

## ORIGINAL ARTICLE

# Australia's Individualised Disability Funding Packages: When Do They Provide Greater Choice and Opportunity?

Carmel Laragy<sup>1</sup>, Karen R. Fisher<sup>2</sup>, Christiane Purcal<sup>2</sup> and Samantha Jenkinson<sup>3</sup>

<sup>1</sup> Centre for Applied Social Research (CASR), RMIT University Melbourne, Victoria, Australia; <sup>2</sup> Social Policy Research Centre (SPRC), UNSW Australia, Sydney, Australia; and <sup>3</sup> Community Researcher, Perth, Western Australia, Australia

Australia's new National Disability Insurance Scheme (NDIS) uses individualised funding packages instead of traditional block-funded disability services to support people with disability. The NDIS works with the person and their family to assess the person's needs and develop a plan that determines their funding allocation. Funding can be used to purchase support from a disability service or from the open market. People can purchase support that suits their cultural and personal preferences. This paper examined whether individual funding packages met their aims in Western Australia, where they had been the primary mechanism of disability support for over 25 years. An exploratory case study was conducted consisting of face-to-face, in-depth interviews with 11 key participants: people with disability, senior government administrators, service provider managers, and a support worker. Complex systems theory was used to review the data and findings showed that individualised funding packages did not automatically result in more choice and greater opportunities. People needed information to make informed decisions; supportive and creative support from social workers and other professionals; and welcoming communities. The findings can inform policies and assist social workers facilitate maximum choice and opportunities for people with disability and their families.

**Keywords** choice; community services; disability; human rights; social inclusion; social policy

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## Introduction

Australia is following the lead of many European and North American countries (Hutchison, Lord & Salisbury, 2006; Yeandle & Ungerson, 2007), which use individualised funding packages to support people with disability. Previously, governments funded disability service providers to support people with disability. The new individual funding programs assess the person's needs, taking account of their family and social context, and allocate a funding package. The person, with the involvement of their family where appropriate, uses the funds to purchase support from traditional disability services or from the open market. They can employ a "support worker" to assist with personal care or household tasks, similar to the way that people using private funds pay for personal and domestic care, social activities, and transport.

In Australia, the move to individual funding packages was prompted by the Productivity Commission (2011, p. 2), which found that Australia's traditional disability service system was "underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports". The National Disability Insurance Scheme (NDIS) was subsequently created to give people greater choice and control over their support, promote their rights and independence, and result in

Correspondence concerning this article should be addressed to Carmel Laragy, Centre for Applied Social Research (CASR), RMIT University, La Trobe St, Melbourne, Victoria 3000, Australia. Email: carmel.laragy@rmit.edu.au

better outcomes including greater social participation (Commonwealth of Australia, 2013). The NDIS aims to give people a life consistent with their cultural, religious, and personal preferences.

### **Individualised funding packages — background**

Individualised funding packages reportedly commenced in the 1970s when the Woodlands Parents Group in British Columbia, Canada, used them to move their children with learning difficulties from a disability institution to community living (Power, Lord & DeFranco, 2013), and when Vietnam veterans with disabilities in Berkeley, USA, purchased support to live in the community (Yeandle & Ungerson, 2007). Both groups held and managed the funds and purchased support from a disability service provider or from general community services. Various models exist as to who holds the funds, how flexibly funds can be used, whether family members can be employed, and who organises the support. Social workers often work with the person and their family to plan and organise their preferred support and services. Their role is to assist the person to come to their own decisions and not make decisions for them. Some social workers are employed by a disability service provider and others work as independent consultants and are paid a fee from the funding package. Cultural norms and expectations play a large role in determining how these programs are organised. Yeandle and Ungerson (2007) studied individual funding programs in several European countries and showed that political, social, and cultural factors impact on the design of programs.

The move to individualised funding packages represents a paradigm shift. One aspect of this change is a move towards a market model of service provision with increased emphasis on the principles of choice, control, and social participation (Lord & Hutchinson, 2003). Some programs allow the person and their family to select, and sometimes employ, the support worker coming to their home. The relationship with the worker is much the same as if they were using their private funds to employ the worker. Another aspect of individual funding packages is a greater recognition of people's human rights. The NDIS legislation (Commonwealth of Australia, 2013) aligns the scheme with the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006). This states that people with disability should be able to “exercise choice and control in the pursuit of their goals and the planning and delivery of their supports” (S.3), and “attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life” (Article 26.1).

Some Asian cultures may not embrace all the principles underpinning individual funding. Policies promoting individual human rights are sometimes thought to be at odds with “Asian values” (Perlin, 2013), and people with intellectual disability are sometimes thought to need shelter and protection more than empowerment and social inclusion (Sheridan & Scior, 2013). While these debates are outside the scope of this article, it is noted that some Asian countries are using an individualised approach. For example, Taiwan has long-term care insurance that includes home- and community-based services (Nadash & Yao-Chi, 2013). More generally, individualised funding packages offer advantages in diverse communities because the person and their family have opportunities to organise culturally appropriate support and services.

In developed countries, numerous studies have tried to determine whether individual funding programs give people greater choice and control and result in improved outcomes. Comparisons with traditional block-funded disability service provision have proved difficult because of the multiple variables involved. Two randomised controlled trials provide some answers. In the USA, Mahoney and his team evaluated “Cash and Counseling” programs in 15 states over a ten-year period Mahoney, Wieler Fishman, Doty and Squillace (2007). Participants held the funds and employed support workers, and costs were similar to agency-funded services. They reported that health outcomes were the same or better for people who hired their own workers, that workers felt better prepared than agency workers, that older people were willing and able to self-manage with support, and that people wanted and appreciated having more choice and control.

In England, Glendinning and her colleagues used randomised trial methodology to evaluate individual budgets in 13 local authorities from 2005 to 2007 (Rabiee, Moran & Glendinning, 2009). Individual budgets grouped together different funding streams for older people and people with disability, a wide range of support was purchased from the open market and disability services, and there were options as to who held the funds: the person, their family, a care manager (social worker), a trust, or a disability service provider. While their findings need to be viewed with some caution because the data were collected only 6 months after the transition to the new program commenced, they provide valuable insights. The findings showed that people from both Anglo and a range of ethnic communities welcomed individual budgets because they had greater control over the funding and how it was spent. However, the findings also showed that positive outcomes were limited when the use of funding was restricted to personal care (Moran et al., 2013). The authors concluded that the potential benefits of individual funding could be realised only if people had adequate funds, access to information to make informed decisions, and support and advice from professionals such as social workers. Australian studies, which did not have randomised control groups, came to similar conclusions. Individualised funding programs need facilitating conditions to achieve positive outcomes. Having adequate funding and access to information and support is essential (Fawcett & Plath, 2014; Fisher et al., 2010; Laragy, 2010).

Cautions have been raised about the way some individualised funding program evaluations have been reported. Spicker (2013) reviewed UK programs and concluded that keen advocates sometimes overstated their ability to respond to individual need and the positive outcomes achieved. He cautioned that individualised funding tried to mimic a market model without this being either practical or appropriate in social support situations because “markets do not work where imperfect information, locational costs, externalities and disadvantage conspire to limit choice, control and responsiveness” (2013, p. 1268). Other concerns raised about individual funding programs include: disadvantaged groups being less likely to participate (Purcal, Fisher & Laragy, 2014; Soldatic, van Toorn, Dowse & Muir, 2014); communities not welcoming people with disability (Thompson, Fisher, Purcal, Deeming & Sawrikar, 2011); and staff working in traditional disability service providers struggling to adjust to the new paradigm of sharing power and control with participants (Kendrick, 2009; KPMG 2012). Social workers were among the staff who had to learn new practices of facilitative decision making rather than making decisions for people.

### **Western Australia's service system**

In 1988, Western Australia (WA), became the first Australian state to extensively use individualised funding packages (Bartnik & Chalmers, 2007). Initially some people and their families held and managed the allocated funds. This option was withdrawn in 2003, although people who had commenced previously were allowed to continue. People could choose a disability service provider or a government-employed local area coordinator (LAC) to manage these tasks. The LAC was a social worker or other professional who provided information, built individual and family capacity to set goals and plan local support, assisted with funding applications, provided discretionary funding, and promoted community development (Bartnik & Chalmers, 2007; Chenoweth & Stehlik, 2001; Disability Services Commission, 2003). In 2012–13, 43 percent of people receiving WA individual funding packages received LAC support (Disability Services Commission, 2013).

Most individualised funding packages were allocated through a centralised Combined Application Process (CAP) assessment (Disability Services Commission, 2003). CAP was a rationing process and few people received funding when they first applied. Only government-accredited disability services could provide CAP-funded accommodation, in-home support, community access support, and day programs (Disability Services Commission, 2009, 2010). CAP funding was portable, and people could change their service provider or spend the funding on support from multiple providers.

Over the past decade, new individualised funding programs were developed which gave more flexibility, including the ability to purchase services from the open market. In 2006, the *Shared Management Model* (SMM) allowed people to directly employ support workers as long as a service provider held the funds and managed the wages and taxes for an agreed fee. This arrangement was designed to provide flexibility while managing risk (Disability Services Commission, 2011). However, it was not popular with service providers who found the requirements too onerous. By 2014, only 18 out of 120 eligible service providers had registered for SMM (Disability Services Commission Website, 2015).

In 2009, the *Family Living Initiative* and the *Community Living Initiative* commenced and were collectively known as the *Community Living Fund* (CLF). They were low-cost alternatives to CAP and provided a maximum of AUS\$20,000 funding. These initiatives provided support to enable the person to live with their family or live independently in the community rather than in residential care. By 2013, the former initiative had supported 381 families and the latter 284 people. However, this amounted to only 3% of people receiving disability funding (Disability Services Commission, 2013).

## Method

This aim of this study was to explore the factors that facilitated or hindered the implementation of individualised funding programs in Western Australia. The methodology in this small qualitative study consisted of: (i) a literature review which searched for individual funding evaluations in Europe and North America and examined reports for evidence of choice, opportunities, and outcomes; and (ii) eleven in-depth interviews with key people involved in developing and implementing individualised funding in WA. The purposeful sample was identified by consulting prominent WA disability advocates, the WA Director of the Government Disability Service and his staff, and identifying key disability services reviewed in the literature. The sample consisted of: two people with disability using individual funding — one young man with a cognitive impairment who received support during the interview, and a disability advocate who had a physical disability; three senior WA Government Disability Service administrators; four CEOs from “progressive and innovative” disability services; the CEO of a peak organisation (a body representing service providers in negotiations with government); and one support worker. The four disability service CEOs were recommended as being the most “progressive and innovative” in the state. To protect privacy and confidentiality, the participants' positions are not identified. Although this exploratory study had a small sample, the participants were senior and prominent members of the disability field with many years of experience in implementing WA's individualised funding programs and observing the outcomes achieved. Given the limitations of this small sample, the findings are tentative and need to be validated in further research.

Semi-structured interviews were conducted in Perth, Western Australia, during 2011. Interviews took between 1 and 2 hours. All interviews were audio recorded with the consent of the respondents and transcribed. The transcripts were analysed using Ritchie and Spencer's (1994) five-stage framework. This required the authors to read and become familiar with the transcripts, identify conceptual themes, and index, chart, and map central themes. A few points of difference were negotiated and resolved.

RMIT University and UNSW gave ethics approval and procedures complied with the National Statement on Ethical Conduct in Human Research (2007). All participants were given information sheets and signed consent forms. Appropriate procedures were followed and no issues arose.

The interview questions were adjusted as appropriate for each respondent. Questions focused primarily on the choice, control, and opportunities available to people using individualised funding packages and the positive outcomes achieved including relationships, social participation, health, and wellbeing. When appropriate, questions were asked about: service system processes including responsiveness, quality, affordability, and administration; the workforce; successful support strategies that achieved positive outcomes; and anyone who missed out or was disadvantaged.

### **Complex systems theory**

An initial review of the transcripts identified that the findings related to different system levels. Complex systems theory was then chosen as a framework to analyse the data because it examines all system levels and views them as interconnected and dynamic. Biologist von Bertalanffy introduced an early version of systems theory in the 1950s (von Bertalanffy, 1951). He argued that all physical systems and human learning consists of separate parts that become integrated into a whole, with feedback enabling the whole to become self-correcting and maintain homeostasis. Critics argued that this model did not account for ongoing and dynamic change. Capra (1996) responded to these criticisms and introduced complex systems theory. This considers the social context and interactions between social factors, structures, and patterns of order and quality. Capra argued that these factors can be used to understand all systems, and his theory has been widely used. Examples include: Duryan, Nikolik, van Merode and Curfs (2012) in the Netherlands studying organisational decision making and resource allocation; Wolf-Branigin (2006) examining USA community accommodation for people with disability; Livneh and Parker (2005) studying psychological adaptation to chronic illness and disability; Haynes (2008) examining the privatisation of social care services in the UK; and Baldry (2011) studying the over-representation of people with mental health disorders and intellectual disability in the criminal justice system.

### **Findings**

Analysing the data using complex systems theory led us to identify two subsystems that affected the implementation of the WA individualised funding program, people's level of choice and control, and the outcomes they achieved. These subsystems are: (i) organisations; and (ii) the community context in which people lived. Complex systems theory provided a useful framework for presenting the findings below.

#### **Use of individualised funding**

By 2012, over 80 percent of government disability funding was allocated as individualised funding to individuals and their families (IFWGWA, 2012). The remaining funding was block funded to disability service providers for therapy, respite, and episodic support services. By 2008, no one was self-managing funds and all funding was held and managed by a LAC or a service provider (according to a senior government administrator). An important finding was that most people used their individualised funding package to purchase traditional personal care, which was indistinguishable from traditional block-funded services. Few people knew that their individualised funding package gave them the option to use their funds more flexibly, or that they could move to a different service provider which could offer a greater range of options (according to a senior government administrator and a disability advocate).

In summary, the great majority of people did not know about or chose not to apply their individual funding in ways that might have given them and their families greater flexibility, choice, and control. Most service providers held packages and provided planning and support services as they had before individualised funding packages were introduced. Although individualised funding packages were intended to offer greater flexibility and better outcomes, most service providers did not inform people with disability or their families about flexible ways to use the packages. Despite legislative and policy changes, the service provision system had not changed.

#### **Organisational systems**

Organisational systems impacted on the opportunities available to people and their families using individual funding packages as detailed below.

##### *Assessment and funding allocation*

CAP assessments were unanimously criticised for: (i) focusing on people's problems and deficits and not their strengths; (ii) funding only people with the highest demonstrated need and overlooking others; and

(iii) restricting spending to predetermined categories, which limited choice and flexibility. One example given of restrictive funding was that of a young woman who previously had a family support CAP package and was allocated independent living support funding. She had to find a new provider because her original service provider was not accredited to provide this additional support (according to a CEO service provider). Another service system criticism was that, despite waiting years to be allocated CAP funding, some people had not been assisted to plan for its use and were unprepared to use the funds when they were finally allocated (senior government administrator).

SMM and CLF were thought to result in better outcomes than CAP funding because assessments focused on needs and aspirations rather than deficits; they had more flexible spending guidelines; and they gave people greater choice and control (senior government administrator). One positive example given was of a woman with motor neuron disease using SMM who was able to trial three support arrangements before finding a strategy that enabled her to remain living at home with her family instead of moving to residential care (CEO service provider).

### *Information*

The government struggled to provide people with timely and accurate information to make informed decisions (senior government administrator). While LAC services were considered effective in providing information about local services and assisting people to apply for additional funding, they had limitations. First, not everyone accessed LAC services, especially socially marginalised people (disability advocate). Second, people dissatisfied with the quality of their service could not change to another LAC because LACs were allocated to a specific geographic area (senior government administrator). Third, LACs were government employees and were constrained in giving independent advice and challenging the service system (senior government administrator). The government's investment in LACs was at the expense of funding independent, non-government advocacy organisations to provide information. Consequently, there were few challenges to the service system design and little pressure for innovation (senior government administrator):

There is a flaw in the current system because of the lack of ongoing engagement with an advocate; they [people with disability and their families] are trapped within the service provider world. (senior government administrator)

### *Service provider attitudes*

The attitudes of service providers, social workers, and other staff to using new opportunities provided through the increasingly flexible individualised funding packages determined whether people were offered more choice (CEO service provider and senior government administrator). A relatively small number of service providers used the new opportunities, while most continued to offer people their traditional practices with social workers and other professionals maintaining control. Services that did change had to make a deliberate effort to change attitudes and practices:

About two years ago we produced a strategic plan and statement that people have power and control over their lives. Prior to that we never talked about power and control, we just assumed that we had it. Developmentally that [change] is a really important thing for us. (CEO service provider)

Different service provider attitudes and their impact were clearly demonstrated in one example. One service provider refused to support the young man with cognitive impairment interviewed to live independently in the community. His family located another more innovative and creative service which helped him find suitable private rental accommodation, identify a suitable co-tenant, and recruit a support worker from the open market. Both the young man and his worker expressed high levels of satisfaction with these arrangements in the interview.

I chose the co-residents. I met them and decided who I liked. (young man with cognitive impairment)

A key finding was that most service providers did not change their service approach with the introduction of individual funding (CEO service provider and senior government administrator). Many pooled individual packages and operated as they had under block funding (senior government administrator). Some actively discouraged people from exploring new opportunities and exercising choice (CEO service provider). Many staff were reluctant to change and often responded to requests for more innovative options by saying, "Oh no, we can't do that" (CEO service provider). This lack of commitment to principles of choice and empowerment was seen as a barrier to organisational and service system change.

Some service providers are so used to the current arrangements that they can't think outside of it . . . they need their horizons expanded to know what can happen and to know the government is willing to take off some of the shackles . . . funding allocations can still end up with you being locked into whatever the service provider wants to give you . . . the challenge is for us to increase the sector capacity, but also a willingness in that environment to allow people to decide what sort of services they want. (senior government administrator)

### **Workforce**

The flexibility SMM individual packages provided was appreciated by the small number of service users, support workers, and service providers who used these packages. People with disability were able to recruit their support workers from the open market and negotiate working conditions, including higher pay rates for unsocial hours.

The feedback I am getting [about the SMM workforce] is all positive. The quality is incredibly high . . . they are not just clocking in and clocking out, attention gets paid to the quality of the relationship and the individuals they are supporting. They get paid well, training is high, and quality of the people who provide support is high. The culture is strong. (senior government administrator)

Although SMM packages made workforce recruitment and retention easier, most services experienced workforce challenges (CEO service provider). These resulted because of the low wages offered, many women with families being available to work only between 9 am and 3 pm on week days, and industrial awards and enterprise bargaining agreements restricting working hours and prohibiting long shifts.

In summary, a key finding was that individualised funding packages changed services minimally. Flexible legislation and policies did not translate into new service system practices. While some service providers were committed to principles of choice and empowerment and embraced the flexibility offered by new programs, most services and social workers continued traditional practices. There was no financial imperative for service providers to change because government funding continued to be allocated for the hours of care provided, and services could combine individual packages and continue to provide the same services as they had under block funding.

We have learnt that individualised funding doesn't necessarily equate to individualised services . . . we see agencies with individualised funding still providing very congregate block models, not individualised support. (CEO service provider).

### **Community systems**

The *Disability Services Act 1993* (WA), Government of Western Australia (1993) and the 2011 State Disability Plan, *Count Me In: Disability Future Directions 2025*, provided the impetus for new community programs in education and the arts. These were reinforced by media campaigns that encouraged and/or required the community to be more accessible and welcoming to people with disability (disability advocate). However, participants reported that efforts in these systems did not translate into substantial changes within the community.

LACs undertook community development to promote opportunities for people with disability, and they were reportedly effective in rural and remote areas where they had close community ties and ongoing

contact with the person after funding was allocated (senior government administrator). This was particularly important when there was no disability-specific service in an area, and the LAC partnered with community organisations and mainstream services to create opportunities for people to remain living locally:

Between the [Aboriginal] community and one [non-disability] service we managed to get a couple of houses built for younger people with severe disabilities who had been abused and were [otherwise] destined to go to Perth nursing homes. They set up houses and structures, and people lived full lives. (senior government administrator)

LACs sometimes promoted systemic change for people with disability, and a limited number of service providers undertook limited systemic advocacy (CEO service provider). The absence of policy drivers or incentives to encourage service providers to promote community participation or advocate for systemic change dampened this activity. Most service providers continued to provide traditional personal care services and neglected community participation (CEO service provider, disability advocate and senior government administrator).

Examples were given of people using their individualised funding packages to participate in their local neighbourhoods. These included using funding to rent accommodation, have holidays with family and friends, recruit support workers and housemates from the open market, and offer subsidised rent in exchange for support from their co-tenant. However, these examples were the exception and many people with disability continued to be isolated from their local communities (senior government administrator).

In summary, while high-level systems of legislation and government policies promoted community access and participation for people with disability, the service system did not provide incentives for service providers to implement these policies. Government statistics showed that only a few service providers used the flexibility available in the policies, and these had a strong commitment to values of self-determination, choice, and control. Similarly, there were no incentives or drivers for community attitudes to change, and the lack of financial support to independent disability advocates was considered a factor in this failure of policy implementation (senior government administrator).

## Discussion

Although the number of people interviewed was small, their diversity and experience in senior positions provide useful insights into the impact of individualised funding in the state of WA where they had been implemented for 25 years. While the findings are tentative because of the small sample size, they identify important issues for further investigation.

Complex systems theory was useful in highlighting how the interconnection between different systems affects the implementation of individual funding. The findings indicate that individual funding packages give people with disability and their families greater choice, more opportunities, and better outcomes when the organisational and community systems are both facilitative, flexible, and supportive. When these conditions exist and the systems are aligned, new opportunities are created. These include young adults with disabilities successfully moving out of their family home, living independently, and participating in community activities. People need the organisational system to provide them with information about options, flexible funding that can be used for rent, opportunities for recruiting workers they judge to have the appropriate skills and interests, and an accessible and welcoming community. Conversely, poor alignment between the systems leads to limited opportunities and outcomes. For example, even when the organisational system gives people large CAP funding packages, they continue to have limited opportunities when their service provider offers only predefined categories of support, and unwelcoming communities limit community participation.

Purchasing from the open market instead of being restricted to the 'set menu' provided by disability service providers gives people new opportunities and facilitates their rights to choice and control. However, it remains to be seen if individual funding packages will impact on broader concepts of human rights such as civil, political, and economic rights (Ife, 2008).



An important finding is that most service providers and social workers do not change their attitudes and adopt more flexible practices despite individualised funding packages facilitating these opportunities. To achieve the service system transformation and outcomes anticipated by the Australian Productivity Commission (2011) when it proposed individual funding, the findings indicate that governments will have to take a proactive role in overcoming the inertia that exists within many service provider organisations.

The findings show that social workers and other professionals often work in organisations that are reluctant to share power with people with disability and their families and pursue innovative plans. The new individual funding paradigm requires social workers and other professionals to reconsider their concepts of client control and empowerment. If social workers can adjust to this new paradigm and facilitate decision making rather than making decisions for others, there is the potential for them to become leading change agents. They could promote organisational change, work with people to provide information, facilitate creative decision making, and undertake community development to ensure that communities are welcoming.

The concept of choice and shared decision making in the context of individualised funding programs is complex and multifaceted, as eloquently discussed by Clarke, Newman and Westmarland (2007). They argued that people's choices are limited by: (i) inequalities in cultural and educational backgrounds and access to economic and cultural capital; (ii) discrepancies in power between professionals and service users, and how professionals and bureaucracies perpetuate inequalities of race, age, gender, and sexual orientation; and (iii) the public nature of service provision determined by government policies and predetermined prices, which distinguished it from a true market. All these limiting factors are identified in our study to varying degrees. They are also consistent with complex systems theory and its assertion that multiple and multiplying factors impact on intersecting systems.

Two additional factors are identified in the findings that contribute to people having more choice and opportunities. Having access to information and independent advocates are critical factors and are particularly notable in their absence. People cannot make informed choices because they do not know what options exist or can be created. Most people use their funds to purchase traditional personal care services from a service provider, and few people exercise their right to change service providers. While this study cannot confirm the cause of this inertia, participants suggested it was partly because people did not know that other options were possible. This was possibly because people sourced most of their information from LACs and service providers rather than from an independent advocate or advisor.

Australia's Productivity Commission (2011) stressed the importance of having independent advocates to change the service system and promote community participation. However, independent advocates were not a part of WA's service system. Many writers promoting disability rights, choice, and flexibility stress the importance of people having independent advice to assist them explore a wide range of opportunities and achieve maximum independence and social participation (Clarke et al., 2007; Productivity Commission, 2011; SCIE, 2012). Independent advocates are seen as essential to ensuring that service systems are responsive to people with disability, to challenging community attitudes, and overcoming barriers to social participation and community acceptance (Barnes & Mercer, 2009; Shakespeare, 2006).

## Conclusion

Although governments in many countries are implementing disability individual funding policies, strategies to implement them effectively are still being developed. The review of our data using complex systems theory identifies that individual funding packages do not automatically result in more choice and greater opportunities for people with disability and their families. Organisations need active intervention to overcome the inertia that appears to restrict choice and opportunities. Governments and social workers can take proactive steps to facilitate the cultural and attitudinal changes necessary within organisations to

achieve the intended aims of individual funding. Social workers and individual funding programs share a commitment to human rights and empowerment. For these to be achieved, our findings indicate that social workers and other professionals need to: understand the potential of individual funding programs; assist people with disability and their families to take more control; and be creative when assisting people to plan so that they have greater choice and more opportunities. These findings have direct implications for implementing the NDIS and other individual funding programs in Australia and elsewhere. Action is needed to ensure that people with disability and their families can use the potential of individual funding packages to offer greater choice and more opportunities.

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