

RESEARCH AND EVALUATION

Analysing Choice in Australian Individual Funding Disability Policies

Christiane Purcal and Karen R. Fisher

University of New South Wales

Carmel Laragy

University of Victoria

The Australian National Disability Insurance Scheme (NDIS) will allocate funding packages to people with disability who are assessed as needing paid support. The NDIS is an example of individual funding, which is currently not the dominant way of organising disability support in Australia. Individual funding aims to increase opportunities for personal choice. We present a framework for understanding current individual funding policies in each Australian jurisdiction according to two policy dimensions that potentially enable greater personal choice for people with disability: who holds their allocated funds and where support can be purchased. The findings show wide disparities in choice across the country, particularly due to constrained funds and the shortage of support to purchase in regional areas. The analysis demonstrates that NDIS implementation will need to consider that, while individual funding can be empowering for some people with disability, enabling choice can be challenging for administrators and service providers.

Key words: *Disability policy, individual funding, national policy comparison, choice, empowerment*

The Australian National Disability Insurance Scheme (NDIS) will allocate funding packages to people with disability if they are eligible and assessed as needing paid disability support services (NDIS 2013). The launch sites began in 2013, and full implementation is anticipated for 2018. The NDIS is an example of individual funding, which aims to increase opportunities for personal choice (Stevens et al. 2011). Until now individual funding has not been the dominant way of organising disability services in Australia (Australian Institute of Health and Welfare (AIHW) 2011). Instead, governments have funded service organisations to provide support to a number of people; referred to in Australia as block funding (Productivity Commission 2011a).

The introduction of the NDIS will change the opportunities for people choosing disability support and require an enormous shift for organisations offering it. This article seeks to inform the transition by presenting a framework to understand two dimensions of choice in the various individual funding policies that have been available to people with disability in each Australian jurisdiction: who holds their allocated funds and where support can be purchased. The understanding gained from this framework can help identify some of the limits to choice specific to the Australian disability policy context that the NDIS will need to address.

The article starts with a brief overview of international individual funding policies and

typologies; then introduces the framework; describes the methodology; and presents findings about state and territory policies and the profile of people who use individual funding. It discusses the findings by applying the framework and drawing implications for theory, policy and implementation of the NDIS.

Changes Towards Individual Funding

This background section introduces the arguments for and tensions about individual funding, followed by a description of how it has evolved internationally. A single definition or name for individualised approaches to organising disability funding has not been developed, however the approach is argued to promote individual choice over support, empower people with all types of disabilities (Hutchison et al. 2006; Leece 2010; Mahoney et al. 2007; Stainton and Boyce 2004; Fisher et al. 2009; Stevens et al. 2011), and improve outcomes (Baxter et al. 2011; Leece 2010; Stainton 2002). Being able to select support workers is considered a major attraction of individualised packages (Bogenschutz et al. 2010). Some form of individual funding is available in most of Western Europe and North America, where it is also referred to as personalisation, direct payments, individual budgets, self managed care, consumer directed care and cash for care.

The international trend towards individual funding has been driven by two paradigm shifts in public policy. Since the 1980s, neoliberal public sector reform has emphasised competition and consumerism, resulting in the marketisation and privatisation of social services, including disability support services (Davis and Weller 1996). At the same time, policy has paid greater attention to human rights and empowerment (Dean 2008; Spandler 2004). In disability policy, the United Nation's *Convention on the Rights of Persons with Disabilities* recognises the 'importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices' (United Nations, Convention on the Rights of Persons with Disabilities (UNCRPD) 2006, Preamble:n). In disability services, these two paradigm shifts explain

the move from group care to individualised care and independent living (Da Roit and Le Bihan 2010; Spandler 2004), supported in some cases by individual funding. Choice is a central policy driver in both paradigms: neoliberalism emphasises choice of providers in a free market, and human rights advocates emphasise choice of the person with disability over their lifestyle and support services (Stevens et al. 2011; Needham 2011).

Across countries, individual funding policies vary widely regarding their degree of choice and flexibility, entitlements, access to funding and employment of support workers (Fisher et al. 2010; Ungerson and Yeandle 2007; Williams 2009:4; Da Roit and Le Bihan 2010; Mahoney et al. 2007). The shaping of these policies is informed by the national, institutional, historical and cultural conditions of the regions in which they operate (Williams 2009). However, choice is a relevant policy principle in each country.

For example, Canadian provinces introduced individual funding in the 1970s in response to pressure from the independent living movement (Spalding, Watkins and Williams 2006). Similar pressures in the UK led to individual funding implementation in 1988 (Harkes et al. 2012; Pearson et al. 2005; Spandler 2004). The USA introduced individual funding programs from the 1970s to give people more choice (Hutchison et al. 2006; Mahoney et al. 2007). In New Zealand, the 2003 policy is based on person centred control (Health, New Zealand Ministry 2010). In Sweden, 1993 disability legislation gave people the choice to purchase support from the open market (Laragy 2010), and in continental Europe, individual funding policies reflect a recognition of traditionally strong informal family and community support (Da Roit and Le Bihan 2010; Ungerson and Yeandle 2007; Rummery 2010). In Australia, different individual funding models have been introduced in all eight states and territories (Fisher et al. 2010; Chenoweth and Clements 2009), and the Australian Government stipulates choice as a key aspect of organising disability support under the NDIS (Productivity Commission 2011a).

Despite its widespread introduction, individual funding remains controversial, due to

concerns about cost, equity of access and quality of care for people with disability, and implications for service organisations, support workers and family carers. Effective implementation of individual funding depends on factors such as the availability of affordable, quality support (Ungerson and Yeandle 2007); decision making support for people with an intellectual disability (Bigby and Ozanne 2001); protection of the rights of the person supported, support workers and family carers (Prideaux et al. 2009; Ungerson and Yeandle 2007; Leece 2010; Da Roit and Bihan 2010); and the viability of service providers (Baxter et al. 2010). While individual funding has strong advocates from within the disability and carers communities, not everyone wants the responsibility of managing the decisions possible under individual funding (Powell et al. 2009), and other models of support can also facilitate the empowerment of people with disability when carefully implemented (Buchanan 2007). Comparing the costs of individual funding with block funded services is difficult, but some studies have found that individual funding can be more cost effective (Stainton et al. 2009; Glendinning et al. 2008; Fisher et al. 2010).

Frameworks to Understand Individual Funding and Choice

Previous frameworks to understand the effectiveness of individual funding have focused on variables such as policy regulation, and the care work and care relationships that the policies entail. Ungerson and Yeandle's (2007) cash for care framework categorises the variations of individual funding policies in different countries according to the degree of regulation and of formalisation of care relationships. In their framework, regulation refers to the government control of support delivery (through standards, qualifications, etc.), and of support work (through tax, employment rights and working conditions). Formalisation of care relationships refers to the degree to which the policy allows and prescribes the employment of relatives or paid workers. The framework helps to predict the type of labour that is typically recruited. For

example, in a highly regulated system where paid care work is prescribed, care workers are normally recruited on the conventional labour market; conversely, in a little regulated system that relies on informal carers, unpaid family members provide most of the care.

Da Roit and Bihan's (2010) typology relates to long-term care policies, which include care for older people as well as people with disability. The typology is based on differences in specific regulations (e.g. recipients, entitlement criteria and benefit rates), the approach to informal care and care work, and the inclusiveness of the system. It enables understanding of the degree of regulation of the individualised policies. Da Roit and Bihan identify three types of schemes: under the 'social service model', which has traditionally focused on inclusive formal services, individual funding policies attempt to return care to the family by introducing monetary payments to family carers; in a 'highly regulated' scheme, individual funding policies formalise existing informal care and provide additional formal support services; and 'little regulated' schemes rely on informal family care and an unregulated, low-quality care labour market.

Both frameworks focus on the organisation of care work and on the regulatory environment. This is understandable, as they are based on European experiences, where the 'grey market' in care labour – that is, unregulated, largely non-professional care often provided by unregistered immigrants – is a major concern. However, these frameworks are less helpful for analysing Australian models and their potential impact on people with disability because of different service standards and employment conditions, and because they do not engage with the choice aspect of individualised support.

Various attempts have been made to categorise the concept of choice. One approach identifies three levels of personal choices: everyday choices (e.g. choosing a meal and a shop); lifestyle choices (e.g. style of clothes and sleeping routine); and pervasive choices (e.g. regarding work, education and personal relationships) (Ramcharan 2012),

arguing that choices at every level should be maximised.

Clarke et al. (2007) also point out that choice operates at different policy levels: at a detailed, concrete level (who is choosing what: Greener 2003); at a national level, where it operates as an organising principle for the public sector; and at a global level, where choice is part of a wider trend of neoliberalism that has restructured capitalist societies. The authors identify three ‘antagonisms’, or political conflicts, around choice in public policy: ‘inequality’ – choice can be limited by inadequate resources and unequal access; ‘power’ – service users have less power than bureaucrats and professionals; and ‘public versus private’ – public officials prioritise risk management over the wishes of individuals.

Stevens et al. (2011) applied Clarke et al.’s (2007) conceptualisation of choice to their randomised trial of individual funding in England and concluded that the potential advantages of individual funding can only be realised if the three ‘antagonisms’ are resolved.

Leadbeater (2004; in Powell et al. 2009) focuses on the extent of choice and proposes a hierarchical scale from very limited choice (e.g. customer friendly call centres) to extensive choice (self organisation of services). Finally, Le Grand (2005) sets out five practical aspects of choice: choice of provider (where), of professional (who), of service (what), of appointment time (when) and of access channel (how, e.g. phone or face to face).

The diversity of these frameworks shows that choice is a complex concept and a policy mechanism with inherent controversies. Yet it is important to explore choice in Australian disability policy, as it will be a key organising principle under the NDIS. The Productivity Commission (2011a:95) defines choice as the power of people with disability to choose service providers, to choose intermediaries to organise support for them, and to choose receiving direct payments and purchasing support directly. In other words, the choices relate to the source of disability support and the fund holder.

A Framework for Analysing Australian Disability Policy

Our analysis contributes to the international debate about the potential of individual funding policies to enable choice. We apply choice as a categorising variable in our framework because, as shown above, it is a central policy driver for individual funding internationally and a key aspect of the NDIS. Categorising policies by choice can help understand the limits to choice within the constraints of the policies and the wider service system.

The framework includes two dimensions of service user choice: who holds the funds (fund holder) and where supports can be purchased (source of support). Fund holder refers to the person or organisation holding the money allocated in an individual funding package. The fund holder may be:

- a service provider, usually a government or nongovernment organisation; or
- a facilitator, including a broker or corporate body; or
- the person with disability or their family.

Source of support refers to where disability support can be purchased from:

- one disability support provider at a time; or
- several disability support providers; or
- disability support providers, mainstream services, self-employed support workers, direct employment by the person with disabilities, and mainstream support such as taxis, gym classes or social participation.

Fund holder and source of support are two dimensions of choice that are central to the NDIS and can therefore be useful in distinguishing Australian policy changes towards individual funding. They affect the extent of choice that a service user has, yet they have not been a central feature in other frameworks. Le Grand (2005) mentions choice of provider, but does not consider the fund holder. Our framework therefore is an extension of previous attempts at categorising choice.

Applying the framework to the various individual funding options across Australia, with its multiple states and territories, has the advantage of comparative analysis within a relatively consistent socio-economic context. In this framework, most choice is available in individual funding options where the person or their family can choose between holding the funds themselves or engaging a facilitator or service provider. Similarly, policies that allow support purchased from any provider or mainstream service can facilitate greatest choice because they allow people to employ their own support workers, buy support from one or several disability support providers and allow change in these choices. The key here is that the person and their family have a range of options from which to choose regarding fund holder and support sources, not that they exercise a particular choice or remain with that choice.

As highlighted in the international literature discussed above, the implementation of individual funding options is constrained by the social services context within each jurisdiction. The social service conditions relevant for Australian individual funding options are:

- availability of support services and individual funding packages;
- accessibility of services, especially in rural and remote locations;
- portability of individual funding packages between service providers; and
- funding restrictions (AIHW 2011).

This analysis includes only Australian individual funding policies that have the central feature of portability, that is, people with disability can choose to change fund holders and service providers. Portability is a feature of choice, demonstrating control held by the person rather than provider (Duffy et al. 2010). Our study does not have the necessary data to ascertain whether the quantum of funds allocated is sufficient to meet peoples' needs, which is an important issue needing further research.

In this article individual funding programs and policy developments across Australia are analysed in light of the framework. We address

the question: have Australian states and territories implemented individual funding options that offer choices about fund holder and sources of support? The analysis aims to categorise the variety of Australian individual funding options and identify the capacity of each option to achieve this aim.

Method

The research methods used were a literature and policy review, interviews with administrators from all states and territories, and analysis of the Commonwealth State/Territory Disability Agreement National Minimum Dataset (CSTDA NMDS, now known as the National Disability Agreement National Minimum Dataset). The data for this article come from research conducted by the authors for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (Fisher et al. 2010). Ethics permission for these studies was given by the Human Research Ethics Committee of the University of New South Wales, Sydney, and Human Research Ethics Committee of RMIT University, Melbourne.

Twenty-three government administrators representing all states and territories participated in structured interviews in late 2008 and early 2009. Individual and small group interviews were conducted via telephone or face to face. The respondents were members of the National Disability Administrators or their nominated informants responsible for individual funding policy development in their state or territory. The researchers conducted and recorded semi-structured interviews about the policy details and examples of current individual funding policies in their jurisdiction. Interview data were descriptive, and they are presented in the findings section below. Policy officials were invited to comment on the draft report to ensure that the range of views for each state and territory was accurately analysed. Updates from policy announcements since 2009 were included in this article.

Secondary data analysis was conducted on the CSTDA NMDS (AIHW 2007). These

data provide an overview of which individual funding options were available across the disability support types and used by people with different demographic characteristics (age, gender, location, type of disability and extent of support needs). This dataset is available publicly and includes information collected by state and territory governments about their disability service provision. Analysis was conducted on CSTDA data from 2003–04 to 2006–07, which were the latest datasets with individual funding as a variable at the time of the research. The demographic variables used in the analysis were selected on the basis of their relevance to the preliminary findings in the literature and policy review, which identified subgroups of people with disability who had less access to support services. The analysis was conducted to examine the constraints on policy reach, particularly the type of support not available and the profile of people not using individual funding.

A limitation of the CSTDA NMDS was the way individual funding was classified. In particular, all disability employment support services were classified as individualised because this was how funds were allocated to the service provider, but clients had no control over funds, services or portability. Further, the dataset did not include people with disability with no formal support, that is, people without access to block funding or individual funding. Given the limitations of this dataset, further analysis, for example by state and territory, was not conducted for this article. Neither dataset included direct views from people with disability, which would be an important next step in applying this framework.

Findings

This section describes findings about the characteristics of the individual funding types available in Australia, who used individual funding and what options were available in each state and territory, in order to analyse the degree of choice regarding funders and providers.

Types of Individual Funding and Profile of Users

In Australia the disability support types available under individual funding include accommodation support, community support (support with the basic needs of living for people not receiving accommodation support), community access and respite support. Individual funding packages usually pay the cost of management support if the person chooses not to organise disability support themselves, does not have the capacity to do so, or if the policy prescribes it. Sometimes individual funding facilitates ways of purchasing disability support not available through traditional funding, for example personal care from a beauty salon [Fisher et al. 2010].

The CSTDA National Minimum Dataset shows that individual funding in Australia was not widespread (Table 1). Just over one-quarter of the packages of disability support were provided through individual funding arrangements. Within each disability support type, people with individual funding ranged from 20 to 35 per cent of people using that support type. In practice, these proportions were often lower due to double-counting of people who had individual funding for more than one disability support type. It demonstrates that individual funding was not widespread, even in community access, where use of mainstream services may be more responsive to individual needs.

Table 2 shows that people most likely to use individual funding were aged 20–59 years; men; non-Indigenous people; those who had a specific learning disorder or Attention Deficit Disorder (ADD), followed by psychiatric or physical disability; had one disability; no informal carer; and low daily support needs. The least likely to use individual funding were aged 0–19 years and more than 59 years; women; Indigenous; had multiple disabilities; had an informal carer; and needed high daily support. This profile confirms the international experience of unequal access to the additional choices available in individual funding (e.g. Glasby and Littlechild 2006, Glendinning et al. 2008).

Table 1. Individual Funding by Disability Support Type, 2006–07

	People using each individual funding support type ^a		Individual funding per cent of CSTDA support type ^a	All people using each CSTDA support type ^{a,b}	
	Number	Per cent		Number	Per cent
Community support ^c	20,458	34.7	20.7	98,598	44.9
Community access ^d	16,203	27.4	30.4	53,236	24.3
Accommodation support	13,290	22.5	35.5	37,473	17.1
Respite	9,065	15.4	30.2	30,058	13.7
All individual funding ^{a,b}	59,016	100.0	26.9	-	-
All CSTDA support ^{a,b}				219,365	100.0

Source: CSTDA NMDS

Notes:

^aPeople are counted more than once if they use multiple support types

^bExcluding employment services: Under the CSTDA, all users of CSTDA disability employment services are classified as receiving 'individual funding', however this refers to the calculation of the funding amount paid to the service provider, not portability or service user control of expenditure.

^cSupport with the basic needs of living (for people not receiving accommodation support), such as meal preparation and dressing.

^dServices for social independence for people who do not attend school or who are not employed full time.

State and Territory Approaches

This section describes the policy options for each state and territory from the interviews with government administrators and the policy review. Both interview data and policy documents are descriptive and are summarised in the state and territory policy descriptions below. Australia lacks a consistent approach to disability support across jurisdictions. Differences in both the availability and implementation of individual funding packages reviewed in this section can be attributed to these policy differences, and also to geographic variations such as the degree of remoteness.

The findings for each jurisdiction address the options for sources of support and fund holders, the social service context in the jurisdiction, and the impact of policies on client control. The descriptions are necessarily brief and not comprehensive, but they give an overview of developments towards individual funding and the variations between jurisdictions, thus allowing application of the proposed framework. Unless stated otherwise, information sources

are the policy review and interviews conducted for this study.

Australian Capital Territory (ACT)

Disability funding was mostly provided through Individual Support Packages in three ways. The funding was allocated to the person to choose and move between service providers; allocated to the service provider of the person's choice; or the person received a small non-recurrent direct payment to use for mainstream support. In practice, most disability funding was held by one service provider chosen by the person. Flexibility was limited by the small service sector, however the small grants could be used for social and recreational activities and buying equipment, thus facilitating community access.

New South Wales (NSW)

Individual funding options were available through small pilots across all disability support types (e.g. Extended Family Support

Table 2. Proportion of People with Individual Funding by Characteristics, 2006–07

Characteristic	Total CSTDA population	Have individual funding within CSTDA population	Have individual funding within group	Unknown if have individual funding within group
Age				
0–19 years	29.8	6.3	22.7	37.0
20–39 years	33.3	21.7	64.8	6.6
40–59 years	27.8	14.7	52.5	6.2
60+ years	8.9	1.7	19.9	6.4
All	100 ^a	44.6	44.6	15.7
Number	232,253	103,733		
Sex				
Female	40.4	17.0	41.6	14.2
Male	59.0	27.7	46.9	16.5
Indigenous status				
Indigenous	3.7	1.5	40.0	18.5
Non-indigenous	90.7	42.8	47.1	15.0
Primary disability				
Intellectual	33	16.3	49.5	9.8
Psychiatric	15.3	9.0	59.2	2.8
Physical	13.3	7.7	58.1	13.1
Developmental delay	10	0.1	3.3	37.3
Sensory	7.1	2.3	32.8	13.5
Autism	5.7	2.2	38.9	25.3
Neurological	5.3	1.6	31.1	16.8
Acquired brain injury	4.4	1.7	39.2	11.2
Specific learning/ADD	3.5	2.8	79.7	11.9
Presence of another disability				
Yes	34.2	15.7	46.0	8.0
No	55.7	28.3	50.7	13.7
Have an informal carer				
Yes	44.9	15.7	34.9	17.1
No	46.4	28.1	60.5	6.1
Daily support needs				
Always needs support	24.6	9.0	36.9	12.4
Sometimes need support	34.7	17.1	49.3	11.1
Independent but use aids	5.8	3.9	67.8	3.0
Independent	17.1	11.6	67.5	5.0

Source: CSTDA NMDS.

Note:

^aPercentages equal 100 including missing values.

Program) and through programs capped at a maximum number of places (e.g. Attendant Care Program for people with high physical support needs). Across these pilots and capped programs, the full range of control of funds and sources of support was available (Fisher and Campbell-McLean 2008). Plans were to give all people the option of individualised funding by 2014 (ADHC 2010).

Northern Territory (NT)

Individual Support Package (ISP) funding was introduced in 2000 to purchase mainstream support. In practice, much of the funding was used to acquire respite and accommodation support through informal arrangements from neighbours. The NT has vast rural and remote areas, a large transient population without

family support, and a small service system that struggles to meet the needs of people with disability. Individual funding was introduced to address these constraints, and as no services existed in many areas, individual funding extended people's choices. While the government preferred that disability service providers held the funds so that service quality could be monitored, the shortage of providers restricted this option, and it limited portability.

Queensland (Qld)

Individual funding was available for three groups of people. First, ten people received direct payments, which typically allowed recipients to purchase mainstream support and self-employ staff. Second, people formed incorporated bodies for their own or their family member's support, or formed organisations to help each other comply with provider contract requirements. Third, a hybrid funding model was piloted for accommodation support, using base block funding to the service provider and portable individual funding to the person for hours of support. The Qld government chose these options to protect the viability of the disability services sector. People using the options reported to the government that they worked well, especially to address the shortage of support services in rural and remote areas.

South Australia (SA)

Multiple support needs (respite, personal care and community access) were calculated for the person as an individual package and allocated to the person's preferred registered service provider for brokerage and service provision. The funding was portable between providers, but it was not possible for people to self-manage their funds or employ support workers. Also, the packages did not include all service types such as accommodation support. The government was examining ways to introduce greater individualisation and extend the options to self-management and other support types.

Tasmania (Tas)

Most individual funding was through the Individual Support Program (ISP), where a portable package of a fixed number of support hours was allocated to the person's preferred provider for personal support and respite care. The person could also incorporate as a small organisation to manage their ISP. In a pilot for direct funding, the funds were held and administered by a disability nongovernment organisation, and the person hired and managed their own support workers. ISP opened up new opportunities to live in the community outside of group homes. However, support hours were capped at 34 hours per week, which was insufficient for many people with accommodation support needs. The self-managed ISP and direct funding pilot relied on the person or family's capacity to manage the complexities of employment relationships. The government was considering how to expand management support as well as the size of packages.

Victoria (Vic)

Individualised Support Packages (ISPs) offered a limited number of people with disability all options regarding who held the funds and where they could be spent. Direct payments to the person or their family were initially restricted, first to certain locations and through existing providers, then to a small number of people (LDC Group 2007), and more recently their availability has expanded. People with ISPs were supported to access non-traditional, non-centre-based disability activities and independent accommodation. However, most people allocated their funds to one or more service providers rather than spending them on mainstream support. A benefit of the Victorian options was the move away from support type to a totally flexible support package.

Western Australia (WA)

Almost all disability support funding was individualised, with the exception of some respite and therapy. Most individual funding approaches were available, from people and

families receiving direct funding to portable funds held by a facilitator or service provider. WA was the first jurisdiction in Australia to implement individual funding fully, approximately 20 years ago, with support from the Local Area Coordination (LAC) program. LACs generally managed smaller packages, while larger packages and complex support arrangements were managed through an authorised provider. People often did not know they had portable funding and therefore remained with one service provider, and self-employed staff was restricted to support packages that had previously been in place. Also, as personal support and accommodation support were not separated, it was difficult for people receiving accommodation support to change providers. Additional packages are now available, which the LACs assist people to apply for, but do not manage. Evaluations have shown that the LAC program has resulted in more personalised, responsive, informal and flexible support (Lord and Hutchinson 2008).

Discussion

While all Australian states and territories had some individual funding options, the findings show great variations across Australia regarding the opportunities for people with disability to choose who holds their funds and who provides the support. Figure 1 presents where state and territory approaches fit within the framework of fund holders and sources of support.

Applying the framework demonstrates the wide spectrum of individual funding policies across Australia. It shows that most states had some programs offering maximum choice, as indicated in the upper right-hand corner. However, these options were usually not available to every person in the jurisdiction who needed disability support, and many policies were small pilots or capped programs. The profile data (Table 2) show that the options were inequitably distributed, favouring people with greater capacity to exercise choice.

Unlike other frameworks about individual funding that focus on policy regulations and care relationships, this categorisation incorpo-

rates the service users' interest, by emphasising their opportunity to choose where and how their support is provided and their level of control over the allocated funds. The framework extends other categorisations of choice by considering both the sources of support and the fund holder. It illustrates how individual funding policies facilitate some choice. For example, in remote areas of the Northern Territory, where there were few services, individual funding enabled wider support from families, the community and the open market. However, these were not optimum conditions, and government interviewees reported that additional factors such as quality standards, supported decision making, access to information, adequate resources, available services, and community access were also needed. These findings are consistent with other research that individual funding in itself is not sufficient to protect the rights and needs of people with disability, including their ability to exercise choice (Baxter, Wilberforce and Glendinning 2010; Bigby and Ozanne 2001; Laragy 2010; Lord and Hutchison 2008; Victorian Auditor-General 2011; Simmons and Powell 2009).

A further consideration is the cost of managing disability support under individual funding. Questions of equity arise, particularly for people with intellectual disability, as many are likely to need assistance organising their disability support, thus reducing their remaining funds to purchase support. The importance of funded decision making support, informed by concepts of person centred support and personal choice, has been emphasised elsewhere (Laragy 2008; Productivity Commission 2011a; Stevens et al. 2011).

Under widespread individual funding arrangements, the structure of service provider organisations and the employment arrangements for support workers also come into question (Productivity Commission 2011a). The Western Australian experience over several decades of individual funding suggests that disability services in general can remain viable, and new service providers can emerge in response to the new opportunities. Experiences in countries such as Sweden with mature

Figure 1. Individual Funding Options by Fund Holder and Sources of Support in Australian Jurisdictions

Sources of support	Disability support providers, mainstream services and direct employment	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">NT</div>	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">Qld</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">Tas</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">WA²</div>	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">ACT</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">NSW</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">NT¹</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">Qld</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">Tas</div> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">Vic</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto; text-align: center;">WA</div>
	Several disability support providers		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SA</div>	
	One disability support provider	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">ACT</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Tas</div>		
	Service provider	Facilitator, corporation or service provider	Client, family, facilitator, corporation or service provider	
	Fund holder			

Notes: Broken outlines indicate restricted individual funding options such as pilots, capped programs and small grants, while unbroken outlines represent a widespread practice in the state or territory.

1 Where no providers exist (rural and remote areas)

2 For larger packages

individual funding systems also indicate that disability service providers continue to be needed with individual funding. Both there and in Western Australia, most people continue to choose to have funds held and spent by one

provider, even when other options are available (JAG Sweden 2006; Laragy 2010). In this context, the regulation of individualised services and complementarity with informal care, as predicted in the Ungerson and Yeandle, and Da

Roit and Bihan frameworks discussed earlier, remain relevant to enabling choice of quality support.

It is important to emphasise that block funding is still the dominant way of funding disability service providers in Australia, even in Western Australia, which has had individualised approaches the longest (Productivity Commission 2011a; Harries 2008). As summarised in the Productivity Commission (2011a) inquiry that led to the NDIS, this means that most people who use disability services have only limited choice about sources of support and none about the fund holder.

Conclusion

Our framework categorises individual funding options in a way that indicates the degree that people can choose who holds their disability support funds and where they can purchase support. These dimensions vary by state and territory and within each jurisdiction. They are relevant to the new policy context with the advent of the NDIS, where choice on these dimensions is expected to be introduced.

By comparing individual funding options on these dimensions, the framework contributes to the discussion about effective implementation of individual funding and concerns around its impact on people with disability, services and workers. While this framework has been developed in the Australian disability context, it may also have relevance in other countries and in other policy areas that are moving towards individual funding, particularly aged care (Productivity Commission 2011b).

The empirical findings have implications for international debates described above about conceptualising choice in the implementation of individual funding (Stevens et al. 2011). Our findings demonstrate that, in Australia, choice for most people is constrained not only by the individual funding policies themselves but also the wider social service system. Restricted program capacity and shortage of service options are prevalent, especially in regional areas. If the introduction of the NDIS relies entirely on a market response and does not explicitly ad-

dress these contextual policy constraints, it is possible that the limitations on choice identified in the literature and in this analysis will remain. Attempts to grapple with these issues are already evident in the transition to the NDIS (NDIS 2013).

The findings also have implications for policy makers and service providers wanting to safeguard the rights of people most likely to be excluded from the potential benefits of the NDIS. Policy makers and service providers have a responsibility to understand constraints on the service system likely to occur with the introduction of the NDIS, so that they can ensure viable alternatives are available to protect the rights of people with disability, while maximising people's level of personal choice.

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