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**Evaluation of Phase One:
Self-managed Funding Initiative**

Final Report

**Submitted to
Department for Communities and Social Inclusion**

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Disclaimer

A range of stakeholder comments and opinions are documented in this report. These views are not necessarily those of the consultant, Jenny Pearson & Associates Pty Ltd or the Department for Communities and Social Inclusion.

Stakeholder comments have been de-identified and comments are not attributed to individuals or organisations.

Special notes:

When used in this report, the term '**consumer**' means a person with a disability, their family carer or guardian, who is participating in the Phase One: Self-managed Funding Initiative. This is to differentiate consumers from other participants such as service providers, host organisations and the financial intermediary.

During the course of this evaluation Disability SA and the Department for Families and Communities became Community & Home Support SA and the Department for Communities and Social Inclusion. The current and former entities are referred to as appropriate in this report.

Executive Summary

The Department for Communities and Social Inclusion ('the Department' - formerly the Department for Families and Communities) commissioned Jenny Pearson & Associates Pty Ltd to conduct an evaluation of the Phase One: Self-managed Funding Initiative. This is the final report of the evaluation.

Self-managed Funding in South Australia

Self-managed funding gives people with disabilities control of the funding that has been allocated for their support needs by enabling the individual to choose how, where and when they receive the supports they need.

The Phase One: Self-managed Funding Initiative is the first step in the development of a self-managed funding system for South Australia. Phase One will enable up to 70 people who are existing clients of Community and Home Support SA (formerly Disability SA) to transfer their current disability support services into a self-managed funding arrangement.

Participants in Phase One decide how best to use the self-managed funding to meet their support needs and goals, with assistance as required from family members, carers, friends, guardians or service providers. A financial intermediary and host organisation are also available if chosen by participants to provide additional support for consumers in the self-management process.

Community and Home Support SA provides each participant with a Self-management Facilitator. These Facilitators work with each participant and their support network to develop a personal plan which details how the self-managed funding will be used. A Self-managed Funding Panel makes recommendations for approval of the person's proposed support and expenditure plan and a funding agreement is developed between the Department and the participating client or their guardian/administrator or host organisation.

Implementation of Phase One

The intake of consumers for the Phase One: Self-managed Funding Initiative has occurred progressively since October 2009. The first group of participants commenced self-managing in July 2010. At the commencement of the evaluation in January 2011, there were 44 Phase One participants and 32 of these had a current signed funding agreement and were self-managing their arrangements. There are now (as at January 2012) 62 active participants and 56 of these have a self-managed funding agreement.

Evaluation Methodology

The evaluation was designed to provide insight into the impact and outcomes of the Phase One initiative, as well as offering recommendations for future phases. The evaluation is based on qualitative data describing the experiences and perceptions of key stakeholders who are actively participating in the Phase One initiative.

The evaluation methodology included:

- focus groups and interviews with participants who were self-managing their arrangements and with other key stakeholders
- a survey of participants who had been self-managing their arrangements for at least nine months (and carers/guardians as appropriate)
- analysis of 'before' and 'after' consumer service maps constructed to identify any changes to service/support types, hours of support and providers used by each of the Phase One consumers.

Summary of Key Findings

In summary:

- Consumers have reported a range of benefits resulting from their participation in the Phase One: Self-managed Funding Initiative. These benefits include increased control, flexibility, choice, enhanced dignity, empowerment and well-being.
- Many consumers have been able to increase the number of hours or sessions of support that they receive and an increase in the range of types of services and supports obtained by consumers is also evident.
- Consumers report that the day-to-day administration of their self-managed funding allocations works well.
- Consumer expectations of self-managed funding have been largely met and in some cases exceeded.
- Consumer take-up of the host organisation or financial intermediary funding arrangements has been low, largely because consumers find the direct funding arrangement easy to manage and cannot see the advantage of involving a host or intermediary.
- The impacts for service providers are difficult to determine due to the low number of self-managed funding consumers per service provider agency. Most of the organisations providing feedback to the evaluation have had only one self-managed funding consumer or none.
- Consumers and service providers have made suggestions for further development of the initiative and some of these have already been actioned.

Conclusions

The evaluation has concluded that individualised and self-managed funding, as implemented in the Phase One: Self-managed Funding Initiative, significantly enhances the choice, dignity, control and empowerment of people who have a disability, their families and carers.

The evaluation also concludes that for most consumers this model of self-managed funding increases the flexibility, range, responsiveness and amount of supports and services received and is perceived by consumers to provide good value for money.

Continued Development and Extension of Self-managed Funding

The findings of this evaluation support the continued development and extension of the South Australian Government's Self-managed Funding Initiative.

Recommendations

This evaluation of the Phase One: Self-managed Funding Initiative makes the following recommendations.

Information and Promotion

Recommendation 1

Information provided to Self-managed Funding participants should be reviewed and updated to include information regarding:

- insurance and legal liabilities (e.g. relating to service provider employer responsibilities)
- examples of what Self-managed Funding can be used for
- what service providers consumers may access, what services are offered and how best to access service pricing information.

Recommendation 2

Information and training regarding Self-managed Funding and associated procedures should be available for disability service providers at least twice per year during the transition to full implementation, in order to address staff turnover and limited experience of self-managed funding to date.

Recommendation 3

The respective roles and functions of Self-managed Funding consumers, host organisations and financial intermediary should continue to be clearly explained for all parties in any information or training material.

Recommendation 4

Information in appropriate formats and training should be designed and provided for consumers with intellectual disability, acquired brain injury and sensory disabilities to enable them to more fully participate in self-managed funding.

Recommendation 5

The Self-managed Funding initiative should be more widely promoted to people with a disability, their families and carers in South Australia, particularly as the administrative capacity of the program is extended.

Administrative Policies, Processes and Systems

Recommendation 6

Consideration should be given to simplifying the quarterly acquittal process required of Self-managed Funding consumers.

Recommendation 7

Future consideration should be given to consumer suggestions for changes to Self-managed Funding policy decisions, i.e.

- a change in the policy that prevents direct employment of care/ support workers by consumers using self-managed funding
- review of the requirement that personal bank accounts into which Self-managed Funding payments are made not be linked to other bank accounts
- easing of the acquittal requirements, particularly for consumers who have participated for more than one year
- allowing consumers to represent themselves at meetings of the Self-managed Funding Panel when their individual plans are considered for approval.

Recommendation 8

A resource should continue to be developed for the Self-managed Funding Panel incorporating summary details of precedent approval decisions and rationale to guide future approvals and promote consistency and transparency of the approval process.

Recommendation 9

The provision of Self-managed Funding facilitators to assist consumers in developing their personal support and expenditure plans and establishing their self-management administration processes should be retained and adequately resourced as participant numbers grow.

Recommendation 10

Consideration should be given to implementing peer support arrangements, particularly for consumers who are new to Self-managed Funding. These may include peer support networks, information sharing forums and the employment of peer support consultants to assist the Self-managed Funding facilitators.

Recommendation 11

Detailed planning should be undertaken in respect of disability service sector development, change management and resourcing to meet the demands generated by expanding the Self-managed Funding initiative.

1.0 Introduction

This is the final report of the evaluation of the South Australian Government's Phase One: Self-managed Funding Initiative from commencement of the initiative in October 2009 to December 2011. The report describes:

- the evaluation methodology
- issues identified in evaluation activities with participants and other stakeholders
- key findings and suggestions for further development of the initiative
- conclusions and recommendations of the evaluation.

Intake of consumer participants for the Phase One: Self-managed Funding Initiative occurred progressively from October 2009 when people were invited to register their interest in participating. Consumers were able to choose when they were ready to commence self-managing. Some consumers waited several months before developing their plans prior to signing their funding agreements.

The first group of participants commenced self-managing in July 2010. During the course of this evaluation the number of participants gradually increased. At the time of this report (January 2012), there are 62 active participants in the Self-managed Funding Initiative and 56 of these consumers have a self-managed funding agreement in place.

1.1 Aims of the Evaluation

The evaluation of the Phase One: Self-managed Funding Initiative aimed to assess:

- The impacts and outcomes of the project for:
 - people with disabilities
 - carers/family members of people with disabilities
 - service providers (NGOs)
 - government services, particularly Disability SA (now Community and Home Support SA).
- Factors contributing to the observed outcomes including:
 - the self-managed funding arrangement that has been adopted
 - policies and procedures that support the initiative
 - training and information requirements
 - burden and workload for key stakeholders in implementing Phase One
 - acceptability of self-managed funding for all partners.
- The future implications of the program for consumers, service providers and Government.

1.2 Evaluation Questions

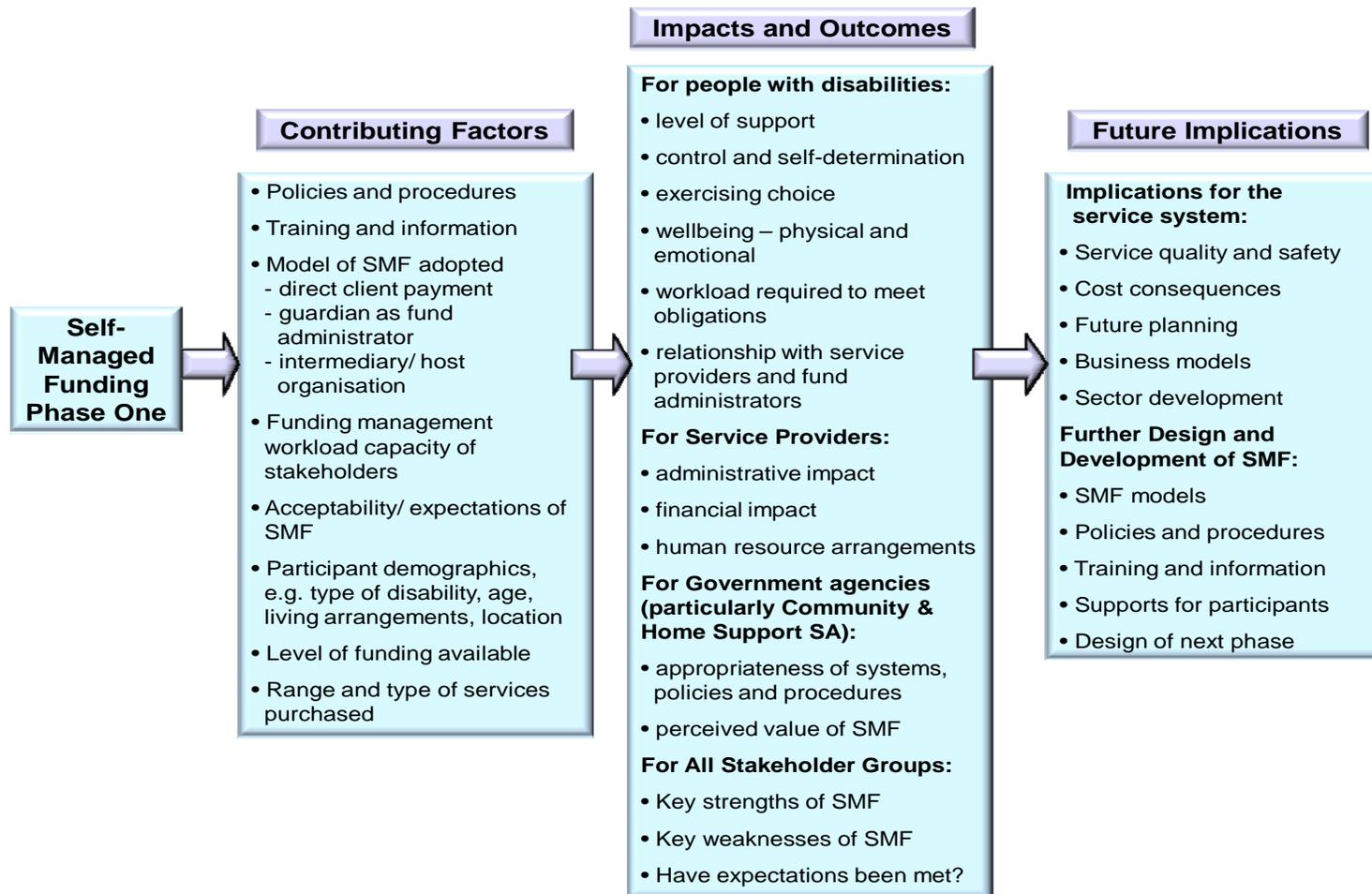
The evaluation addressed the following evaluation questions:

1. How useful and adequate is/was information regarding the Phase One: Self-managed Funding Initiative?
2. To what extent have consumers exercised choice and flexibility in the use of their funding allocation?
3. In what areas has self-managed funding made a difference to the lives of participants? Indicative domains for assessing impact will include:
 - level of support
 - control and self-determination
 - exercising choice
 - wellbeing – physical and emotional
 - workload/capacity to meet obligations
 - relationship with service providers (and fund administrator if using intermediary)
4. What has been the impact of self-managed funding for service providers? This includes the impact on administrative, financial and human resource arrangements.
5. How useful are the systems, policies and processes that support the Phase One: Self-managed Funding Initiative? How could these be improved?
6. Has Phase One been an effective approach to involve consumers in planning and managing their own services?
7. What were the expectations of key stakeholders and have they been met?
8. What are the perceptions of the key stakeholder groups, i.e.
 - consumers and their families/guardians
 - service providers
 - government agenciesof the importance of self-managed funding?
9. What are the key strengths and weaknesses of self-managed funding as identified by each stakeholder group?
10. What are the implications of self-managed funding for the broader service system, for example:
 - service quality and safety
 - cost consequences
 - future planning
 - business models
 - industry development/reconfiguration?

1.3 Program Logic Model for the Evaluation

The program logic model used to design the evaluation is summarised in Figure 1 below.

Figure 1 Program Logic Model for Self-managed Funding Initiative Evaluation



2.0 Background to the Self-managed Funding Initiative

Self-managed funding (also known as consumer-directed funding) aims to enable people with disabilities to have control and choice about the supports they receive, to choose the services and support items they need, and how, where and when they receive them.

2.1 International Research Findings

A number of positive outcomes of consumer-directed funding are identified in the international research literature. For example Caldwell and Heller (2003) noted the following findings from the research literature:

- Individuals in a consumer-directed program received more hours of paid assistance, experienced fewer hospitalisations, had a better perception of their health, and expressed increased satisfaction with their services. (citing Prince et al, 1995)
- In a consumer-directed personal assistance program in Virginia, consumer direction resulted in greater productivity and employment, higher preventative healthcare utilisation, and increased feelings of control over life. (citing Adams & Beatty, 1998)
- In the same program, individuals receiving consumer-directed personal assistance were significantly more satisfied with their personal assistance services. (citing Beatty et al, 1998)
- In a consumer-directed family support program in Minnesota, family caregivers reported less stress and increased feelings of providing better care at home. (citing Zimmerman, 1984)
- Caregivers in a Michigan consumer-directed family support program reported less family stress, less financial stress, enhanced life satisfaction, increased service satisfaction and decreased anticipation of needing out-of home placement after participating in the program. (citing Meyers & Marcenko 1989; Herman 1991; Herman 1994).

From a review of other research studies, Caldwell and Heller (2007) reported further findings in respect of the outcomes of consumer-directed support programs:

- Greater service satisfaction with consumer direction. (citing Beatty, Richmond, Tepper, & DeJong, 1998; Benjamin, Franke, Matthias, & Park, 1999; Benjamin & Matthias, 2001; Benjamin, Matthias, & Franke, 2000; Carlson et al., 2005; Doty, Kasper, & Litvak, 1996; Foster, Brown, Phillips, Schore, & Carlson, 2003)
- Fewer unmet service needs. (Benjamin & Matthias, 2001; Benjamin et al., 2000; Carlson et al., 2005; Foster et al., 2003)
- No major differences in safety or health status; however, some findings indicating preventative and disability- related health benefits. (Beatty et al., 1998; Carlson et al., 2005; Foster et al., 2003; Foster et al., 2004)
- Psychological benefits concerning feelings of empowerment. (Beatty et al, 1998)
- Improvement in perceived quality of life of individuals with disabilities. (Carlson et al., 2005; Foster et al., 2003).

Consumer-directed Funding in the United States

Caldwell and Heller (2007) reported an increasing number of consumer-directed family support programs for families caring for relatives with developmental disabilities in the United States. These programs have generally adopted cash subsidies or individualised budgets, targeting the needs of the family as a whole and embracing flexibility, often established with a goal of reducing institutional placements.

The research literature suggests that families using consumer-directed funding or flexible funding packages may still need access to guidance, advocacy, information and service coordination and that informal support groups and networks also remain important. (Ottmann et al, 2009; Blacher et al, 2007) For example, the Illinois Home Based Support Services Program described in Caldwell and Heller (2007) provided a service facilitator to assist individuals with disabilities and their families to develop a plan and decide what services and supports were purchased.

Caldwell and Heller (2007) reported the following outcomes in relation to the Illinois program:

- Compared with families on the waiting list, those involved in the Illinois Home Based Support Services Program had many positive outcomes over a 4-year period: greater service satisfaction; decreased unmet service needs; more community participation of individuals with developmental disabilities; decreased desire for out-of-home placement, although there was no significant decrease in reported caregiving burden. (citing Heller, Miller, & Hsieh, 1999)
- Over an 8-year period, out-of-home placements, particularly to nursing homes and institutional placements, were much less likely to occur for adults in the consumer-directed program. (citing Heller & Caldwell, 2005)
- Greater control of respite services through the program was associated with greater employment of mothers. (citing Caldwell & Heller, 2003)
- Compared with families on the waiting list, caregivers in the program reported fewer out-of-pocket disability expenses, greater access to healthcare, and engagement in more social activities, greater leisure satisfaction, and better mental health for lower income caregivers. (citing Caldwell, 2006)
- A significant decrease in unmet service needs occurred over time for five services: occupational therapy; social/recreational activities; educational/vocational training; assistance obtaining benefits; and assistance obtaining vocational services.
- Caregivers in the program reported greater caregiver self-efficacy. (citing Heller et al, 1999).

Caldwell and Heller's (2003) study also examined the hiring of friends, neighbours and other family members as part of the Illinois Home-Based Support Services Program. Caldwell and Heller found that hiring other relatives to provide respite or personal assistance services was associated with increased community involvement of people with developmental disabilities. The study also indicated that increased control by families in the management of their respite and personal assistance services resulted in benefits for both caregivers and care receivers.

Vecchio (2008) suggested that compared with conventional services, direct payments better met the diverse needs of carers and care recipients by enabling them to purchase a much wider range of flexible help and to achieve greater continuity of service, control and better quality of life.

Personal Budgets in the United Kingdom

Commencing in 2008, England has implemented a system of personal budgets and direct payments for people with a disability and carers. Personal budgets are individual funding allocations based on assessed needs. Consumers can choose to:

- receive their personal budget as a direct payment; or
- choose how and by whom their care needs are met but leave their local council authority with the responsibility to commission the services; or
- choose a combination of these options.

Direct payments can be used to purchase services, supports or equipment instead of receiving these directly from the local council. Payment of family members or others living in the same household is generally excluded. People receiving direct payments have to keep records and account for the money they spend. (Direct.gov.uk website; Community Care website)

There is a target to provide every service user in England with a personal budget by 2013. As at April 2011, there were 340,000 people using personal budgets (representing 35% of eligible users and carers in England). Half of those receiving personal budgets were aged over 65. One third of the personal budgets were provided as a direct payment but almost half of all personal budget funding is allocated in these payments. One fifth of the personal budgets had a value of less than £1,000 per annum but a quarter had a value of £10,000 or more. (Association of Directors of Adult Social Services, 2011).

Self-directed Funding in Australia

Many jurisdictions in Australia are now advancing the provision of individualised funding and direct payments/self-managed funding to varying degrees. (KPMG, 2009; DHS, 2009; Disability SA, 2009)

An evaluation of the Direct Payments Project in Victoria found that the ten people using the direct payments experienced significant benefits in terms of flexibility and control as they were able to negotiate service provision directly with service providers and manage the expenditure of their funding allocation according to their personal goals and changing needs. All of the participants chose to continue using direct payments following completion of the trial. (LDC Group, 2007)

2.2 Implementation of Self-managed Funding in South Australia

Self-managed funding has been operating to a limited extent in South Australia. The Self-managed Funding initiative in South Australia involved a more comprehensive approach to self-managed funding within Community and Home Support SA. This initiative formed part of a broader reform agenda for disability services, focussing on

maximising choice, control, independence and opportunity for people with disabilities. (Disability SA, 2009)

South Australia's move to implement a Self-managed Funding Initiative is consistent with international trends, contemporary practice and research findings outlined in section 2.1 above.

The implementation of self-managed funding has involved significant change and the development of a range of support mechanisms and procedures.

Self-Managed Funding Phase One was the first phase of this major initiative and was designed to enable 70 existing clients of Community & Home Support SA to transfer their current support services to a self-managed funding arrangement.

Participants in Phase One decided how to use their self-managed funding to meet their support needs and goals, with assistance as required from parents and other family members, carers, friends, circles of support, guardians and service providers.

Community & Home Support SA provided each participant with a Self-management Facilitator. These Facilitators worked with each participant and their support network to develop a personal plan which detailed how the self-managed funding would be used. A Self-managed Funding Panel was established to approve the person's proposed support and expenditure plan and a funding agreement was developed between the Department and the participating client or their guardian/administrator or host organisation.

As this was a new form of service delivery, Community & Home Support SA provided training and information for participants and service providers, resource materials to assist participants to plan and self-manage their support arrangements, and contact points in Community & Home Support SA for information and enquiries.

Community & Home Support SA provided a choice of different mechanisms for administering a person's self-managed funding. These options included direct payments to:

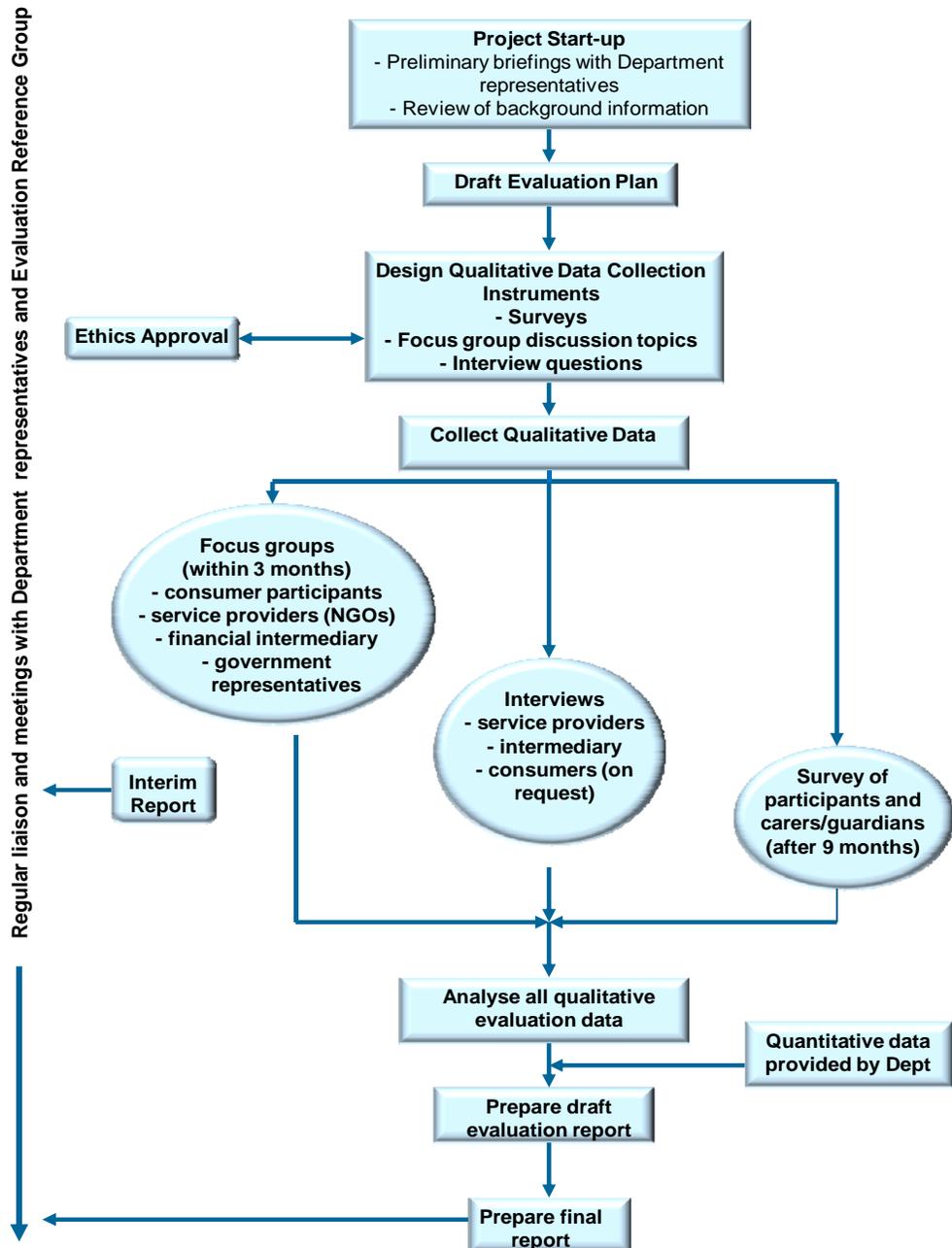
- the participating person with a disability
- a recognised carer or a legally nominated or recognised guardian, administrator or attorney of the person with a disability
- an organisation (financial intermediary) which supported the person with a disability to manage the financial arrangements associated with self-managed funding
- a host organisation which supported the person to put in place their personal plan, arrange services and manage the funds. (Disability SA, 2009)

The evaluation of Phase One: Self-Managed Funding was designed to inform the future development of self-managed funding, i.e. this was a formative evaluation. Information from the evaluation activities was used to refine the self-managed funding process as the Phase One of the initiative progressed.

3.0 Evaluation Methodology

The methodology for this evaluation is summarised in Figure 2 below.

Figure 2 Evaluation Methodology
Evaluation of Phase One: Self-Managed Funding Initiative
Summary of Methodology



3.1 Ethics Approval

Ethics approval for the evaluation, including the evaluation information sheets, consumer consent form, focus group discussion topics, interview questions and the survey instrument, was provided by the Families and Communities Research Ethics Committee in May 2010.

3.2 Focus Groups and Interviews

The focus groups for the evaluation were scheduled when there were sufficient numbers of consumers with a history of at least 2-3 months participation in the Phase One: Self-managed Funding Initiative. The 32 consumer participants who had reached the stage of self-managing their funding arrangements by January 2011 were invited to participate in the focus groups.

The discussion questions used in the focus groups are attached as Appendix A to this report.

Three focus groups were conducted during February 2011 for consumer participants (people with disability and where appropriate, family carers or guardians). For ease of accessibility and to maximise opportunities for participation, the focus groups were organised in venues north, south and central to the city and included one evening session.

Each focus group was facilitated by the evaluation consultant. Following introductory information, the focus group participants were presented with discussion questions related to the evaluation terms of reference. Participants' comments were written on overhead transparencies and projected onto a screen. Participants were invited to amend or add to these notes if desired. A total of 15 people attended the consumer focus groups.

A further 12 participants who could not, or did not wish to attend a focus group requested telephone interviews with the evaluation consultant. The focus group discussion questions were used for the telephone interviews and the consultant documented interviewees' responses.

All of the focus groups and interviews were conducted on a confidential and anonymous basis, i.e. invitations along with information sheets and consent forms, were distributed to participants by Department project staff and the evaluation consultant did not request any information that might personally identify any consumer participant. Consumers participating in the telephone interviews were provided with the evaluation consultant's Freecall phone number.

Three participants preferred to provide an email response to the discussion questions and this was arranged with an email response proforma and the consultant's email and Reply Paid addresses provided to these participants. One email response was received by the evaluation consultant.

A focus group for service providers, host organisations and the financial intermediary was also held in February 2011. Over 30 representatives from organisations participating in Phase One attended this focus group. The large group was divided into four small groups and each group considered a set of discussion questions (see Appendix A), documented their comments on overhead transparencies and then presented these responses to the large group.

3.3 Consumer Survey

The survey form designed for this evaluation was distributed progressively by the Department to consumer participants as their involvement in Phase One reached approximately 9 months. This progressive distribution of the survey was necessary because the commencement dates of participating consumers ranged over several months from July 2010.

The Consumer Survey forms did not request any personally identifying data and were returned direct to the evaluation consultant.

A total of 15 Consumer Survey forms were returned. Seven consumers returned their completed survey form by email, five by reply paid post and three consumers chose to complete their survey form by telephone via the consultant's Freecall facility.

Overall, the combination of focus groups, telephone interviews and survey appears to have enabled most of the participants in Phase One to provide feedback on their experience of self-managed funding.

3.4 Other Evaluation Activities

Analysis of Consumer Maps

The evaluation consultant asked the Self-management Facilitators to draw up 'before and after maps' of service/support types, hours of support and providers used by each consumer participating in Phase One. This information was de-identified and then provided to the evaluation consultant for analysis. The consultant analysed before and after maps for 37 participating consumers. (Please refer to section 5.0 for further details)

Self-managed Funding Consultative Committee

The Self-managed Funding Consultative Committee is comprised of key stakeholders from the disability sector and members of the Self-managed Funding Panel. The Consultative Committee was established to provide advice and make recommendations to the Department on the development of a future system of self-managed funding in South Australia.

The evaluation consultant met with the Consultative Committee twice during the course of the evaluation.

Self-managed Funding Panel

The Self-managed Funding Panel was established to make recommendations in relation to participants' Personal Support and Expenditure Plans. The Panel does not receive any identifying information. The Panel includes people external to the Department to ensure that precedents about expenditure and service provision are transparent and informed by people with a range of expertise.

The evaluation consultant circulated discussion questions to members of the Panel regarding how well the panel process had worked, any issues encountered and suggestions for addressing complex decisions and ethical issues.

Project Team Meetings

The evaluation consultant attended the Department's Self-managed Funding Project Team meetings every few weeks to receive updates on progress and discuss any issues arising during Phase One.

The following sections of this report discuss the issues arising from stakeholder consultations.

4.0 Issues Arising from Consumer Consultations

Issues arising from the evaluation consultations with consumers are discussed below.

4.1 Consumer expectations of Self-managed Funding

Consumers were asked why they had decided to try self-managed funding. Several people described the frustrations that they had experienced in the previous funding system. For example:

I found dealing with the bureaucracy frustrating, inefficient and wasteful because I got little that I wanted. Anything was worth a try. I was happy to be part of a more proactive and empowering model. (Focus group participant)

Previously, I was having to apply for funding every year. It was humiliating having to go cap in hand to ask for funding year in and year out. (Focus group participant)

There was a tremendous amount of frustration around trying to get some flexibility. Sometimes I would lose hours if a carer couldn't come. Having to go through a third party. It was frustrating. (Interview/email response)

Control and flexibility were recurrent themes in the reasons for trying self-managed funding.

I am very much in control of the rest of my life and felt I needed to be in control of this component as well. (Interview/email response)

Because of the flexibility. I felt I had more say over how the funding would be spent. I felt more empowered with how I used the money. . . Flexibility was the main thing. (Interview/email response)

Increased choice, independence and decision-making were also cited.

Continuity and the ability to plan ahead were important for some consumers.

To get more flexibility and the same person to contact. Not having to speak with different people all the time. (Interview/email response)

Some consumer participants anticipated that self-managed funding would allow for more creative and efficient use of funding and access to better quality services.

Many of the consumer participants were concerned about high proportions of funding allocations being used/charged for administrative expenses of service provision agencies. Some consumers claimed that less than 50 per cent of their funding package ended up as direct payment for carers.

We were shocked at how little we were getting for the amount of funding the agency was getting. (Focus group participant)

We were quite flabbergasted at the prices charged, e.g. a service provider charging us \$55/hour but only \$25 or less paid to the carer. (Focus group participant)

Consumers acknowledged that this concern did not apply equally to all providers and several consumers had already 'shopped around' various providers and agencies to obtain the best value.

Others felt that the self-managed funding system was more transparent. Expectations of 'more of the funding being spent on care' were also described.

The main reason I chose to participate in self-managed funding was there was completed visibility for every party. I get an understanding of why I get charged \$40 an hour. I know how much is funded for *my son/daughter*. I know the total funding available and I can see what I am achieving. (Focus group participant)

I love the idea of transparency and me being able to pay the agency directly. It seems to have changed the dynamics if I am paying the agency. I expected to have more accountability from the agency. To reduce the 'administrivia'. I thought I could get more for the money. (Focus group participant)

Consumers were generally positive about whether their expectations of self-managed funding had been met so far. For example:

It is easier to manage than I thought. (Focus group participant)

The funding can be used for just about anything, not just for paid carers. (Focus group participant)

The agency no longer has you tied up. You can have more than one agency. (Focus group participant)

You can move funding from one agency to another. (Focus group participant)

Some consumers commented that they felt more empowered and that the attitude of service providers had changed.

There has been a change in the attitude of my service providers – because I have the money in my pocket. (Focus group participant)

Two consumers reported beneficial health outcomes, particularly in terms of emotional health.

I thought/self-managed funding would lower my stress levels and it has. (Focus group participant)

Now I can be myself, not having to battle one day and be emotional the next. (Focus group participant)

Some participants felt that self-managed funding still has some way to go in terms of creativity and the structure of the service system.

Several consumers reported that they had been lobbying and waiting for self-managed funding for many years and were keen to be involved in Phase One to ensure that this development continued.

To help move self-managed funding along. To help it succeed so that other people can have more control over their lives. I have been working on getting self-managed funding for over 15 years. Once it really started, I wanted to be in there to make sure it kept happening. (Consumer interview/email response)

4.2 Information about Self-managed Funding

Consumers were asked about the information they received prior to starting self-managed funding, i.e.

- Was the information easy to understand?
- Was there enough information?
- Was the information useful?

Most consumers reported receiving home visits and other information from the Self-management Facilitators. Written information in the form of a resource folder ('the white folder') and letters from the Department were also described and many consumer participants attended the information day presented by the Department in February 2010.

A few consumers had also obtained information about self-managed funding from government and other websites.

Most of the consumers providing feedback found the Phase One: Self-managed Funding Initiative information easy to understand, adequate and useful. For example:

If we have ever had questions, the information has always been there. . . . We have never been left in the dark or starved of information. (Consumer interview/email response)

The information was pretty well-presented in the folder. The Information Day was good. It was all pretty clear. (Consumer interview/email response)

Several consumers commented that they found the white folder 'big' and 'daunting'. They recognised the need for all of the information provided in the folder but suggested that a smaller booklet for day to day information would also be helpful. Others requested that the resources in the information folder be available electronically online. One advantage with an electronic version would be the ability to search the folder for key pieces of information using a 'find' function.

The information could be summarised into 1 or 2 pages – a manual for reference but also a smaller booklet. (Consumer interview/email response)

It was a bulky folder. Maybe a small booklet about each area. They need to make the information easier to find, easier to access. I get too worried when I see a big folder. (Consumer interview/email response)

There was mixed feedback regarding the information day. While most consumers found this very useful, others felt that there was uncertainty in the responses to some questions raised on the day or that the information presented was too 'bureaucratic'.

One or two consumer participants did not seem to understand that they could use their self-managed funding allocation more flexibly, for example, to access services and supports outside of the traditional disability service system. Some commented that they were a bit confused about some of the details of self-managed funding at first.

The Self-management Facilitators appear to have played a very important role in explaining the concept and processes of self-managed funding to consumer participants. The ongoing availability of the Facilitators to answer any questions is also highly valued by participants.

The facilitators were very helpful during the home visit. They explained everything really well. They made it really easy to get into. It was not only the big folder but also how the facilitators explained the information in the folder. They spent a long time talking to me about everything. (Consumer interview/email response)

The facilitators were very responsive and always available. They understood the old system and the new system. . . It was practical information, for example, how the acquittals will be done. They have been fantastic. They send us all the forms we need. (Consumer interview/email response)

Consumers raised some concerns about the readiness and willingness of service providers and host organisations to participate in self-managed funding. For example:

One agency did not know anything about self-managed funding. They were negative about it. The agency is getting about half of the funding in admin charges, even though their administration is appalling. I am trying to find another agency. (Consumer focus group participant)

The host agencies did not know what was happening. Some were rude. This has now changed and the host agencies know what their role is. (Consumer focus group participant)

4.3 Funding arrangement chosen

One of the consumers consulted in the focus groups and interviews had chosen to use a host organisation (i.e. an approved agency that arranges services and manages the funding allocation for the consumer). The remainder had all decided to use a direct payment arrangement, (i.e. the self-managed funding allocation is paid directly into a bank account managed by the person with a disability or their carer/guardian who then administers payments to service providers).

Consumers in the focus groups were asked why they chose this funding arrangement. The one consumer who was using a host organisation cited a busy family life and concerns about lack of time as the main reasons for choosing the host arrangement.

The reasons reported for choosing the direct payment approach were not dissimilar to those for deciding to try self-managed funding, i.e. greater control, flexibility and the ability to get more hours of support from the funding available.

Having more control over the funding. . . Our situation is pretty straightforward. If it had been more complex, we may have considered another arrangement. (Consumer interview/email response)

I can't imagine why I would give more money to an agency. . . I can get so much more for the dollars when I am in self-managed funding. No-one is just sitting there taking a profit. I still have to pay an agency admin component for personal care but I don't have to pay an admin fee for other services, e.g. cleaning, gardening, preparing lunch, etc. (Consumer focus group participants)

I want to get rid of all intermediaries and hosts – to be in control of my life and services. It's about self-worth, being trusted, being seen as a responsible person. (Consumer interview/email response)

One consumer suggested that there would be little difference between a host arrangement and the status quo.

Consumers were also asked how the funding arrangement had worked for them so far. Most of the focus group participants reported no problems or difficulties with the funding arrangement. Many were using Internet banking to manage the payments to providers and some were trying Internet banking for the first time. Some had direct debit arrangements with providers.

The direct payment arrangement has been fine. We have drawn up a table and marked down the help, dates, time and then my partner crosses off the payments as these are made. (Consumer interview/email response)

It has worked brilliantly. They email every month and the payment goes into the account. It has earned some interest that I can use for some more care arrangements. No dramas with invoices. I check them off and everything's matching. (Consumer interview/email response)

I receive email reports from the Host with details of the carers, time, funding spent, etc. I save this in a file. It is really working well for us. (Consumer interview/email response)

It is really no work at all. I just get a bill like for any household services. I just do a bank transfer to do the payment. (Consumer interview/email response)

Because my whole aim is to get to the end where I have no service provider agency, i.e. where I am the agency. Starting off doing this little bit of paperwork is a start to that end. I want more control by the time this process is finished. (Consumer interview/email response)

Consumers reported no difficulties even when Internet banking was not used.

We were going to do it by computer but I don't know anything about computers or online banking. Our bank does it for us. I pop into the bank and they pay the agency direct. I take the agency's fortnightly invoice into the bank. (Consumer interview/email response)

Consumers consistently reported that the payments from the Department into consumers' self-managed funding accounts were regular and on-time. Some consumers reported difficulties in obtaining regular invoices from some service providers. This creates difficulties for consumers in keeping track of their expenses and payments.

There is a problem with service providers issuing the invoices. It is taking a while for them to get around to invoicing. For example, one service provider took 6 months to invoice, even though I kept asking. (Consumer interview/email response)

One consumer found that some agencies were not cooperative in setting up self-managed funding arrangements.

A lot of agencies wouldn't cooperate with us. They didn't know about self-managed funding and were hesitant. We got no feedback from them. (Consumer interview/email response)

In the consumer survey:

- 9 of the 15 respondents were managing the funding themselves
- 5 consumers had a parent, carer or legal guardian managing the funding
- 1 consumer was using a host organisation.

All of the consumer survey respondents indicated that their respective management arrangements had worked well for them.

Yes, I have infinitely more autonomy. I do not have to ask permission and justify every decision. I have more privacy about my personal life. Increased efficiency, don't waste time ringing government employees over small decisions . . . (Consumer survey response)

One consumer felt there should have been more consistency in decisions about what type of expenditure would be approved and another questioned the procedural requirement that bank accounts not be linked to another account as this prevents the earning of interest.

It is self-managed. I should be able to manage it my way, not necessarily how others do it. (Consumer survey response)

4.4 The Self-managed Funding process

Consumers were asked if they had any comments or suggestions about the self-managed funding process, i.e.:

- the role of the Facilitators
- preparation of their Personal Support and Expenditure Plan
- approval of their plan
- the day to day administration of their funding.

Role of the Facilitators

There was consistent high praise for the two Self-management Facilitators. For example:

Facilitators have been great – supportive all the way through. They have helped in the change-over from one provider to another and helped change my personal expenditure plan. (Consumer focus group participants)

The Facilitators have worked well. They have been accessible. If you have a question, you get an answer. I know they are there if there is a problem. They also know how the old system worked. (Consumer interview/email response)

They have walked the fine line between too much interference and not enough. They are there when you need them. If you are going OK, they don't interfere. If you need help, they are there. I would not want to do self-managed funding without someone there to fall back on. (Consumer interview/email response)

Consumers in one focus group suggested that the Facilitators were constrained in the information they were allowed to provide to participants.

Can government let the Facilitators tell us what they are not allowed to? We don't have a list of agencies. The Facilitators know about the successes but are not allowed to recommend agencies to us. Facilitators need to be able to advise us. . . Should they be independent of government? More of a services coordinator? (Consumer focus group participants)

Preparation of Personal Support and Expenditure Plans

The Facilitators appear to have also played an important role in assisting consumers to develop and submit their personal support and expenditure plans.

Initially, I felt I could have had a bit more assistance with developing the plan. It was quite overwhelming but I did it. I already had most of this in place. The Facilitators tissued it up and did little adjustments and it worked out OK in the end. I was a bit daunted by it but in a way it was a really big achievement. (Consumer interview/email response)

It was pretty straightforward. I knew what budget I had and what I could spend it on. (Consumer interview/email response)

One consumer suggested that there was a lot of red tape involved in making any changes to the plan, such as changing a provider.

Approval of Plans

Most of the consumers reported no problems in the approval of their personal support and expenditure plans.

We didn't have any problems. Our plan was approved fairly quickly.
(Consumer interview/email response)

It took some time at the beginning but it was a new process. Now, adding a new provider is really straightforward. I just send an email to the facilitator and she sends back a revised copy of the plan for me to sign. (Consumer interview/email response)

I sent it over and they sent a letter back to say it had been approved. Then I signed agreements with the government and the service providers. No problems. (Consumer interview/email response)

One consumer reported delays in approval and thought this might have been due to GST issues and amendments to the plan. Another consumer who had complex care needs found the initial steps in the process quite challenging.

The amount of hoops we had to jump through. The Facilitators didn't know the answers to questions. It took many months for my plan to be approved. I received a lot of help from family and friends to get started. The Facilitators were still learning. It is so complicated if you have complex care needs. (Consumer focus group participant)

Some consumers questioned the need for a panel to approve the plans. Others asked why they could not speak directly to the panel. One consumer requested a right of appeal for panel decisions. Another suggested that the panel could meet more frequently.

It is a tricky thing. I would like to not have other people approving my plan, but it's not always black and white. . . I think the plans do need approval. I don't think the panel approvals have been a problem so far. It would be better if Disability SA staff approved the plans with an appeal process, perhaps to the panel, if we don't agree. (Consumer interview/email response)

Consumers had some questions about what could be approved and how funding could be used. For example:

Can any balance left at the end of the financial year be used for something else?

Will next year's funding be reduced?

Can some funding be rolled over for emergency use?

Can personal care provided in hospital be funded under self-managed funding arrangements? (Consumer focus group participants)

One consumer asked that approval be extended to the cost of supplements prescribed by a naturopath and health insurance.

Day to Day Administration of the Funding

Consumers participating in the focus groups and interviews consistently reported no significant difficulty in the day to day administration of their funding allocations.

I do all mine on the Internet. The caring agency just sends me the bill and I just pay it on the Internet. The facilitator sends me a letter every month to let me know the payment has been made into my account. (Consumer interview/email response)

Some confusion was reported regarding GST.

We should be GST exempt for all our services. . . In the next round of funding, need to factor in GST for all of it and what is not used for GST could go into a float. (Consumer focus group participants)

How do we administer the funding when we come across these issues, e.g. GST? It needs to be very clear to agencies/ providers that we are GST Free. Agencies haven't experienced this before. (Consumer focus group participants)

When consumers responding to the survey were asked how easy or difficult they found it to manage their own funding:

- 7 (47%) found it very easy
- 4 (27%) found it easy
- 3 (20%) found it about average
- None found it difficult
- 1 consumer found it very difficult.

The survey respondent who rated the process 'very difficult' explained that they had used a Financial Intermediary but found that this created more work than having the invoices emailed directly and paying them personally.

Other difficulties reported by some consumer survey respondents were:

- understanding the structure and roles of Financial Intermediary, Service Provider and Host Organisation in relation to the consumer
- remembering the guidelines and information from the seminar
- preparing the Personal Support and Expenditure Plan (PSEP) with costing
- delays in approval of the PSEP and 'changing goal posts' for what could be approved
- facilitators' suggestions rejected by the panel

- setting up contracts with service providers
- difficulties in changing providers, i.e. having to rewrite the self-managed funding contract and have this approved – the process could be simplified
- restrictions on the use of funding, e.g. employment of own staff, using a family member as a carer (e.g. requirement that they not live in the same household as the consumer), exclusion of equipment
- service provider invoicing errors
- service providers requiring consumers to nominate how much of the funding allocation will be spent with them over the next twelve months and requiring payment three months in advance
- record keeping
- paperwork at the end of acquittal period – consumers reporting that the process and acquittals form is confusing
- financial management aspects (this consumer reported choosing to use a Host Organisation for this reason).

We had a couple of service providers come back to us and demand to know how much we were going to spend with them . . . I do not want to put money in a service provider's account before I have received it and when I don't know if I will still be using them in one month or two months. (Consumer survey response)

Record keeping is a little onerous – but it wasn't really that bad, provided you have a minor degree of organisation skills, and some basic technology. I think all SMF participants need access to a computer, internet and scanning. (Consumer survey response)

One consumer suggested that a copy of the Financial Intermediary's terms and conditions should be provided with the intermediary's brochure at an earlier stage. It was also suggested that Financial Intermediary statements should be provided in a format which can be used in spreadsheet software.

Consumer survey respondents reported that the easiest aspects of managing their own funding were:

- liaising with the Self-managed Funding facilitators who were easily accessible and responsive to queries
- reporting requirements explained clearly in the guidelines and confirmed by the facilitators
- arranging services
- receiving the bills, checking them for correctness and paying over the Internet
- flexibility and the wider scope of possible expenditure and outcomes
- being able to continue with a long term carer
- paying for services direct rather than through a third party provider or intermediary

- funding transfer to consumer's account was reliable and on time.

Three survey respondents wrote that all areas worked well for them. Another consumer commented:

It was a lot easier than I thought it would be. Having complete autonomy with funding arriving regularly, on-time. Not having to refer to anywhere once we had our plan. We could just go ahead and do it. (Consumer survey response)

4.5 Choice

Consumers participating in the focus groups and interviews were asked if self-managed funding had increased the choices they have, for example, are there services and supports they can purchase now that they could not get before.

Most consumers responded positively about an increase in choices. For example:

Yes it has. Now I have the house and yard maintained. Just to be able to choose the provider. It is my choice who comes into my house. I won't allow any service provider to tell me who I will have in my house. (Consumer interview/email response)

Most definitely. For example, new therapy, new device. This would never have happened in the old system. Self-managed funding has just opened things up. It is absolutely wonderful. We now get more timely and prompt services. (Consumer interview/email response)

Yes, it has improved choices. I can accumulate funds to do a major job. I enjoy the fact that I can choose who does things for me. It is a relationship with my workers. Some personalities gel better. (Consumer interview/email response)

Now it seems a lot easier. I now have more hours. Before self-managed funding, I was feeling really trapped at home. (Consumer focus group participant)

One consumer who had not changed providers still reported increased choice under self-managed funding.

I am using the same service provider agency as before but there is a bigger choice in the types of services I can get. (Consumer interview/email response)

Other consumers commented that they could get better value for the funding and better quality carers through self-managed funding.

One consumer from a country area felt that there was limited choice of services in their location.

The service provider we have provides younger clients with options but the older clients who have little funding do not have the same options. It is not equitable. Government needs to consider ways to improve this. I would like to add here that this model needs to take a whole of life approach across 24

hours for it to be truly self-managed funding. (Consumer interview/email response)

Some focus group participants requested more information regarding:

- the range of supports, services and other things that can be purchased with self-managed funding
- the service providers/agencies that can be used and what they offer
- what happens if consumers underspend their allocation (e.g. Can this amount be carried over or used for another type of support? Will the consumer's next annual allocation be reduced?)

I want a list of what you can and can't do with the funding. (Consumer focus group participant)

Consumer survey respondents were asked how much choice Self-managed Funding had given them in the services and supports that they use (e.g. being able to choose between different service providers, being able to choose what types of services they receive). Of the 15 survey respondents:

- 8 consumers (53%) reported that they received **a lot more** choice than before
- 6 consumers (40%): **a little more** choice than before
- 1 consumer (7%): about **the same** amount of choice.

Supporting statements from consumer survey respondents included:

We have enjoyed the flexibility and choices that the self-managing program had offered to us comparing to minimum flexibility we had before. We were able to use the same carer as we went with the same service provider which ensured continuity of care for my *son/daughter*. (Consumer survey response)

It has meant that we are not quite in crisis but there is not enough choice in the range of services offered by existing providers. (Consumer survey response)

They haven't put any restrictions on me. To me, in my circumstances, the choices that I have now are much greater than before. I am rapt with it. I think it is great. If I think there is wastage, I can cut those hours back and use it elsewhere. (Consumer survey response)

Service providers (very easy to switch) with reliable outcomes. Far more efficient cleaning services. Ability to use local domestic services for ironing, food, etc. – far better outcomes from my perspective. (Consumer survey response)

One consumer wrote about the ability to use self-managed funds for services which increase independence, such as personal alarm monitoring systems and clothes made to enable self-dressing, and more cost-effective supports, e.g. \$10 for grocery delivery versus \$30-\$45 for support worker wages to assist with shopping.

4.6 Flexibility

Consumers participating in the focus groups and interviews were asked if self-managed funding has increased the flexibility of services and supports they use. For example, can they get services at the times they need them more than before? Can they purchase combinations of services and supports that they could not get before?

All but three of the 27 consumers consulted felt that flexibility had increased. One consumer commented that self-managed funding was 'not flexible yet. We are stretching the agencies.' Another commented that 'there is huge resistance in getting services at the right times, particularly in Moving On (*day options*) groups'.

A selection of other consumer comments regarding flexibility appears below.

Yes. I can get 7-day a week services instead of 6 days a week. (Consumer focus group participant)

The ability to have a support worker 52 weeks per year versus the 48 weeks that I received prior while with another agency. (Consumer survey response)

Yes. It has allowed us to do this. For example, self-managed funding allows us to have weekend respite. We can make arrangements through the agency. It is all very easy instead of having to call and get permission and go through the middle man. (Consumer interview/email response)

It is more flexible – one hundred-fold more flexible. The previous agency said they couldn't do this, couldn't do that. It was driving me up the wall. We had to get out of that. I thought self-managed funding was too good to be true. It's great to be able to be flexible. (Consumer interview/email response)

No, it hasn't made any difference. It made me more aware and I chose a service provider that charged less. The flexibility is I now have more hours and more freedom to pay for carers. (Consumer interview/email response)

Definitely. We may choose to have a service more often or have two people come at the same time. It is brilliant. Before, it was a big rigmarole to change things. We used to have big contracts. Under self-managed funding, we can make changes to our plan and save funding for future needs. This is excellent. (Consumer interview/email response)

Two consumers wanted more flexibility in choosing and changing service providers.

It can be a bit of a fuss to change a service provider. I can't just use anybody. It would be nice if I could just call up the local carpet cleaner but is a lot of fuss, so I don't. (Consumer interview/email response)

... I can't hire someone out of the paper – this is what thousands of people do. But we have to go to Hire a Hubby or Hire an Angel and pay much more than other people. We need to have our own insurance scheme. There is a need for flexible, informal arrangements where needed and agreed. For example, a support worker accompanying a person with disability on

holiday – a combination of paid and voluntary work. (Consumer interview/email response)

The latter consumer also reported difficulties in ‘getting good support workers’, depending on which agency is used.

The consumer survey also asked how much flexibility Self-managed Funding has given consumers in the services and supports they use (e.g. being able to receive services at the times that consumers need them, being able to use a combination of different services and supports).

Of the 15 survey respondents:

- 8 consumers (53%) reported that they received **a lot more** flexibility than before
- 5 consumers (33%): **a little more** flexibility than before
- 1 consumer (7%): about **the same** amount of flexibility
- 1 consumer was not sure.

Consumer comments regarding these ratings included:

Need more day to day flexibility and ability to hire own staff. . . (Consumer survey response)

Having a flexible plan allows you to allocate funds to your most important needs as they change. For example, I planned to have gardening and house maintenance done weekly, but needed more domestic services, so I reduced gardening etc. to monthly and increased domestic services – whilst at all times getting more services than before. (Consumer survey response)

If I can’t get a carer who can accommodate my needs from one organisation, I can go to another one. If I think someone is being lazy, I can just get someone else. Because people are working for me now and I am not just dictated to about who I can and can’t have. (Consumer survey response)

At a financial level it has lifted the burden off us. Respite arrangements have improved, although the cost has increased. Administration costs are too high. Practices and legislation nullified our contract arrangements. Need to be able to organise Self-managed Funding in accordance with legislation, e.g. the Fair Work Act. This affected providers, then filtered down to us. (Consumer survey response)

4.7 Effect on Health and Wellbeing

The consumer survey asked if Self-managed Funding had any effect on consumers’ health and wellbeing (e.g. physical health, how well the consumer feels, how stressed they feel). Of the 15 survey respondents:

- 11 consumers (73%) reported a **positive effect**, i.e. health and wellbeing is better than before
- 2 consumers (13%) reported **no effect**, i.e. health and wellbeing is about the same
- 2 consumers (13%) were not sure.

No consumers reported a negative effect on health and wellbeing.

Consumer comments in response to this question included:

It's because I am in charge just like I am in all other aspects of my life. I am the boss properly. I am in charge of the main part of my life – disability – and as I am the one who knows the most about disabled me that that certainly is a refreshing bloody change. (Consumer survey response)

In the beginning, I would get stressed filling out forms or getting asked a lot of questions or if this or that was right. Because before self-managed funding I didn't have to do anything, it was all taken care of. But now as time goes on I'm getting used to the idea of self-managed funding. I'm very thankful for all the help and support I get. (Consumer survey response)

... the availability of the facilitators to engage in discussion has eased the stress associated with these changes. (Consumer survey response)

Self-managed Funding has empowered me to do more now than what I have done before. This makes me feel that now I have got more freedom. (Consumer survey response)

Self-managed Funding itself, after the first three or four months that it took me to "sort out" things, probably hasn't had any effect on my health and well-being. However ... trying to work with the current Service Provider ... constantly has adverse effects on my health and well-being. Additionally, my stress level regularly "goes through the roof". This is why my Number One recommendation is that there MUST BE an option for the Consumer to directly employ, without any interference, all of their own Assistants. (Consumer survey response)

4.8 Strengths and Advantages of Self-managed Funding

Consumers participating in focus groups and interviews early in 2011 were asked about the strengths and advantages of self-managed funding to date. Consumer survey respondents were also asked what they thought had worked well.

Flexibility and choice were the two advantages most commonly identified by consumer focus group participants. Other strengths described by consumers included control, empowerment, and more effective and efficient use of government funds. For example:

Flexibility. You are using government money but you are able to use it where it is of most benefit to you. For example, not cleaning something that is already clean. Sometimes my cleaner doesn't clean but uses the time to do shopping for me. ... self-managed funding is a great concept. The flexibility and feeling of empowerment. You don't feel like you are wasting the government's money. It is not so rigid. That little bit of money is very useful. I can use it more effectively. (Consumer interview/email response)

It gives us much more say. You are self-managing. We didn't have that before. ... The agency gives us a roster for a fortnight. We never had this before. We never knew who was going to turn up at our door. Now we have a team of girls and we know who will cover if one of them can't turn up. It is

so organised. I have got no gripes. It's going to be really good. (Consumer interview/email response)

Control and flexibility. Me getting what I want when I need it – not just getting what's presented. I used to go without because it was too much bother. Now I have the opportunity to save money. It's a winner for me, no doubt about it. (Consumer interview/email response)

Extra hours, extra services. My carers are better off financially in the new service provider arrangement. My aim is to be extremely flexible in who is employed as my carers. I am very happy with the self-managed funding system and with the facilitators. I am passionate about self-managed funding. It is not that hard and it is very important that people with disability and carers know this. (Consumer interview/email response)

Flexibility. Peace of mind. You are in control more of your own destiny. It adds to your dignity as well – you don't feel like you are begging. Knowing that the self-managed funding is there and that we can use it when we need it. It is not a case of having to go to Disability SA and then them having to apply for the funding and then let us know if we can have it. (Consumer interview/email response)

I now have complete visibility of my *family member's* funding. Now I know what funding is available, I know what I can expect to do. This has been phenomenal. I don't have to go and beg and borrow. I can just go and do it. (Consumer survey response)

What has worked well:

- a. Transparency of funding (\$), and clarity where this money is spent.
- b. Facilitators – their accessibility and availability to discuss any issues and give useful advice.
- c. Clarity regarding reporting requirements.
- d. Ability/opportunity to transfer funds online. (Consumer survey response)

Many of the consumers felt that the facilitator role provided support, information and advice, and consistency and this was another advantage of self-managed funding.

Dealing with a smaller number of people (i.e. two facilitators) instead of a range of people who may be in meetings when you need them, or people leave.

Speaking to people (the facilitators) who know our situation. Not having to tell your story over and over again.

In the old system, you only just get to know people and they move on. (Consumer focus group participants)

By the time of the focus groups in early 2011, some consumers had changed their initial views of self-managed funding:

From being worried about self-managed funding, it has actually been good. It is a nice feeling to be able to do things and pay people ourselves. (Consumer interview/email response)

Initially, I couldn't understand what the advantage of self-managed funding would be – nothing changes if you use the same agencies - where is the

advantage? Now I think it is great. I have selected an agency that provides what I want. I can select different agencies for different things. (Consumer focus group participant)

Some consumers spoke of the responsibility they felt in managing their funding allocations.

I feel a big sense of responsibility to spend the funding appropriately. I am tending to be conservative and frugal when spending the funding. (Consumer focus group participants)

It is like everyone is running their own business. Making your dollars count. Getting more from the funding. You want to gain as much as you possibly can with the funding. (Consumer focus group participants)

Psychologically, there is a huge difference. I can see the money in the bank and I can see what I can afford to buy. It frees our minds and makes us feel like whole human beings. Otherwise it is just out of sight and we don't know what service providers are charging. . . (Consumer interview/email response)

Consumers also described the dignity and empowerment that results from self-managing.

Self-managed funding is not about politics, it is not combative. It takes away the 'us and them' stance, the competing fight for supports that is dehumanising and embarrassing. (Consumer focus group participant)

4.9 Suggestions for Change or Improvement

Consumers were asked if there were any improvements or changes that they would suggest for the Phase One: Self-managed Funding Initiative.

Information

Many of the consumer focus group participants were keen to share information with other self-managed funding participants. Suggestions included meetings with other consumer participants and use of a website for a consumers' discussion group. Peer support and information sharing was mentioned several times in the discussions.

Peer support and training/information sessions or workshops, assistance, advice and tools. Good communication allowed between peers. It is good that people have stood back but there is a need for peer support if a person wants it. (Consumer interview/email response)

Communication – we need a users' group, i.e. not a policy group but a group for information sharing between users of self-managed funding. This could give a unified voice for questions. It would be so cool to hear other people's experiences. (Consumer focus group participants)

The Department has established a website forum for consumer participants and a few consumers have started to use this.

Additional information requested by consumer participants included:

- a small resource booklet for consumers summarising the essentials of day-to-day management of self-managed funding (this has been completed the Department)
- lists of approved agencies/service providers that consumers can use by geographical area (a list is provided to all participants on commencement)
- pricing information from service providers (this information needs to be sourced direct from individual service providers)
- more details and practical examples regarding what can and can't be purchased with self-managed funding allocations
- examples of Personal Support and Expenditure Plans to be provided to new participants
- participants' manual provided in audio formats, including CD and .wav files that can be played on a computer or other device
- recordings of workshops and forums provide to those unable to attend
- extra funding for assistants to accompany consumers who need them to forums and workshops.

There were not enough suggestions about what we could do with the self-managed funding. I didn't discover I could have a small amount of petty cash on my plan until after my plan was submitted. I wasn't aware that a supermarket delivery charge could be transferred from the self-managed funding account to my account. (Consumer interview/email response)

More in-depth information on what else you can get with self-managed funding. What are you allowed to use self-managed funding for? We weren't really sure what to put down. What could we do with it? (Consumer interview/email response)

Consumers also requested information on other practical, day-to-day aspects of self-managing, for example:

Consumers need information on how to negotiate contracts with agencies and what they can negotiate. (Consumer focus group participant)

Information sessions on practical things like managing your support workers, rostering, job lists, interviewing support workers, safeguarding yourself (for example, have someone else with you when interviewing new workers, questions to ask during an interview, checklists for hiring contractors, e.g. ABN, insurance, etc.). (Consumer interview/email response)

Having sample forms in the kit for keeping track of expenses, how to keep your records. (Consumer interview/email response)

Some consumers requested clarification regarding insurance requirements.

Insurance – when people are coming to your home. Some people have their own company or professional insurance. But some people don't fit in this

category. . . Are these workers covered if they injure themselves in my home? (Consumer interview/email response)

Promotion of Self-managed Funding

There were also suggestions that self-managed funding be promoted more widely in the future as the initiative expands.

Advertise self-managed funding more. . . Not everyone reads the papers. You can miss advertisements if they appear only once. They could advertise in the Disability SA newsletter. (Consumer interview/email response)

One consumer suggested notifying people with disability about self-managed funding through the Centrelink system.

Wider promotion of self-managed funding in country areas was also suggested by a small number of consumers and by some service providers/ host organisations in the service provider focus group.

Personal Support and Expenditure Plans

Consumers in one of the focus groups suggested changes to the Personal Support and Expenditure Plan document and process:

The current system requires you to write down how much you are using for personal care, then you have to write down all of the possible things you might need. You have to put realistic dollars against these that then adds to the exact total of your funding allocation. We need a more flexible, progressive budget (e.g. *where the consumer records expenditure against a budget and reports actual expenditure every 3 months*) (Consumer focus group participants)

This group suggested a spreadsheet format for the Personal Support and Expenditure Plan rather than the current MS Word format (i.e. 'a form that does the calculations behind the scenes', 'a form with pick lists and options'). A self-calculating PSEP has now been developed and is now in use.

Approval Process

Three consumers suggested that the process for making changes to Personal Support and Expenditure Plans should be simplified.

The only negative is the fact that if I want to change providers, it is a lot of hoo haa, signatures and so on. Is this necessary? (Consumer interview/email response)

Two consumers responding to the survey requested changes to the Panel process, including ability for individual consumers to meet with the Panel. One consumer suggested that responsibility for approval of plans would better fit the role of the Self-managed Funding facilitators.

More transparency. Less shifting of the goal posts, changing rules. The ability to have closer contact with the Panel and the people that say 'yes' or '

no'. To be able to represent myself so that my requests can be understood more clearly. (Consumer survey response)

An administration officer can easily tick the boxes and check the plan against a set of rules. This action does not require an 'expert' panel. The panel does not have the moral authority or right to request amendments. On the other hand, the facilitators have made an effort to get to know the participants and offer valuable advices as to the shaping of a plan. (Consumer survey response)

One consumer asked for a broadening in the services, supports and equipment items that can be approved under self-managed funding. (This consumer reported continued difficulty in obtaining a lifting sling.)

Employment of Personal Carers

Several consumers were keen to have greater control over the selection, recruitment, and training of their personal carers, with some suggesting that people should be allowed to employ their own carers.

I have totally managed (from recruitment, right through to "firing") all of my "Staff" since 1989. I currently only need to still use Service Providers as a legal entity through which to pay my Assistants. Hence, practically speaking, my P.A.s and I see myself as their "employer". Through participating in the Self-managed Funding Initiative, I hope that I will be allowed to legally employ my Assistants in the not too distant future. (Consumer survey response)

Ultimately, it would be a bonus to employ carers yourself. I know this is a bit of a minefield with Occ. Health and Safety, workers compensation, etc. Current carers get about half of the funding (*in wages*) and the rest goes to the service provider. (Consumer interview/email response)

Self-employment (i.e. the ability to employ your own carers) is a must – to have that control. If we have control over the money, we should be able to employ our own carers. (Consumer focus group participant)

Some consumers consider they could get better value for the funding dollar by employing carers directly and avoiding the administration charges of provider agencies.

I would like to be 'the agency'. They tell me that is hard, but I already employ a workforce in my own business. The benefit would be more funds for more hours. (Consumer survey response)

Employer obligations such as insurance, taxation, and workers compensation were acknowledged and consumers referred to examples such as enrolled nurses carrying their own professional indemnity cover.

Stakeholders reported that some people decided not to participate in Phase One because there was no direct employment option.

Scope of Self-managed Funding

One consumer survey respondent wished to extend the scope of supports and services for which Self-managed Funding may be used.

I'd like to have other costs of disability to be included of course.

- Home modifications – extremely expensive, I have no help (not in gov. housing)
- vehicle modifications.

Increasingly forced to use IT, e.g. electronic bills, banking, printing documents expected, emailing. I have to maintain mobile phone as I live alone, electric wheelchair and can't walk at all. All of this is expensive on DSP. Wheelchair repair process must be improved. (Consumer survey response)

Managing Funding Allocations

Two consumers questioned the requirement that bank accounts for deposit of self-managed funds not be linked to another account.

The funding which is deposited monthly into a Bank Account, should not be restricted to a Bank Account which cannot be linked to another Account. It is extremely difficult to find an 'unlinked' Bank Account that pays high, if any, interest. Lifting the restrictions on the type of Bank Account into which funding is deposited will allow for the utilising of Accounts that pay high interest. This will generate more money for more paid "hands-on" assistance. . . (Consumer survey response)

There was also a request for automatic rollover of any unused funds to the next financial year without this affecting the individual's next yearly funding allocation or having to seek permission.

The importance of annual indexation of self-managed funding packages was raised. (Note that annual indexation is provided in these packages.)

Other suggestions from consumers included:

- acquittals done electronically
- discretion to vary the expenditure amounts within the Personal Support and Expenditure Plans within a certain range.

In respect of the quarterly acquittal process, it was suggested that acquittals be done quarterly for each participant's first year and then annually thereafter, or that there be a process of annual acquittals with random audits.

Service Provider Role

It appears that consumer experiences with service providers vary. One focus group participant stated that they were unable to find out in advance which carer would be turning up for a shift and another said they were not notified if carers swapped shifts. Another consumer had concerns about the safety of workers and their transport.

The agencies involved need to be more aware of what is happening with the client and the workers that they are employing. They take workers on that have no experience of working with clients and that are unsafe in the vehicles that they drive. Their cars are also an issue. (Consumer survey response)

One consumer suggested more training for service providers.

... one agency had extreme difficulty in developing a contract and appeared to be confused in thinking it was 'their' contract, and not the consumer's contract. It took approximately 9 months to have this contract in place, whereas the other two agencies involved in my *family member's* activities were extremely cooperative and responsive with their contracts. I would recommend a training workshop for service providers with whom contracts are made. (Consumer survey response)

In contrast, another consumer described a positive experience with a service provider agency:

The agency arranged for me to interview carers. I am also having a meeting with my carers to discuss my expectations about what happens if they are not able to attend for a shift. It is like having a personal team of my own carers, with backup. (Consumer focus group participant)

The next phase of Self-managed Funding

Three of the 15 consumer survey respondents considered that no improvements or changes are necessary.

Things are working well as is. (Consumer survey response)

Some consumers were looking to the next phase of self-managed funding:

I hope that the support behind the program doesn't fade away... The government needs to know that this program is valued and should be continued. (Consumer interview/email response)

The consumer survey asked how important respondents thought that Self-managed Funding will be for people with a disability and their family carers. On a scale of *very important to not important at all*, all survey respondents rated Self-managed Funding as *very important*.

It puts the responsibility and in some ways the dignity, back into families and people with a disability and gives them the power to be creative in their lifestyle and choices. (Consumer survey response)

Me and my family have enjoyed the peace of mind the self-managed funding has provided for us and will be looking to manage the funding ourselves in the near future. Thank you very much for giving us the opportunity to participate in phase one of the program. (Consumer survey response)

5.0 Analysis of Consumer Maps

The evaluation consultant has analysed de-identified 'before and after' consumer maps. The individual consumer maps show the amount and budgeted cost of support hours, types of supports and service providers used before and after consumers commenced Self-managed Funding.

Analysis of 'before and after' maps for 37 participating consumers shows that:

- Seventeen consumers (46%) have changed one or more of the service providers they were using before self-managed funding, with eleven of these consumers no longer using any of the service providers they used before self-managed funding. Twenty consumers (54%) have retained all of their previous service providers.
- 27 of the 37 consumers (73%) have increased the number of providers that they use (one of the consumers is using 21 new providers, including some retailers). The remaining 10 consumers have maintained the same number of providers they used before self-managed funding.
- Consumers are using an average of 5 providers each compared with an average of 2 providers before self-managed funding
- In 26 consumer maps where hours of support could be quantified, 18 (69%) showed an increase in total hours of support under self-managed funding, 5 (19%) showed no change in hours and 3 showed a small decrease in hours (all less than 10% decrease) but had added other service types that could not be quantified in hours. Even when a consumer's funding package had increased, in most cases the percentage increase in hours of support exceeded the percentage increase in funding package. In the consumer survey, 73% of consumer survey respondents reported receiving more support or services through Self-managed Funding than they did before.
- There is a trend towards the use of mainstream agencies and businesses for supports such as domestic assistance, home maintenance, gardening and shopping delivery.

This sample of 37 consumer maps represents all of the participants actively self-managing with an approved plan at the time when the analysis was conducted in October 2011.

The profile of support types used by consumers has changed as shown in Table 1. In this analysis of consumer before and after maps, a slight shift is evident from the use of personal care supports and respite to increased use of gardening/home maintenance services, social supports/recreation, aids/equipment purchases and therapy services. Six consumers were using part of their self-managed funding to purchase shopping/meal delivery services.

Table 1 Change in Profile of Support Types used by 37 consumers before and after Self-managed Funding Commencement

Type of Support/ Service	% of Total Funding <u>before</u> Self-managed Funding	% of Total Funding <u>after</u> Self-managed Funding commencement	% Change after Self-managed Funding
Personal Care	70.4%	61.2%	- 9.2%
Respite	4.8%	3.7%	- 1.1%
Social Support	3.3%	5.5%	+ 2.2%
Domestic Assistance	13.1%	13.8%	+ 0.7%
Taxi/transport	1.3%	1.8%	+ 0.5%
Therapy	0.6%	1.7%	+ 1.1%
Day options/activities	6.3%	6.5%	+ 0.2%
Aids & equipment	0.1%	1.8%	+ 1.7%
Gardening/ home maintenance	0.0%	2.5%	+ 2.5%
Other types of support	0.2%	1.5%	+ 1.3%
Other types of support specified	<ul style="list-style-type: none"> • Massage 	<ul style="list-style-type: none"> • Massage • Delivery of shopping • Assistance dog costs • Contribution to disability-related utility expenses • Personal alarm monitoring • Personal carer orientation • University studies 	

6.0 Issues from Consultations with other Stakeholders

The evaluation consultant conducted meetings and interviews with other stakeholders involved in the Phase One: Self-managed Funding Initiative. These stakeholders included service providers, host organisations, financial intermediary and Department staff. Issues and suggestions raised by these stakeholders are reported below.

6.1 Expectations of Self-managed Funding

In the focus group and interviews conducted with service providers, host organisations and the financial intermediary (hereafter referred to as the *services focus group and interviews*), participants were asked what expectations they had of self-managed funding and whether those expectations were being met so far.

Participants reported expectations that consumers would have greater flexibility and more choice, control, empowerment and independence. Some services anticipated increased workloads for themselves and consumers. There was a view that self-managed funding would not suit all consumers.

For some people, self-managed funding will work very well but in most cases, the current funding model is a better way. (Interview with a service)

It will work for some, not for all. (Comment from services focus group)

Some services reported low or no expectations and some spoke of confusion and lack of knowledge about the self-managed funding process and the roles of host organisation and service provider. This was despite the Department providing information about self-managed funding to services. It is possible that staff turnover might be an issue affecting service knowledge about self-managed funding. Another factor may be the low number of consumers per service that are involved in Phase One.

One service reported receiving a phone enquiry from a consumer before the service had received information about self-managed funding.

The spread of consumers participating in self-managed funding across services meant that most of the services attending the focus group had only one self-managed funding consumer or none.

For an organisation with 1300 clients, only one on self-managed funding makes it difficult to evaluate. Having more than one would be better.
(Comment from services focus group)

This was a particular concern for host organisations as only one of the self-managed funding consumer participants was using a host organisation at that time. Host organisations therefore reported making preparations for self-managed funding but then receiving no contact from consumers.

We registered as a host organisation, put together a flyer, etc. but didn't get a single enquiry. (Interview with a service)

6.2 Information about Self-managed Funding

Services were asked about the information provided and preparation for the Phase One: Self-managed Funding Initiative. The services focus group and interviews also discussed whether there was any additional information that service providers, host organisations and/or the financial intermediary may need to help them support consumer participants who are self-managing.

Feedback received in the services focus group suggests that many of the representatives attending were unclear about the processes and roles involved in self-managed funding.

Lots of background information and history but not enough detail on how the process would happen – not very informative.

Roll-out of information/ process not staged. Caused confusion for service provider/ host roles. . .

Service providers/ hosts unable to provide clarity for clients when they were unclear. . .

Clarification on the terminology used to describe different roles, i.e. financial intermediary, host, service providers, etc.

(Comments from services focus group)

Services also suggested that some consumers were unclear about roles, e.g. consumers asking for a host organisation but actually wanting a service provider, and consumers confused regarding their role and that of the service provider as the employer of carers.

One service noted that information about self-managed funding was not communicated or promoted to rural consumers; however, this was contradicted by another organisation.

Some services commented that they heard about self-managed funding from consumers or they received enquiries from consumers before being notified of the organisation's host status.

In terms of information that services need now, some representatives asked for templates (e.g. for service agreements with self-managed funding consumers and standard formats for reporting to consumers and government).

There was one comment that the absence of a case manager for self-managing consumers could be problematic for service providers. ('Are we just being a case manager for Disability SA?')

Comments from the interviews with services were more positive.

We really valued the fact that we had people from ODACS come out to visit us. It meant that we could put a face to the contact and we could ask questions.

The information was quite good – open and honest.

(Comments from interviews with services)

Overall, services have insufficient experience of self-managed funding to date to assess the adequacy of information. There is little experiential knowledge for services to share.

There is probably a lot of information that we need but we just don't know what it is. For example, how have other organisations done this, what approaches have they used? Sharing information with other agencies would be useful. (Comment from interview with a service)

Discussions with other stakeholders, including the Self-managed Funding Consultative Committee and Panel members have suggested that more attention be paid to the participation requirements of people with intellectual disability and people with acquired brain injury to increase their level of involvement in self-managed funding. This could include peer supports and training similar to self-advocacy training programs.

Another suggestion was for paid peer workers/consumer consultants to provide part-time support to the Self-managed Funding facilitators, for example, assisting with the delivery of training and information sessions.

There was also a request for more practical information for parents and carers, e.g. tips on how to make day to day administration of a self-managed funding allocation easier.

6.3 Self-managed Funding Processes

Service representatives attending the focus group and participating in interviews were asked if their organisation had experienced any issues or difficulties with any of the self-managed funding processes.

In many cases, the services did not have sufficient experience of self-managed funding to provide first-hand input to the evaluation and many of the responses were questions about how self-managed funding would impact on services in the future.

Several services expressed concerns about the transition from block funding to self-managed funding. Services described the payment of block funding three months in advance as providing a 'safety net', consistency and the ability to forward plan. In contrast, payment for services provided under self-managed funding payments occurs after the service has been provided or, according to focus group participants, one month in advance. Some services also commented that there were additional administrative costs and processes associated with self-managed funding.

While there is a small number of clients (*using self-managed funding*), the additional costs and loss of safety net can be absorbed. This won't be possible when there are larger numbers. (Comment from services focus group)

Some services had experience of consumers wanting to negotiate payment rates and suggested that consumers may have unrealistic expectations in trying to negotiate service provider rates. Other consumer expectations were also cited, for example:

Expectation of families to employ siblings/family members as support workers – us to then pay them. (Comment from services focus group)

Other issues for the services included GST provisions not being clear and crossover of contracts between financial years, including questions about what happens when a service provider increases their rates during the timeframe of a self-managed funding service agreement/contract.

Services also questioned:

- how consumers' packages are determined before they approach service providers
- whether and how the service provider's supplementation of costs will affect the consumer's funding package
- how block grant funding packages will translate to self-managed funding allocations.

When asked if there were any changes or improvements that they would suggest to the self-managed funding processes, services suggested:

- education for all stakeholders on expectations and procedures
- clarification on how incremental increases will work
- templates
- more information on personal plans/criteria/expectations.

Many of the services were not able to comment due to insufficient experience with the self-managed funding processes.

6.4 Impacts and outcomes

Services were asked about the impacts of self-managed funding to date for service providers/host organisations/financial intermediary.

One group of services commented that the scope of the Phase One: Self-managed Funding Initiative does not allow the administrative, financial and human resource impacts to be adequately evaluated. This is due to the spread of the consumers across services and the resultant low number of self-managed funding consumers in each service organisation.

There was also a comment that because consumers had volunteered for Phase One, the consumer sample may be skewed. It was also suggested that the experience of a self-directed funding trial in Victoria may provide useful information for South Australia.

Administrative impacts

Services identified the following administrative impacts of self-managed funding:

- confusion over the invoicing processes
- additional administrative processes required
- having to set up a new system to administer the funding arrangements
- time required to set up contracts and address legal issues

- reporting requirements and clarification needed regarding these requirements
- 'case management' required to put in place arrangements for a consumer.

Financial impacts

The main financial impacts identified by services involved the costs of administering a self-managed funding service arrangement. The sustainability of service providers under self-managed funding was another potential impact raised in the services focus group.

One service that increases its standard rates annually every July questioned how this would be managed under self-managed funding arrangements.

Services participating in the evaluation consultations recognised that service fees and charges are an important consideration for self-managed funding consumers.

There are issues regarding how much money goes into admin costs.
(Interview with a service)

As a host, we have to ensure OHS, Quality Assurance, etc. and obviously there is a cost involved. We can see that this looks costly from a consumer perspective, but we can't provide high quality services for a low cost – there are legal requirements. (Interview with a service)

Human resource/ staffing impacts

Services noted that additional human resources/ staffing were required to administer self-managed funding agreements. The other main impact described by services was requests from consumers for the service to employ and train carers nominated by the consumer and to provide services outside of the organisation's usual core business. This led to discussion about the professionalism of the industry and concerns that if consumers choose who can be employed; this may lead to de-professionalising and de-skilling of the sector.

Some consumer stakeholders described a preference for paid carers with basic skills who could be trained by the consumer in terms of meeting their individual needs. There were some reservations about carers qualified at higher levels who may "start telling a consumer how to run their life".

One service interviewed for the evaluation raised the following dilemma:

There is an ethical dilemma, e.g. what to do if a self-managed funding consumer wants to purchase respite but we have a waiting list for respite. Would we bring in supernumerary staff and provide respite to these people ahead of those on the waiting list? (Interview with a service)

Impacts or outcomes observed for Consumers

Participants in the services focus group and interviews were asked if they had observed any impacts or outcomes for consumers participating in the Phase One: Self-managed Funding Initiative.

Some services were unable to comment due to lack of involvement or no feedback received from consumers. Some services reported positive outcomes for consumers. For example:

Client happy with service. More empowered. Client gets to make more decisions.

Empowered to choose their own staff.

Interview process (*conducted*) with service provider and consumer to select appropriate staff.

Most would say it's working.

They have power.

(Comments from services focus group)

Other comments from services suggested some difficulties for consumers.

Disillusion when they find over time they may get less rather than more.
(*Note that some members of the discussion group did not agree with this comment*)

Misunderstanding of process by clients.

Lack of enquiries from clients/families.

Ability of clients to understand the process.

(Comments from services focus group)

One service questioned why there were low client numbers using self-managed funding at that time (February 2011) and another suggested that the good experiences reported by some consumers 'may not be the case for everyone now and in the future'. The potential skewing of the consumer sample for Phase One and the need for a larger trial encompassing adequate representation of the demographic, geographic and other consumer variables was suggested.

Services were asked if self-managed funding has changed the way their organisations interact with consumers but the responses were, 'no', 'not yet', 'not at this stage' or 'unable to comment'.

Other stakeholders involved in the implementation of Phase One have described the changing level of confidence of consumers and consumers feeling more empowered. One stakeholder spoke of consumer ownership and consumers 'seeing this initiative as theirs'.

Consumers are telling service providers what they are willing to pay for. . .
Consumers have buying power. (Comment from stakeholder interview)

In terms of workload, it was suggested that once the initial set-up and first payments are completed, the workload for consumers is not presenting any issues or concerns. This view is supported by direct feedback from consumers describing the ease of the day to day self-managed funding arrangements.

Impacts and outcomes for government

Stakeholders have described a number of impacts and outcomes for government in its role of planning and implementing this first phase of self-managed funding, including:

- intensive work and huge achievements in the timeframe with limited staff resources
- extensive system development required to enable self-managed funding to occur – proof that systems can adapt
- resource intensive preparatory work such as developing a procedure manual, conducting negotiations and obtaining advice in respect of financial, legal and taxation issues, and developing funding agreements and plans for consumers
- positive mindset and commitment from a range of personnel across several areas of government to enable the self-managed funding processes to work well
- high level of collaboration in government to achieve implementation of self-managed funding
- consultative process with key stakeholders (e.g. through the consultative committee) resulting in genuine dialogue about policy and future developments
- self-managed funding developments encouraging other organisations and projects to consider how they might do things differently
- motivating effect of this initiative for government staff and enthusiasm about being able to make a difference to consumers' lives
- developmental policy-making at the individual consumer level
- lots of problem-solving with positive outcomes.

The process of developing and implementing the Phase One: Self-managed Funding Initiative was described as complex, multi-layered, breaking new ground and bringing a new level of consultation and involvement of stakeholders.

Interest from other government departments in South Australia and interstate was reported as well as acknowledgement of the efficient timeframe within which self-managed funding has been implemented here.

Issues encountered in the Self-managed Funding Panel approval process have included:

- plans or parts thereof that are not really aimed at issues directly associated with the consumer's disability
- plans that are making up for inadequacies in other government programs, (e.g. consumers using self-managed funding to purchase additional transport not provided through existing transport subsidy schemes, or to obtain health-related services).

The Panel has used a consensus approach to decision-making and has asked that obvious inadequacies in other government programs be raised with the relevant department.

The role of the Panel was important in the early days of Phase One, particularly in terms of determining precedents for approval decisions and informing the development of approval guidelines.

Panel members who provided responses to the evaluation considered that the composition of the Panel was appropriate and that decisions represented a good balance between meeting the expectations of consumers and accountability requirements.

6.5 Strengths and advantages

Services identified the following strengths and advantages of self-managed funding:

Independence, flexibility, choice for families and clients.

Control for consumers – example of clients feeling more in control and empowered.

Better working relationships.

Flexibility of services.

One client happier – fewer phone calls to organisation.

(Comments from services focus group)

Flexibility may be an advantage, but this could be achieved by lifting some of the restrictions that come with the funding allowing us to provide more flexible services. (Interview with a service)

Other stakeholders interviewed for the evaluation felt that self-managed funding offered strengths such as:

- a strong and sound philosophical base
- the opportunity for people to have choice and control
- the opportunity to work with government to ‘get the system right for the future’
- collaborative, respectful and resourceful supports for participating consumers
- demonstration that system change is possible, that change can happen.

6.6 Suggested changes and improvements

Services suggested the following changes and improvements for the Phase One: Self-managed Funding Initiative:

- a larger trial for a longer time period
- more work on costing of service provision to individual consumers
- clarification on the reporting processes for service providers and hosts and inclusion of the Department in the financial reporting loop between the financial intermediary and the consumer
- education on the self-managed funding process for consumers, hosts and service providers

- forward planning, particularly for finances, service availability and provision within financial allocations
- clarification of legislation/ legal implications, risk and insurance (e.g. who carries the risk, what constitutes the workplace, the worker, and so on?)
- consistent and transparent process for choice of provider
- high level consultancy to look at market forces and impacts in South Australia
- better interaction between different government portfolios
- possibility of pooled funding e.g. for transport in regional areas
- more feedback from consumers, e.g. How do clients choose a service provider? What information do they receive or use to make this choice?

About half of the consumers registering interest in Phase One ticked the option of using a host organisation on their initial registration form but decided to use the direct funding arrangement once the self-managed funding process was explained in more detail and they realised how simple this could be. The presence of a range of options, including host and financial intermediary arrangements, is still considered important and the use of these options may increase in the future as the range and number of self-managed funding consumers increases.

Stakeholders also discussed the future role of the Self-managed Funding Panel (the panel that recommends approval of consumers' Personal Support and Expenditure Plans). It was suggested that the panel has had a precedent-setting role in Phase One, i.e. in determining what funding allocations could and could not be used for. The question raised was whether this role should change in the future, e.g. would the panel's role be more about risk management and/or determining appeals against expenditure plan decisions in the next phase of self-managed funding? Approval of routine Personal Support and Expenditure Plans has already been delegated to the facilitators or other departmental staff.

7.0 Summary of Key Findings and Suggestions

The key findings and suggestions from evaluation activities are summarised below.

7.1 Key Findings

The findings of the evaluation are generally positive and encouraging. This is particularly promising given that the Phase One: Self-managed Funding Initiative is an innovative project involving significant and complex change.

The key findings of the evaluation are as follows:

Consumer Outcomes

1. Most consumers report increased control, flexibility and choice as a result of their participation in the Phase One: Self-managed Funding Initiative.
2. Other benefits reported by consumers include enhanced dignity, empowerment and emotional well-being.
3. Through self-managed funding, many consumers have been able to increase the number of hours or sessions of support that they receive.
4. An increase in the range of types of services and supports obtained by consumers is also evident.
5. Many consumers have 'shopped around' and engaged different service providers to obtain better value for their funding allocations.
6. Consumers feel that they are making more effective and efficient use of the funds available and in some cases, receiving better quality services.
7. Consumers report that they are managing the day-to-day administration of their self-managed funding allocations well.
8. Most consumers report that the self-managed funding process is easy once the initial set-up and approval of their Personal Support and Expenditure Plans is completed.
9. The role of the two Self-managed Funding Facilitators appears to have been fundamental to the successful consumer participation reported to date. Consumers regard the availability of ongoing support for questions or problems as important to the continued success of self-managed funding.
10. Consumer expectations of self-managed funding have largely been met and in some cases exceeded. There are some consumers who would like to see further development of the model (for example, an option to directly employ their own carers/support workers).
11. Service provider administration costs and charges are a concern for many of the consumers who are aiming to achieve the maximum amount of support possible from their funding allocations. (Several consumers see direct employment as a way of avoiding these administration charges.)
12. Choice of carers/support workers and involvement in rostering and replacement arrangements are important issues for consumers in their dealings with service providers.

13. Consumer take-up of the host organisation or financial intermediary funding arrangements has been low, largely because consumers find the direct funding arrangement easy to manage and cannot see the advantage of involving a host or intermediary (i.e. 'why tell someone else what to do with my funding when I can do this myself').

Impacts for Service Providers, Host Organisations and Financial Intermediary

14. The impacts for service providers are difficult to determine due to the low number of self-managed funding consumers per service provider agency. Most of the organisations providing feedback to the evaluation had only one self-managed funding consumer or none.
15. Service providers generally acknowledge the potential benefits of self-managed funding for consumers such as increased choice, empowerment and flexibility; however there is reluctance from some to endorse self-managed funding as a sustainable model from the service provider perspective.
16. Service providers are concerned that any significant translation of block funding grants to self-managed funding allocations may affect their ability to forward plan, especially in terms of finance and resources. One particular point of difference cited by service providers is the payment of block funding grants three months in advance, compared to self-managed funding payments made after a service has been delivered.
17. Some service providers are also encountering self-managed funding consumers who wish to negotiate service rates and fees, nominate their own carers/support workers and/or receive supports and services outside of the provider's usual core business. These requests may challenge the provider's usual way of operating.
18. Some service providers have concerns about self-managed funding consumers purchasing services and supports outside of the traditional disability services sector. These concerns mainly relate to the perceived potential for 'de-professionalisation' of services.
19. Host organisations are experiencing little demand from self-managed funding consumers. At the time of the services focus group, only one consumer was using a host organisation arrangement and six months later (November 2011) this number had only increased to four. This has led to some organisations questioning whether the Phase One consumer sample is representative of the broader consumer population. Others are frustrated that they have made preparations for self-managed funding but received no consumer enquiries.
20. The financial intermediary had no self-managed funding consumers at the time of the services focus group. Three previous consumers had progressed on to direct funding arrangements.
21. Service providers and host organisations reported confusion (on their part and on the part of some consumers) about their respective roles in the self-managed funding process.
22. There was also some uncertainty about reporting requirements for host organisations (i.e. requirements for reporting to consumers and reporting to the Department).

23. The information about self-managed funding provided to services and host organisations at the outset of Phase One may have been lost or dissipated due to service provider staff turnover or lack of use. (Many of the representatives attending the services focus group appeared to have inadequate knowledge of self-managed funding processes or roles.)
24. Some service providers are looking to self-managed funding/ consumer-directed funding developments interstate (particularly in Victoria and New South Wales) and noting transitional funding arrangements and other supports for services in those jurisdictions.

7.2 Summary of Suggestions

1. Consumers have requested more easily accessible information about what they can do with their self-managed funding allocations, the service providers they can access, what services are offered and how best to access pricing information.
2. Consumers have requested more information about insurance liabilities and other legal issues (relating to service provider responsibilities). A question and answer format has been suggested.
3. Consumers have suggested that peer support be made available to existing and future self-managed funding participants, for example peer support groups, networking opportunities, information sharing between self-managed funding consumers, and experienced peers assisting new participants.
4. Consumers have requested a website resource, including a 'blog' page/group for sharing practical information, tips and questions with other consumer participants. (This suggestion has already been actioned.)
5. In respect of the Information Manual for self-managed funding, consumers have suggested that a smaller booklet be produced with easy-to-read summary information for day to day administration of Self-managed Funding allocations and also that the complete Information Manual be made available in electronic format online. (Note that a summary booklet has now been produced by the Department.)
6. Consumers have suggested that the Personal Support and Expenditure Plan proforma be provided in a spreadsheet format rather than a word processing format (so that calculations do not have to be done manually). Consumers also suggest a simpler process for making changes to the plan and more flexible budgeting allowed in the plan. (Note that a self-calculating PSEP has now been introduced by the Department.)
7. Service providers and host organisations require follow-up/refresher information on roles and reporting requirements in the self-managed funding process. Services also need accurate and up-to-date information to address incorrect assumptions about matters such as the number of consumers participating in Phase One, the way in which self-managed funding allocations are calculated and the continued use of block grant funding.
8. Some services have requested templates for self-managed funding consumer contracts and reporting formats. (Several have already developed their own. There may be a role for service provider peak bodies to assist with this.)

9. Consumers and services have suggested that self-managed funding be more widely promoted and marketed, including promotion in country areas as the initiative is expanded.
10. Consumers and services have requested clarification and consistent rules for the charging of GST by services and routine inclusion of a GST component in self-managed funding allocations (with any unspent GST amount to be reimbursed to the Department). Note that this appears to be a national issue.
11. Services have suggested that an extension of self-managed funding, with a larger and representative sample of consumers, conducted over a longer timeframe, will be required to accurately evaluate the impact on services. (Services will need information on the plans for Phase Two.)

The evaluation consultant considers that vignettes and examples demonstrating individual consumer achievements and outcomes and the various ways in which self-managed funding allocations can be used may be helpful for consumers when preparing their Personal Support and Expenditure Plans.

Likewise, good practice examples of services working with self-managed funding consumers to meet individual needs and requests may be helpful for service providers. One example would be the service provider that involves the consumer in interviewing, recruiting and training the consumer's support workers and planning the support arrangements.

8.0 Conclusions and Potential Implications for the Broader Service System

8.1 Conclusions

The evaluation consultant has considered each of the evaluation questions determined for this project (as previously stated in section 1.2). Please refer to Table 2 below for an overview of the specific conclusions in relation to each evaluation question.

Table 2 Summary of Conclusions for each Evaluation Question

Evaluation Question	Evaluator Conclusion
<p>1. How useful and adequate is/was information regarding the Phase One: Self-managed Funding Initiative?</p>	<ul style="list-style-type: none"> • Information for consumers was adequate and comprehensive. • Several consumers requested a briefer and more user-friendly summary of information in the form of a booklet. This suggestion has been addressed by the Department. • The role of the Self-managed Funding facilitators in meeting with consumers to explain the process was particularly helpful • Information for service providers will need to be regularly provided in order to address staff turnover and limited experience of self-managed funding for many providers. • The respective roles and functions of Self-managed Funding consumers, host organisations and financial intermediary need to be clearly explained for all parties. • There is a need to develop information and training to enable consumers with intellectual disability and acquired brain injury to more fully participate in self-managed funding. • Greater promotion of the Self-managed Funding initiative to the wider disability consumer population has also been called for.
<p>2. To what extent have consumers exercised choice and flexibility in the use of their funding allocation?</p>	<ul style="list-style-type: none"> • Most consumers have reported that Self-managed Funding provides increased choice and flexibility in the services and supports they use. This is supported by the following evidence: <ul style="list-style-type: none"> ○ 93% of the 15 consumer survey respondents reported increased choice. ○ 89% of focus group participants (n=27) and 86% of consumer survey respondents (n=15) reported increased flexibility in the services and supports they use. ○ Analysis of 37 individual consumer before and after maps has shown that since commencing Self-managed Funding, most consumers (73%) have increased the number of service providers they use. ○ The average number of providers used by each consumer is 5 compared with 2 before Self-managed Funding.

Evaluation Question	Evaluator Conclusion
	<ul style="list-style-type: none"> ○ Almost half of the consumers have changed one or more of the service providers they used before Self-managed Funding. ● There is a trend towards the use of mainstream agencies and businesses, particularly for domestic assistance, gardening, home maintenance, shopping delivery and some therapy services.
<p>3. In what areas has self-managed funding made a difference to the lives of participants? Indicative domains for assessing impact will include:</p> <ul style="list-style-type: none"> ● level of support ● control and self-determination ● exercising choice ● wellbeing – physical and emotional ● workload/capacity to meet obligations ● relationship with service providers (and fund administrator if using intermediary) 	<ul style="list-style-type: none"> ● For the majority of consumers, Self-managed Funding has: <ul style="list-style-type: none"> ○ increased choice and flexibility in the supports and services they use (refer to evidence in 2. above) ○ increased the number of hours of support consumers receive (e.g. 69% of consumer maps analysed where support was measurable in hours, showed an increase in total hours of support) ○ increased consumer feelings of control (as reported by many consumers in the evaluation consultations) ○ resulted in a positive effect on consumer perceptions of health and wellbeing (73% of the 15 consumer survey respondents reported a positive effect on their health and wellbeing and the remaining 27% reported no effect). ● Most consumers are self-administering their Self-managed Funding packages rather than using a host organisation or financial intermediary. ● Most consumers have found the administration process easy to manage, particularly after their individual plans have been developed and approved. ● There have been no major issues reported in terms of the consumer workload or capacity to meet reporting or other obligations. ● There have been consumer suggestions to simplify the quarterly acquittal process. ● Some consumers have told of needing to be assertive in negotiating service contracts with providers in order to achieve the flexibility in support times and choice of care workers that they require. ● Some consumers have reported a more individualised and responsive approach from service providers when the consumer holds a Self-managed Funding package.
<p>4. What has been the impact of self-managed funding for service providers? This includes the impact on administrative, financial and human resource arrangements.</p>	<ul style="list-style-type: none"> ● The impact for service providers to date has been minimal due to the dispersion of Self-managed Funding consumers across the large field of service providers. ● There is currently only one agency with more than five Self-managed Funding consumers. Self-managed Funding therefore represents a very small proportion of the operations of most disability sector agencies at present.

Evaluation Question	Evaluator Conclusion
	<ul style="list-style-type: none"> • Service providers have concerns for the future in terms of certainty of funding as individualised funding packages become a growing proportion of their annual operating budget. Concerns include implications for forward planning, staff retention and tenure, administrative challenges in providing individual consumer choice of care workers and potential 'de-professionalisation' of the sector as consumers choose to use more mainstream services.
<p>5. How useful are the systems, policies and processes that support the Phase One: Self-managed Funding Initiative? How could these be improved?</p>	<ul style="list-style-type: none"> • This evaluation has identified no major administrative issues with the systems, policies and processes that support the Self-managed Funding initiative. There has been ongoing refinement of administrative policies and processes during the course of Phase One. • Some consumers have requested changes to policy decisions associated with Self-managed Funding, i.e. <ul style="list-style-type: none"> ○ a change in the policy that prevents direct employment of care/ support workers by consumers using self-managed funding (these consumers consider that this would provide them with greater choice and control and would be more cost effective, i.e. bypassing the administrative charges of service provider agencies). ○ removal of the requirement that personal bank accounts into which Self-managed Funding payments are made not be linked to other bank accounts ○ easing of the acquittal requirements, particularly for consumers who have participated for more than one year ○ delegation of approval of routine individual consumer plans to the facilitators or other departmental staff (potentially leaving the Self-managed Funding Panel to address more complex and contentious plans and/or appeals) ○ allowing consumers to represent themselves at meetings of the Self-managed Funding Panel when their individual plans are considered for approval. • The system of Self-managed Funding facilitators to assist consumers appears to have been particularly useful and the evaluation has received very positive feedback about the facilitators from consumers. • Consumers have suggested the implementation of more peer support arrangements, particularly for consumers who are new to Self-managed Funding. Approaches suggested include peer networks, other information sharing events, the employment of peer support consultants to assist the Self-managed Funding facilitators and a website 'blog'. The latter was set up by the Department but has had a low level of utilisation.

Evaluation Question	Evaluator Conclusion
<p>6. Has Phase One been an effective approach to involve consumers in planning and managing their own services?</p>	<ul style="list-style-type: none"> • Yes. • The evidence analysed by this evaluation indicates that Phase One has been a very effective approach to involve consumers in planning and managing their own services. • Consumers have been directly involved in developing their own plans, choosing their own providers, knowing the amount of their individual funding allocation, and being able to monitor their own package expenditure and change providers if they wish.
<p>7. What were the expectations of key stakeholders and have they been met?</p>	<ul style="list-style-type: none"> • Consumer expectations involved increased: <ul style="list-style-type: none"> ○ control ○ flexibility ○ choice ○ independence ○ involvement in decision-making ○ creative, efficient and effective use of funds ○ access to better quality services ○ transparency of funding and expenditure. • The majority of consumers participating in Phase One of the Self-managed Funding initiative have indicated that their expectations have been met and in some cases, exceeded. • Expectations of service providers, host organisations and financial intermediary included: <ul style="list-style-type: none"> ○ greater flexibility, choice, control, empowerment and independence for consumers ○ increased workloads for service providers and consumers. • The spread of self-managed funding consumers across services, and the low level of use of host organisations and the financial intermediary to date means there is still uncertainty about the administrative, financial and human resource effects of self-managed funding from a service provider perspective.
<p>8. What are the perceptions of the key stakeholder groups, i.e.</p> <ul style="list-style-type: none"> • consumers and their families/guardians • service providers • government agencies <p>of the importance of self-managed funding?</p>	<ul style="list-style-type: none"> • Most of the stakeholder groups view Self-managed Funding as an important initiative. For example, all of the consumer survey respondents rated the Self-managed Funding initiative as <i>very important</i>. • The perceived importance of Self-managed Funding is increasing with recent reports and policy announcements related to the Australian Productivity Commission's recommendations regarding a National Disability Insurance Scheme and the Social Inclusion Board's <i>Stronger Voices</i> report.

Evaluation Question	Evaluator Conclusion
<p>9. What are the key strengths and weaknesses of self-managed funding as identified by each stakeholder group?</p>	<p>Consumers</p> <ul style="list-style-type: none"> The key strengths identified by consumers include increased choice, flexibility and control, leading to enhanced dignity, empowerment and wellbeing. Many consumers also consider that their individual funding allocations are more efficiently managed and provide more cost-effective outcomes under the Self-managed Funding process. The weaknesses identified by some consumers involve the limitations on direct employment of care workers and other suggestions for administrative changes, e.g. simplification of the acquittal process. <p>Service providers, host organisations and financial intermediary</p> <ul style="list-style-type: none"> Service providers recognise the advantages to some consumers of a self-managed funding approach. Service providers see potential weaknesses involving continuity and certainty of funding to organisations, administrative difficulties in responding to the individual requests of consumers, and risks in any consumer move away from qualified care workers. Service providers' ability to provide feedback on Phase One of the initiative is limited by the low number of participating consumers per agency. <p>Government agencies</p> <ul style="list-style-type: none"> The main government agency involved in this initiative (the Department for Communities and Social Inclusion – formerly DFC) has recognised the positive outcomes for participating consumers. The Department has responded to suggestions for improvement identified by stakeholders during this evaluation process. The successful administration of funding allocations by government officers in terms of processing payments to consumers on time is also evident.
<p>10. What are the implications of self-managed funding for the broader service system, for example:</p> <ul style="list-style-type: none"> service quality and safety cost consequences future planning business models industry development/reconfiguration? 	<p>Service Quality and Safety</p> <ul style="list-style-type: none"> This evaluation has not identified any specific instances where service quality or safety have been compromised; however, government should continue to monitor quality and safety issues regarding in-home services provided to consumers who are vulnerable (e.g. consumers with intellectual disability or communication difficulties who may be unable to report an adverse event). <p>Cost Consequences</p> <ul style="list-style-type: none"> Although there have been administrative costs associated with establishing the Phase One Self-managed Funding system, much of the preparatory work has now been done.

Evaluation Question	Evaluator Conclusion
	<ul style="list-style-type: none"> • There will be recurrent costs of employing facilitators and continued roll out of this model; however, there also appear to be cost-benefits from the perspective of many consumers in terms of additional support hours obtained for the same total funding allocation and more efficient use of the supports purchased. There is also the resource effect of consumers dealing directly with the Self-managed Funding facilitators and managing their own arrangements rather than relying on other coordinators/case managers. • More resources will be needed to support continued expansion of self-managed funding, not only in terms of additional Self-managed Funding facilitators and project coordination staff, but also in terms of other areas that play a contributing role, for example: <ul style="list-style-type: none"> ○ finance unit staff who make payments to self-managed funding consumers and monitor expenditure ○ Grants Management Unit ○ Shared Services area which processes vendor payments. • Although there is limited experience to date, service providers report cost implications in terms of establishing the administrative processes for self-managed funding and responding to individual consumer requests. <p>Future Planning</p> <ul style="list-style-type: none"> • The planned expansion in South Australia of individualised funding packages and the option of self-managing is well-timed given the pending implementation of a National Disability Insurance Scheme. (See discussion below this table) • Future planning should take into consideration: <ul style="list-style-type: none"> ○ consumer and service provider information and training needs ○ the recruitment and training of sufficient Self-managed Funding facilitators to support consumers new to this model ○ suggestions for improvement and development of the Self-managed Funding initiative as identified in this evaluation ○ transition needs of the disability service provider organisations. <p>Business Models</p> <ul style="list-style-type: none"> • The broader disability service system will need to review current business models to respond to an increasing proportion of consumers using individualised and self-managed funding packages. • Service provider agencies will need to be prepared to involve consumers in individualised planning of services and supports and in the selection, training and rostering of care workers.

Evaluation Question	Evaluator Conclusion
	<ul style="list-style-type: none"> • Services will need to be able to provide more flexible hours of support over 365 days of the year and may also need to broaden the types of services and supports offered, including multi-skilled/multi-tasked care/support workers who can perform a range of personal care and household assistance tasks. <p>Industry Development/Reconfiguration</p> <ul style="list-style-type: none"> • As the number of consumers with individualised funding packages increases, the disability service industry may need to develop a more flexible and individualised staffing and service delivery structure. • There will need to be an increased focus on consumer satisfaction and low administrative overheads and charges in an environment where competition for individual consumers' funding packages is likely to increase, including competition from mainstream agencies, businesses and individual providers. • There is the possibility of growth in the number of smaller, more flexible, consumer-driven not for profit agencies in the personal services area as consumer pressure grows for individualised service provision with low administrative charges. • The demand for host organisations and financial intermediary services may grow as the number and diversity of consumers choosing self-managed funding increases. Any administrative charges for these services will need to be kept low and the quality of service high if a longer-term consumer base is to be established and retained. <p>Further discussion of the implications for the broader service system appears in section 8.2 below.</p>

8.2 Potential Implications for the Broader Service System

The Context for Future Planning

In response to the Social Inclusion Board's disability blueprint *Stronger Voices* report, the South Australian Government has recently announced that: 'Everyone who receives six or more hours a week of disability services will receive a personalised budget and will be given the option of receiving direct payments to manage their support needs'. (*DCSI News*, 19 December 2011) The Australian Government has also announced that it will work with the South Australian Government on these measures including the move towards a model of individualised funding. (Hon. Jenny Macklin, 19 December 2011)

The South Australian Government has committed to work with not-for-profit organisations to support them in the transition to individualised funding as part of a collaborative approach to reform and position South Australia to transition smoothly to a National Disability Insurance Scheme. As part of the response to the *Strong Voices* recommendations, the State Government will also consult with people with disabilities, their families and carers and unions and appropriate advisory groups to ensure a

successful transition to individualised payment options and ultimately the National Disability Insurance Scheme model.

These policy announcements are consistent with the findings of this evaluation of the Phase One: Self-managed Funding initiative.

Disability Services Sector Implications

Expansion of the Self-managed Funding model will have a number of potential implications for the disability services sector in South Australia. The areas requiring particular consideration include:

- disability service industry development
- business planning for individual service provider organisations
- workforce training and development
- consumer information and supports.

Disability Service Industry Development

The disability service sector will need to prepare for a future where individualised funding (through State Government programs and a National Disability Insurance Scheme) represents a growing proportion of the total income of disability service providers. With an increasing number of consumers able to choose and change service providers and redirect their individual funding packages, service providers will need to focus on individualised, flexible and responsive service provision and consumer satisfaction.

Feedback from consumers participating in Phase One of the Self-managed Funding Initiative suggests that choice of care workers, flexibility in hours and types of support, and value for money are important considerations. Service providers will have to respond to these needs and keep administrative charges low if they are to attract and retain consumers who use self-managed funding packages.

With a relatively large number of providers in this sector, there is likely to be competition for consumers' attention. Providers may have to orient their business practices to market the services and supports they offer, research and respond to consumers' needs and preferences and evaluate consumer satisfaction and areas for improvement. This will be a time of change for the sector and industry-wide information and training (for board members and executives, line managers and frontline staff) will be needed to prepare and orientate organisations for this new environment.

The speed and extent of change is difficult to predict because consumers will have the option of receiving direct payments to self-manage their personalised budget. The number of consumers who will choose to self-manage entirely and present a potentially mobile funding pool is uncertain at this stage. It may be that a significant proportion of consumers will choose to maintain the status quo with their current service provider arrangements, albeit having a greater awareness of their individual funding package amount and expenditure. Conversely, as consumer knowledge and experience of self-managed funding opportunities increases and spreads, the portability of funding may likewise increase.

Business Planning for Individual Service Provider Organisations

Individual service provider organisations will need to plan for an individualised and self-managed funding environment. Planning will need to consider:

- current and projected future funding sources and grant conditions, including financial scenarios for various levels and speeds of self-managed funding take-up
- calculating the costs/pricing of individualised services and supports, including an administrative cost component that is competitively priced
- current and potential consumer/client population, likely take-up of self-managed direct payment options, and consumer needs and preferences for services and supports
- marketing, quality management and other strategies to maintain/grow individualised funding income in an industry with multiple providers
- workforce planning, training and possibly culture change to respond to consumers' individual needs and preferences (this could include: broadening of position descriptions for care workers, e.g. so that a care worker can provide personal care, domestic assistance and help a consumer with shopping as needed; more flexible rostering arrangements; and involvement of individual consumers in the recruitment and selection of care workers)
- administrative systems and processes for quoting, invoicing and reporting services and expenditure for self-managed funding consumers (including hosting arrangements for organisations that choose to provide this function).

Workforce Training and Development

At both the state-wide and organisational level, care workers and their managers/supervisors will need information and training about self-managed funding and the philosophical basis and practical aspects of this model and what it means for consumers, care workers and service provider organisations.

In particular, service provider staff will need to understand the importance of consumer empowerment and involvement in decision-making. The quality of interaction between care workers and other frontline staff and consumers will be increasingly important in an environment where consumers can choose to take their funding packages elsewhere. It is possible that some consumers may wish to bring/take care workers with whom they have a good relationship with them if they change provider organisations. Providers may therefore need to be prepared to train/credential new workers linked to new consumers and also be prepared for a more mobile workforce in this sector.

The State Government program coordination for Self-managed Funding will need to cater for service provider staff turnover when providing sector-wide training/information, i.e. training sessions will need to be regularly repeated.

Registered training organisations providing courses for disability sector staff may need to update curricula to reflect the movement to individualised and self-managed funding. There may also be a need for disability-related training for workers in mainstream

domestic assistance agencies used by self-managed funding consumers (i.e. agencies outside of the traditional disability services sector).

At the State Government program level, additional Self-managed Funding facilitators will need to be trained and assigned to the program. With the close working relationship with consumers and important role that the Facilitators have demonstrated during Phase One, the selection and training of additional personnel needs to carefully consider the interpersonal skills, experience in the existing disability services system and knowledge of self-managed funding processes that are needed for staff undertaking this role.

Consumer Information and Support

Evaluation of Phase One of the Self-managed Funding Initiative has already led to improvements in the information provided to consumers. This information provision will need to continue and be extended and refined as the program expands. Information materials for a broader range of the consumer population will be needed, for example, information in formats suitable for people with intellectual disability, acquired brain injury and sensory impairments.

The evaluation has identified the important function of the Self-managed Funding Facilitators in providing information and support to consumers, particularly in the initial stages of preparing individual expenditure plans and in the first months of self-managing. The Facilitators will therefore provide an important part of the support system for consumers.

Consumers participating in Phase One also suggested increased use of peer supports in the form of networks, peer information about practical aspects of self-managed funding, peer mentoring and peer support consultants linked to the Facilitator role. Now that there are consumer peers with a year's experience of self-managed funding, these peer support opportunities should be further explored.

Consumers may also require independent advocacy support. Disability advocacy agencies should receive information and training if required to assist with self-managed funding-related advocacy.

Although the host organisation and financial intermediary functions were not highly utilised during Phase One, there may be an increased need for these options as self-managed funding extends across the disability consumer population. Consumers (and service providers) will need clear information and explanation about the host organisation and financial intermediary functions.

Planning at the State Government Level

A detailed implementation/development plan is needed at the State Government level to guide the expansion of the Self-managed Funding Initiative. This detailed plan should include the aspects described above and any linkages with a National Disability Insurance Scheme.

9.0 Overall Conclusion and Recommendations

This evaluation has consulted with consumer, provider and government participants in the Phase One: Self-managed Funding Initiative and analysed the program data throughout 2011. The overall conclusion and recommendations of the evaluation are summarised below.

9.1 Overall Conclusion

The evaluation concludes that individualised and self-managed funding significantly enhances the choice, dignity, control and empowerment of people who have a disability, and their families and carers. The evaluation also concludes that for most consumers this model of self-managed funding increases the flexibility, range, responsiveness and amount of supports and services received and is perceived by consumers to provide good value for money.

9.2 Recommendations

Information and Promotion

Recommendation 1

Information provided to Self-managed Funding participants should be reviewed and updated to include information regarding:

- insurance and legal liabilities (e.g. relating to service provider employer responsibilities)
- examples of what Self-managed Funding can be used for
- what service providers consumers may access, what services are offered and how best to access service pricing information.

Recommendation 2

Information and training regarding Self-managed Funding and associated procedures should be available for disability service providers at least twice per year during the transition to full implementation, in order to address staff turnover and limited experience of self-managed funding to date.

Recommendation 3

The respective roles and functions of Self-managed Funding consumers, host organisations and financial intermediary should continue to be clearly explained for all parties in any information or training material.

Recommendation 4

Information in appropriate formats and training should be designed and provided for consumers with intellectual disability, acquired brain injury and sensory disabilities to enable them to more fully participate in self-managed funding.

Recommendation 5

The Self-managed Funding initiative should be more widely promoted to people with a disability, their families and carers in South Australia, particularly as the administrative capacity of the program is extended.

Administrative Policies, Processes and Systems

Recommendation 6

Consideration should be given to simplifying the quarterly acquittal process required of Self-managed Funding consumers.

Recommendation 7

Future consideration should be given to consumer suggestions for changes to Self-managed Funding policy decisions, i.e.

- a change in the policy that prevents direct employment of care/ support workers by consumers using self-managed funding
- review of the requirement that personal bank accounts into which Self-managed Funding payments are made not be linked to other bank accounts
- easing of the acquittal requirements, particularly for consumers who have participated for more than one year
- allowing consumers to represent themselves at meetings of the Self-managed Funding Panel when their individual plans are considered for approval.

Recommendation 8

A resource should continue to be developed for the Self-managed Funding Panel incorporating summary details of precedent approval decisions and rationale to guide future approvals and promote consistency and transparency of the approval process.

Recommendation 9

The provision of Self-managed Funding facilitators to assist consumers in developing their personal support and expenditure plans and establishing their self-management administration processes should be retained and adequately resourced as participant numbers grow.

Recommendation 10

Consideration should be given to implementing peer support arrangements, particularly for consumers who are new to Self-managed Funding. These may include peer support networks, information sharing forums and the employment of peer support consultants to assist the Self-managed Funding facilitators.

Recommendation 11

Detailed planning should be undertaken in respect of disability service sector development, change management and resourcing to meet the demands generated by expanding the Self-managed Funding initiative.

References

- Association of Directors of Adult Social Services, *Survey of Personal Budgets*, March 2011, updated 29 June 2011
- Blacher, J, Feinfield, KA & Kraemer, BR 2007, 'Supporting families who have children with disabilities', in Carr, A, O'Reilly, G, Walsh, PN & McEvoy, J (Editors), *The handbook of intellectual disability and clinical psychology practice*, New York, NY, US: Routledge/Taylor & Francis Group, pp. 303-335.
- Caldwell, J & Heller, T 2003, 'Management of respite and personal assistance services in a consumer-directed family support programme', *Journal of Intellectual Disability Research*, May/Jun, vol. 47, part 4/5.
- Caldwell, J & Heller, T 2007, 'Longitudinal outcomes of a consumer-directed program supporting adults with developmental disabilities and their families', *Intellectual and Developmental Disabilities*, vol. 45, no.3, June, pp. 161-173.
- Community Care website, Mithram Samuel, 'Expert guide to direct payments, personal budgets and individual budgets', 18 August 2011
<http://www.communitycare.co.uk/Articles/19/08/2011/102669/direct-payments-personal-budgets-and-individual-budgets.htm>,
- Department for Communities and Social Inclusion, 'Greater Choice for People with a Disability', *DCSI News*, 19 December 2011, Government of South Australia.
- Department of Human Services 2009a, *Support Your Way*, DHS, Melbourne.
- Direct.gov.uk website,
http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Disabledpeople/DG_10018721
- Disability SA 2009, *Phase One: Self-Managed Funding Initiative – Information package*, Department for Families and Communities, Adelaide.
- Hon. Jenny Macklin, 19 December 2011, *Working with South Australia to get NDIS ready*, Joint Media Release with Senator Jan McLucas and Mark Butler MP.
- KPMG 2009, *The Contemporary Disability Service System: Summary Report*, Victorian Department of Human Services, May 2009.
- LDC Group 2007, *Evaluation of the Direct Payments Project, Final Report*, Department of Human Services, Melbourne.
- Ottmann G, Laragy C & Haddon M 2009, 'Experiences of disability consumer-directed care users in Australia: results from a longitudinal qualitative study', *Health & Social Care in the Community*, September, vol. 17, no. 5, pp. 466-75.
- Productivity Commission, 2011, *Disability Care and Support: Productivity Commission Inquiry Report No. 54*, Commonwealth of Australia, Canberra.
- Social Inclusion Board, 2011, *Strong Voices: A Blueprint to Enhance Life and Claim the Rights of People with Disability in South Australia (2012-2020)*, Government of South Australia, Adelaide.
- Vecchio, N. 2008, 'Understanding the use of respite services among informal carers', *Australian Health Review*, August, vol. 32, no. 3, pp. 459-67.

Appendix A Discussion Questions used in Focus Groups and Interviews

A1 Focus Group Discussion Questions – Consumer Focus Groups and Interviews

Your expectations of Self-Managed Funding

1. Why did you decide to try self-managed funding?
2. What were your expectations of self-managed funding? (How did you think it would work? What difference did you think self-managed funding would make?)

Information provided to you about Self-Managed Funding

Before you started Self-Managed Funding, you would have received some information about this way of funding. Some of this information was in writing and some was provided at the information day at Balyana Conference Centre on 12 February 2010.

3. Was the information easy to understand?
4. Was there enough information?
5. Was the information useful?
6. Would you suggest any changes to the information given to people who are planning to participate in Self-Managed Funding?
7. Is there any additional information that people need before they start Self-Managed Funding?
8. Is there information that you still need now?

Self-Managed Funding Arrangements

There are a number of ways that your funding allocation can be managed. The main ways are:

- **direct payments to the person with a disability** (the funding allocation is paid directly to the participating person with a disability)
- a **guardian is fund administrator** (the funding payments are made to a recognised carer or a legally nominated or recognised guardian, administrator or attorney of the person with a disability)
- a **financial intermediary** is used to support the person with a disability to manage the financial arrangements associated with self-managed funding)
- payments are made to a **host organisation** which will support the person to put in place their personal plan, arrange services and manage the funds.

9. Which of these arrangements have you chosen to use?

10. Why did you choose this arrangement?
11. Have there been any issues or problems with these arrangements so far?
12. What are the advantages and disadvantages of each arrangement?

The Self-Managed Funding Procedures

13. Do you have any comments or suggestions about the Self-Managed Funding process or procedures:
 - the role of the Self-Management Facilitators assigned to each person participating in Phase One?
 - preparation of your personal support and expenditure plan?
 - approval of your plan as recommended by the Self-Managed Funding Panel?
 - the day-to-day administration of your funding (by you, your guardian, a financial intermediary or a host organisation, depending on which arrangement you have chosen)?

Choice and Flexibility

14. Has Self-Managed Funding increased the choices you have in the services and supports you use?
(For example, are there services and supports that you can purchase now, that you could not get before?)
15. Has Self-Managed Funding increased the flexibility of services and supports you use?
(For example, can you get services and supports at the times you need them more than before? Can you purchase combinations of services and supports that you could not get before?)

Strengths and Weaknesses

16. What have been the strengths or advantages of Self-Managed Funding so far?
17. What have been the weaknesses or disadvantages of Self-Managed Funding so far?

Improvements or Changes

18. Are there any improvements or changes that you would suggest for Self-Managed Funding Phase One?
19. Which of these suggestions is the most important?

A2 Focus Group Discussion Questions – Service Provider and Financial Intermediary Focus Group

Your Expectations

1. What expectations did you have of Self-Managed Funding?
2. Are these expectations being met so far?

Information about Self-Managed Funding

3. Do you have any comments or suggestions about the information provided and preparation of service providers for Self-Managed Funding Phase One?
4. Is there any additional information that service providers need before they become involved in Self-Managed Funding?
5. Is there information that service providers still need now?

Self-Managed Funding Processes and Procedures

6. Has your organisation experienced any issues or difficulties with any of the Self-Managed Funding processes or procedures:
 - interacting with people with a disability and family members/guardians who are managing their own funding?
 - interacting with clients who are using your organisation as a host organisation?
 - liaising with Self-Management Facilitators assigned to each person participating in Phase One?
 - liaising with the financial intermediary/ liaising with service providers
 - implementing clients' personal support and expenditure plans?
 - providing and/or brokering services and supports for clients participating in Self-Managed Funding?
 - administering funding accounts for clients if acting as a host organisation?
 - managing Self-Managed Funding payments due for services provided to participating clients?
 - any other aspects of the Self-Managed Funding process?
7. Are there any changes or improvements that you would suggest to these processes and procedures?

Impacts for Service Providers

8. What impacts has Self-Managed Funding had to date for service providers?
 - administrative impacts?
 - financial impacts?
 - human resource/staffing impacts?
 - other impacts?

Impacts and Outcomes for Consumers

9. Have you observed any impacts or outcomes for consumers participating in Self-Managed Funding Phase One?
10. Has Self-Managed Funding changed the way your organisation interacts with consumers?

Strengths and Weaknesses

11. What have been the strengths or advantages of Self-Managed Funding?
12. What have been the weaknesses or disadvantages of Self-Managed Funding?

Improvements or Changes

13. Are there any improvements or changes that you would suggest for Self-Managed Funding Phase One?
14. Which of these suggestions is the most important?

A3 Discussion Questions – Service Provider Interviews

Questions for service provider interviews

1. How has your organisation been involved in Self-Managed Funding Phase One? (e.g. as a host organisation or providing services/supports to consumers managing their own funding)
2. How many Self-Managed Funding consumers have you assisted or provided services to?
3. What were your expectations of Self-Managed Funding Phase One?
4. Have these expectations been met?
5. What impacts has Self-Managed Funding Phase One had on your organisation? (e.g. administrative, financial, human resources, other impacts)
6. Are there any changes or improvements needed to the Self-Managed Funding systems, policies or procedures?
7. Do you think Self-Managed Funding has made a difference to the lives of participating consumers, e.g. in respect of
 - the supports they receive
 - control and self-determination
 - exercising choice
 - wellbeing (physical and emotional)
 - workload
 - relationships with service providers?
8. What effect do you think the choice of Self-Managed Funding **arrangement** had on these outcomes? (The four main arrangements are:
 - direct payments to consumers (people with a disability)
 - direct payments to carers/guardians/administrators
 - use of financial intermediary
 - use of a host organisation.)
9. What have been the key strengths of Self-Managed Funding Phase One?
10. What have been the weaknesses of Self-Managed Funding Phase One?
11. What effect do you think a wider implementation of Self-Managed Funding would have on your organisation?
12. What do you think are the implications of Self-Managed Funding for the wider service system, e.g. implications for
 - service quality and safety
 - costs
 - future planning
 - business models?

A4 Discussion Questions – Meetings with Self-Management Facilitators and Government Representatives

1. How have you been involved in Self-Managed Funding Phase One?
2. What were your expectations of Self-Managed Funding Phase One?
3. Have these expectations been met?
4. What impacts has Self-Managed Funding Phase One had on you or your team?
(e.g. administrative, financial, human resources, other impacts)
5. Are there any changes or improvements needed to the Self-Managed Funding systems, policies or procedures?
6. Do you think Self-Managed Funding has made a difference to the lives of participating consumers, e.g. in respect of
 - the supports they receive
 - control and self-determination
 - exercising choice
 - wellbeing (physical and emotional)
 - workload
 - relationships with service providers?
7. What have been the outcomes of Self-Managed Funding Phase One for other stakeholders:
 - carers/family members
 - service providers (NGOs)
 - government services, particularly Disability SA?
8. What effect do you think the choice of Self-Managed Funding **arrangement** had on the outcomes for participating consumers and others?
(The four main arrangements are:
 - direct payments to consumers (people with a disability)
 - direct payments to carers/guardians/administrators
 - use of financial intermediary
 - use of a host organisation.)
9. What are the advantages and disadvantages of each of these funding arrangements?
10. Overall, what have been the key strengths of Self-Managed Funding Phase One?
11. What have been the weaknesses of Self-Managed Funding Phase One?
12. What do you think would be the implications of wider implementation of Self-Managed Funding for:
 - consumers
 - their parents/family carers
 - service providers (NGOs)
 - other parts of the service system?

Appendix B Consumer Survey

(Administered at approximately 9 months post-commencement)

This survey form is for consumers and their parents/carers and other family members who have participated in Self-Managed Funding Phase One.

The information below explains the evaluation of Self-Managed Funding Phase One, how the survey information will be used, how you can take part in the survey, how your privacy will be protected and how you can get further information.

Evaluation of Self-Managed Funding Phase One

This survey is an important part of the evaluation of Self-Managed Funding Phase One.

By evaluating Self-Managed Funding Phase One we can:

- find out what worked well and what needs to be changed
- receive feedback and suggestions from all those involved
- identify where we need to make changes
- make recommendations for the future of Self-Managed Funding.

The evaluation is looking at:

- the outcomes of Self-Managed Funding for people with disabilities and their carers/family members
- the outcomes for service providers and government services that are involved in Self-Managed Funding Phase One
- how well Self-Managed Funding works and why
- what the Self-Managed Funding program should look like in the future.

Jenny Pearson and Sue Hill from Jenny Pearson & Associates Pty Ltd have been appointed to undertake the evaluation. They will report to Disability SA and the Department for Families and Communities (the Department).

The Families and Communities Research Ethics Committee *must give/has given* approval for the evaluation and this survey.

About this Survey

This survey asks questions that will help the evaluation to determine how well Self-Managed Funding Phase One has worked, what outcomes have been achieved and what changes are needed for the future.

The survey gives you an opportunity to make your individual comments and suggestions.

All consumers and their parents, carers and other family members who have been involved in Self-Managed Funding Phase One are invited to complete the survey. You can complete the survey as individuals or as a family.

Most of the survey questions have 'tick the box' options and then give a space for any comments or suggestions that you may have.

Participation is voluntary

Participation in this survey is voluntary. Your participation or non-participation in the survey will have no effect on the services or funding that you receive.

Consent

Return of a completed survey form will indicate that you have consented to participate in the survey.

Your privacy

Your privacy and the protection of your personal information are important.

This survey does not ask for any personal information such as your name, address, or other contact details.

If you do provide this type of information to the researchers (for example, if you ask the researchers to contact you by phone) the information will not be permanently recorded or used for any other purpose.

All of the personal information that you provided when applying for Self-Managed Funding Phase One continues to be held by Disability SA. Disability SA will not provide any individual's personal information to the evaluation researchers. This survey form has therefore been sent to you by Disability SA.

How the survey information will be used

The evaluation researcher (Jenny Pearson) will use the information provided through this survey, along with other information from the evaluation, to prepare the findings and recommendations of the evaluation.

Information from the survey may be used in the report of the evaluation of Self-Managed Funding Phase One. No information that may identify an individual will be included in the report. The report will be provided to the Department for Families and Communities.

How to take part in the survey

There are three ways that you can take part in the survey:

- complete this survey form **in writing** and return it by post to the evaluator (Jenny Pearson)
- or
- complete this survey **by telephone** with the evaluator who will write down your answers to the questions

or

- request a computer (electronic) version of this survey form from Disability SA and return it to the evaluator **by email**.

Returning your survey form by post

To return your completed survey form **by post**, place it in an envelope addressed to:

Jenny Pearson & Associates Pty Ltd
Reply Paid 246
SEMAPHORE SA 5019

This is a free address, so you do not need a postage stamp.

Completing the survey by telephone

To complete the survey **by telephone**, call the evaluator, Jenny Pearson, on **1800 108 700**. This is a Freecall number so there will be no charge to you for the call.

Completing the survey by email

To request a computer version of this survey form, contact Chris Grant at Disability SA:

Chris Grant (Team Leader, Disability Policy & Strategy)

Phone: (08) 8226 6459

Email: Christina.grant@dfc.sa.gov.au

When you have completed the survey form, email it to the evaluator, Jenny Pearson at jennyp@internode.on.net

Closing date

The closing date for the survey is ***date to be specified***. You must complete and return the survey form by this date in order for your answers to be included in the evaluation.

If you need more information

If you have questions about the survey or need more information, you can contact any of the people listed below:

The evaluation researcher:

Jenny Pearson

Phone: Freecall 1800 108 700

Email: jennyp@internode.on.net

Post: Jenny Pearson & Associates Pty Ltd
Reply Paid 246
SEMAPHORE SA 5019

This is a free address, so you do not need a postage stamp.

Disability SA staff managing the Phase One trial:

Chris Grant (Team Leader, Disability Policy & Strategy)

Phone: (08) 8226 6459

Email: Christina.grant@dfc.sa.gov.au

Post: Office for Disability and Client Services (Disability SA)
Department for Families and Communities
Level 9, Citi Centre Building
Hindmarsh Square
Adelaide SA

Families and Communities Research Ethics Committee, Executive Officer:

Helen McLaren

Phone: (08) 8413 8177

Email: research@dfc.sa.gov.au

Post: Families and Communities Research Ethics Committee
Research Unit, Business Affairs
Department for Families and Communities
GPO Box 292
Adelaide SA 5001

The survey questions start on the next page.

Consumer Survey Questions

1. How has your Self-Managed Funding been managed?

Please ✓ one
only

I have managed the funding myself	
My parent, carer or my legal guardian has managed the funding	
An organisation (financial intermediary) has supported me to manage the funding	
A host organisation has supported me by arranging services and managing the funds.	

2. Did this arrangement work well for you?

Please ✓ one only

Yes	
No	
Unsure	

Would you like to comment:

3. How easy or difficult have you found it to manage your own funding?

Please ✓ one only

Very easy	
Easy	
About average	
Difficult	
Very difficult	
Not sure	

4. Which parts of self-managed funding were easiest for you?

5. Which parts of self-managed funding were the most difficult?

6. How much **choice** has Self-Managed Funding given you in the services and supports that you use? (e.g. being able to choose between different service providers, being able to choose what types of services you receive)

Please ✓ one only

A lot more choice than before	
A little more choice than before	
About the same amount of choice	
A little less choice than before	
A lot less choice than before	
Not sure	

Would you like to comment or give examples of the choices you have with Self-Managed Funding:

7. How much **flexibility** has Self-Managed Funding given you in the services and supports that you use? (e.g. being able to receive services at the times that you need them, being able to use a combination of different services and supports)

Please ✓ one only

A lot more flexibility than before	
A little more flexibility than before	
About the same amount of flexibility	
A little less flexibility than before	
A lot less flexibility than before	
Not sure	

Would you like to comment or give examples of the flexibility you have with Self-Managed Funding:

8. **How much support or services** have you obtained through Self-Managed Funding?

Please ✓ one only

A lot more than before	
A little more than before	
About the same amount	
A little less than before	
A lot less than before	
Not sure	

Would you like to comment:

9. Do you think that Self-Managed Funding has had any effect on your health and wellbeing (e.g. your physical health, how well you feel, how stressed you feel)?

Please ✓ one only

A positive effect – health and wellbeing is better than before	
No effect – health and wellbeing is about the same	
A negative effect – health and wellbeing is worse than before	
Not sure	

Would you like to comment:

10. Do you live in a rural or remote area (e.g. more than 30km from the Adelaide city centre)?

Please ✓ one only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please comment on any effects your location has had on your experience of Self-Managed Funding:

11. Overall, what do you think has worked well with Self-Managed Funding Phase One?

12. What needs to be changed or improved in Self-Managed Funding?

13. How **important** do you think that Self-Managed Funding will be for people with a disability and their family carers?

Please ✓ one only

Very important	
Important	
Not important	
Not important at all	
Not sure	

Would you like to comment:

14. Do you have **any other comments or suggestions** for improving Self-Managed Funding?