
Self-Directed Services and Personal Budgets

Strategy Paper

2012 - 2013

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1. An Individual Budget for Every Service User
2. Innovation through Medicare Locals
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Background

The ideas in this strategy were generated at the *The Self-Management Conference: Doing It Ourselves in Aged Care, Chronic Illness, Disability, Mental Health and Special Education* held in Melbourne on 2-3 May 2011. This conference was convened to explore the emerging international agenda of self-directed services and personal budgets in many strands of social policy, and how this agenda might be developed in Australia.

Throughout 2011 and the first part of 2012, the Commonwealth Government and various state governments undertook a number of tentative steps towards support for self-direction in social policy. Two Productivity Commission inquiries examined reform in disability care and support and aged care, and both investigations supported further movement towards increased use of packages of care and support allocated to individuals, rather than to organisations. In mental health, a series of policy reviews also favoured increased use of individual packages.

In chronic illness, special education in schools, employment services and vocational education, Commonwealth and State governments have yet to embrace individualised forms of funding and support.

The Commonwealth Government also established in 2011 and 2012 a network of 61 *Medicare Locals*. These organisations have a stated goal of tackling the fragmentation in the health system and introducing innovation towards integrated care for people with chronic and mental illnesses and ageing challenges. The *Medicare Locals* will be funded to undertake innovations in these areas.

In disability, the Commonwealth is introducing a *National Disability Insurance Scheme*. The scheme will enable recipients of care and support funds to nominate an agency to hold and manage these funds on their behalf, or to opt-out and self-manage the funds. The NDIS does not allocate the funds to an individual budget, but recipients may create and self-manage an individual budget themselves or they may request agencies to allocate funds into their individual budget.

The reform frameworks underlying the various initiatives of Commonwealth and state governments in disability, aged care and mental health are poorly developed in both conceptual design and strategic intent. Their stated goals sit uneasily with their dependence upon provider and practitioner-centred systems for the delivery of reform outcomes. In particular, the initiatives have yet to establish the core requirement for self-directed services - individual budgets for individuals and their families, in which the allocation of spending is under the direction of service users.

This poorly developed framework for reform reflects the continuing pre-occupation by all Australian governments with the financing of service delivery rather than the integration and coordination of care and support under the personal direction of service users and their families. It is also a product of the thorough dominance of the social policy and reform debate in Australia by provider and practitioner peak bodies in both private and public sectors. Governments of all persuasions have taken their policy cues almost exclusively from these provider peak bodies, while consumer and family voices are poorly-developed, under-resourced, and almost entirely ignored in public debate. Individual and family representation and consumer and carer advisory bodies have been established in the last thirty years but have been restricted in their function to the facilitation of consumer and carer voice within provider and practitioner-centred systems.

The *National Steering Group on Self-Directed Services and Personal Budgets* is a response to this deep structural imbalance in the Australian social policy agenda and public debate. It aims to generate a broad movement for transformational change in the way support and care is undertaken in aged care, disability, chronic and mental illness, special education, employment services and vocational education.

Its brief is to develop tools, systems, infrastructure, peer and professional supports for large numbers of Australians in exercising self-direction in their personal and social supports. The key requirement for the exercise of self-direction is the introduction of an individual budget for every service user, in which the allocation of spending is under the direction of each person and their family.

Aims

The aims of the *National Steering Group* over the next two years are threefold:

1. To support the introduction of an individual budget for each service user in Australia in aged care, disability, chronic and mental illness, special education, employment services and vocational education.
2. To facilitate the development of tools, systems, infrastructure, peer and professional supports for service users to exercise self-direction in their personal and social supports.
3. To influence the thinking of politicians, policy makers, journalists, practitioners and consumers about self-directed services and personal budgets.

Strategies

To achieve these aims, we will use three strategies:

1. An Individual Budget for Every Service User

This is a campaign to have an Individual Budget established for every service user in aged care, disability, chronic and mental illness, special education, employment services and vocational education, and recognized by program funders in each of these areas.

2. Innovation for Self-Directed Services and Personal Budgets in every Medicare Local

This is an initiative to network service users within the areas covered by each of the 61 *Medicare Locals* to initiate local innovation in the direction of self-directed services and personal budgets.

3. Support for Individual Budgets from Every Politician

This is a campaign to have every politician in Australia make a public statement in support of the right of every user of services in aged care, disability, chronic and mental illness, special education, employment services and vocational education to receive their funded support in the form of an individual budget in which the allocation of spending is directed by each individual and their family.

Strategy One

An Individual Budget for Every Service User

Our goal is to have an Individual Budget established for every service user in aged care, disability, chronic and mental illness, special education, employment services and vocational education, and recognized by program funders in each of these areas.

The Individual Budget will have the following core features:

- a. It will be held and managed by an organization or agent nominated by the service user, or held and managed by the service user themselves or their family;
- b. It will specify the total monetary value of the service or support entitlement as allocated by the funders, prior to any deductions from it for administration or management;
- c. It will be a repository of funds received from various government and program sources, integrated under the direction of the service user and their family;
- d. Authority for decisions about the allocation of funds from each Individual Budget rests with the service user and their family, in accordance with the terms of use of funds specific to each program.

The campaign will:

- a. invite recipients of funded services to register and participate in the campaign;
- b. record and make public the number of Australians in each service area who have an Individual Budget;
- c. record and make public the programs and agencies that support Individual Budgets and work with them, and those that do not;
- d. set targets for the number of Australians who have an Individual Budget, and devise plans to achieve these targets in its Strategic Plan.

Strategy Two

Innovation for Self-Directed Services and Personal Budgets in every Medicare Local

This initiative will network service users within the areas covered by each of the 61 *Medicare Locals* to initiate local innovation in the direction of self-directed services and personal budgets.

A map of the 61 Medicare Locals and their boundaries is available at:

[http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/27CE146BF54CAA47CA2579540005F656/\\$File/20120627%20-%20Australia%20Document.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/27CE146BF54CAA47CA2579540005F656/$File/20120627%20-%20Australia%20Document.pdf)

It will:

- a. invite users of services in each area covered by a *Medicare Local* to register and network in their area with others who have similar interests;
- b. liaise, as networks of service users and families, with their *Medicare Local* to initiate innovate projects that enact self-directed services and personal budgets which can be resourced, assisted and promoted by the *Medicare Local*;
- c. share ideas and projects across the networks.

Strategy Three

Support for Individual Budgets from Every Politician

This is a campaign to have every politician in Australia make a public statement in support of the right of every user of services to receive their funded support in the form of an individual budget.

It will:

- a. invite users of services and their families to participate in the campaign in their local area;
- b. develop strategies to influence local politicians to make a public statement;
- c. record and make public the responses of politicians to the campaign;
- d. explore ways of having an impact during elections.

Organisation

The National Steering Group will oversee the implementation of these three strategies.

Targets for the three strategies are specified in the Campaign's Strategic Plan.

Resources

The National Steering Group's web information and communications will be hosted by Social Enterprise Partnerships at no cost.

The National Steering Group will seek sources of funds for its core activity and/or specific projects.

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