** per service user.
- Operational cost of LAC **\$2,542** per user

Victoria

- Recent review (Parmenter & Arnold, 2008)
- IF should be expanded

Victoria

- Evaluation of Direct payment users (LDC group 2007)
 - great flexibility and control
 - able to negotiate the nature of the service provision directly with disability service providers
 - managing the expenditure of their funding in line with the goals of their funding plan and their changing needs.
- Costing \$21,469 per user

Queensland

- Many pockets of truly innovative approaches
- Tend to be smaller and family or person governed
- Strong history of innovation and creativity
- Blending formal and informal supports
- Coalitions of key stakeholder groups

Concerns

- **The “unbundling” of block-funded services, when implementing a new approach.** The establishment of both individual service rates and the accounting mechanisms necessary to track individual budgets and manage service billings is difficult for many systems.
- **Measuring and maintaining standards**
- **Considering payment to family members.** Concerns persist about this issue, such as increasing the dependency between the carer and the person receiving care, and providing opportunity for abuse or overprotection
- **Ongoing service viability**
- **Complexity of the system.** Person-directed and IF systems are not simple and can be more complex for individuals and their families to navigate. People with disability should be able to choose the level of self-sufficiency they need and are comfortable with, from traditional agency based services to self-management . Research, inadequate support for people to use cash payments, unnecessary paperwork and too much bureaucracy.

Concerns

- **Uneven uptake across different groups** Several studies of direct payments have highlighted that users are younger, more disabled individuals with higher levels of benefit income, which reflects their disability. This is also linked to the issue of front line negative discretion in determining access, particularly social workers.
- **Dealing with crisis situations**
- Another issue raised by providers concerns how they will deal with crisis situations, with individual budgeting arrangements.
- **The management of financial risk for service users** who have changing service needs and fixed service budgets.
- **Making sure brokerage systems are effective**
- **Accountability for spending of funds**

Effective Approaches

- **A good system for allocation of individualised funds, linked to person-centred planning for support needs.**
- **Allocation of some block funding to build capacity of services, when implementing IF and self-directed support.**
- **Local area coordination, so that local needs and preferences shape local services.**
- **Implementation in phases by using a particular amount of people or geographical area, with the use of independent pilot/demonstration sites.**

Effective Approaches

- **Provision of Infrastructure supports (e.g. service brokerage; fiscal intermediaries; and case managers) separate from service system.**
- **Minimising bureaucracy**
- **Alternative quality systems to those based solely on organisational frameworks.**
- **Increased access to mainstream services, and increased capacity of mainstream services to respond to specialised needs.**
- **Best practice approaches underpinning the system and models of service delivery**
- **Blended formal and informal supports**

What do people with disability want?

1. recognise and value diversity
2. provide seamless and interconnected services
3. give people the information they need to make informed choices
4. address inclusion broadly and
5. make people with disability central to decision making about disability

Principles

- Values framework – rights, social inclusion
- Ordinariness
- Flexibility
- Simplicity
- Accountability
- Diversity
- Safeguards



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