

Adapting to Individualised Funding

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Abstract

The Australian government is introducing individualised funding policies for disability service organisations such as Vision Australia. The goal of this project was to suggest how Vision Australia could adapt to the upcoming *Better Start for Children with Disability* initiative and future individualised funding policies. Current and proposed individualised funding policies were reviewed and interviews were conducted with other organisations affected by individualised funding. We presented summaries of this research and provided recommendations to Vision Australia.

Executive Summary

Background

Vision Australia is a not-for-profit organisation that delivers services at no charge for individuals with a vision impairment. Currently, block funding assists Vision Australia in the provision of free services, but the Australian government is planning for a shift towards individualised funding. This study examined the effects of individualised funding on disability service providers to assist Vision Australia in planning for and adapting to the introduction of individualised funding.

Vision Australia derives income primarily from donations and block funding. Block funding is a disability funding model in which funds are given directly to service providers by state and federal governments. However, many Australians have described block funding as a “broken system,” citing shortcomings in measuring need, forming long term goals, and controlling costs (Productivity Commission 2011). As a result, the Australian government has developed plans to transition from block funding to individualised funding.

Individualised funding allocates funding to an individual with disability through a customised support package. Within the constraints of each package, individuals are given the freedom of purchasing services which meet their particular needs. The goal of individualised funding is to allow for a personalised plan that prioritises the needs of individuals with a disability before the needs of the service provider. For service providers, it can create opportunities to deliver more diverse services, and introduce a competitive environment. It is hoped that individuals will maximise the potential of the money allocated to them, reducing the long-term costs of disability care to the government. A report by Steve Dowson and Brian Salisbury in 1999 states that an incremental approach can reduce the risk involved with implementation.

On 1 July 2011, the *Better Start for Children with Disability* initiative (BSCI) will be introduced, providing additional aid to children with cerebral palsy, Down syndrome, fragile X syndrome, hearing impairments or sight impairments. The BSCI will be the first national disability individualised funding program to affect Vision Australia. The individualised funding component will provide up to \$12,000 of disability funding to eligible children to supplement the services these children receive under block funding. Families of children that receive this funding will only be allowed to spend it with organisations registered with the Australian government. Organisations can only accept BSCI funding for services that are listed under its policy regulations (Department of FaHCSIA 2011).

The BSCI was designed to be almost identical to the *Helping Children with Autism* package (HCWA). The HCWA was introduced in 2007 to provide additional support to children with Autism Spectrum Disorder (ASD). Autism service organisations have had several years of

experience working under the HCWA. For this reason, we examined organisations' experiences with the HCWA to better understand the potential experiences of Vision Australia under the BSCI. The Australian government's Productivity Commission is developing a more comprehensive individualised funding plan, the *National Disability Insurance Scheme* (NDIS), following the implementation BSCI and HCWA. The NDIS will be replacing much of the current block funding, and is set to be introduced to all of Australia in 2015 (Productivity Commission 2011).

Our Study

The goal of this study was to assist Vision Australia in planning for and adapting to individualised funding policies with a particular emphasis on the *Better Start for Children with Disability* initiative (BSCI), while also providing Vision Australia with recommendations for transitioning to more comprehensive plans, such as the *National Disability Insurance Scheme* (NDIS).

The objectives of this study were to:

1. Understand Vision Australia's current operations with a particular focus on its service provision, client relations, and finances.
2. Understand current and proposed national individualised funding models utilised for disability funding.
3. Identify how other organisations were affected by and adapted to a shift to the *Helping Children with Autism* package (HCWA), a national individualised funding policy.
4. Communicate findings and develop recommendations with Vision Australia staff to prepare for the *Better Start for Children* initiative as well as any other future individualised funding policies.

We interviewed 10 Vision Australia staff members to understand the organisation, and reviewed literature on current and proposed individualised funding models such as the HCWA and NDIS. We interviewed representatives of eight organisations that participated in the HCWA. We also worked with 20 Vision Australia staff members to personalise, develop, and refine recommendations that Vision Australia could use to transition to an individualised funding model. The summary of these conclusions and corresponding recommendations are as follows:

Organisations transitioning to individualised funding experienced an increased demand for charged services. As long as services were suitably advertised, there was an increase in demand for charged services. This increased demand created competition for qualified staff among service providers.

Vision Australia could advertise its charged services by contacting professionals who provide service referrals and clients, hiring additional staff to handle increased demand, taking steps to retain staff, and referring additional demand outside Vision Australia.

Organisations benefited from inter-agency cooperation. Organisations that formed consortiums or offered subcontracted work have benefitted from this cooperation with other service providers. Referring additional demand through consortiums or subcontracts allowed organisations to manage overflow and provide niche services while avoiding the costs of hiring new staff.

Possible proactive strategies include forming a consortium, making use of subcontracted work, and charging for referrals.

Organisations found challenges in complying with governmental regulations. Autism organisations reported that the government required a large amount of reporting and paperwork by service providers. Special government software was required for some of this paperwork. This software *may* not be vision accessible and was generally reported not to be user friendly. The protocols for billing were strict. The government would inconsistently provide timely reimbursement.

Possible proactive strategies for Vision Australia include familiarisation with BSCI protocol, hiring staff to handle BSCI paperwork and protocol, training staff in BSCI billing protocol and government software, ensuring government software is vision accessible, being prepared for delays in reimbursement, and joining the Better Start Early Intervention Panel so Vision Australia is eligible to receive BSCI funding.

Some organisations had to design new services. The HCWA would only provide funds for charged services and for select categories of early intervention programs. There was a need to design, price, budget, and oversee these new programs. Furthermore, there was a need to integrate these charged services into a service delivery model that may have provided only free services in the past. Common solutions to pricing and integrating services include: case studies of prices in private industry and designing charged programs to meet gaps in current service delivery.

Vision Australia could design new programs under government guidelines that meet gaps in current services or act as an extension of current services. Prices of programs can be determined by studying prices in the private market. Cultural and legislative differences between states should be considered when designing and implementing new national programs. Further possible proactive measures include having Vision Australia keep charged programs organisationally separate from free services, create infrastructure and provide staff to oversee these new services, regularly assess and fine tune its new programs, and test new programs before clients receive BSCI funding.

The introduction of paid services changed staff-client relations. Staff often had to abide by stricter rules and schedules when providing charged services. Staff and clients involved in charged services experienced a more businesslike environment. This environment was not

always well received by long term clients and staff, and agencies which transitioned to more charged services than free services sometimes developed a change in identity.

Possible proactive strategies include having Vision Australia educate staff and clients about individualised funding to avoid any misconceptions, providing staff with more opportunities for staff and clients to form a personal relationship including allowing more off site visits, and providing charged services in the form of programs of several sessions instead of unit sessions to promote a long term relationship.

Organisations experienced fiscal losses due to mistakes by clients. Clients would cancel sessions on short notice and mistakenly purchase goods and services with insufficient funds. The HCWA stipulated that agencies could not charge the government for either mistake, and many organisations had to cover the cost of these mistakes.

Vision Australia could take preventative measures including sending meeting reminders and monitoring funds as well as compensative measures including having the client pay for part or all of the losses.

Adapting to individualised funding is an uncertain process that affects organisations differently. Our interviews have shown how the HCWA has had different effects on different organisations. Furthermore, HCWA was occasionally revised, which changed its impact on disability organisations.

Vision Australia should gain a full understanding of the BSCI to ensure that all of the government's protocols are being followed. There should be a preliminary, mid-implementation, and post-implementation review of the BSCI to help prevent any problems before they mature, discover any opportunities that may be presented, and help find solutions for future implementations of individualised funding.

There are limitations to our analysis. Full details on the BSCI were only recently published, are under review, and are subject to change. Core parts of our research were on the HCWA, a similar policy targeting different disabilities. We also had limited information on the long term effects of individualised funding. The generalisations of individualised funding are based on results from a literature review of individualised funding in conjunction with results from our study of the HCWA. We have insufficient information on the effects of individualised funding on charity and volunteer work.

For these reasons we recommend additional research on the topic and regular assessment and fine tuning of any adaptations to individualised funding. We particularly suggest research on the NDIS and adaptations to the policy. This policy will have a larger impact on Vision Australia than the BSCI.

Key Terminology

Autism Advisor – provider of information regarding eligibility, available funding, and available services to families following a child’s diagnosis of Autism Spectrum Disorder (ASD); funded by HCWA.

Autism Spectrum Disorder (ASD) – a spectrum of disorders including classic autism and Asperger syndrome, among others.

Better Start for Children Initiative (BSCI) – federally funded policy that will give eligible children diagnosed with a sight or hearing impairment, Down syndrome, cerebral palsy or fragile X syndrome access to funding and Medicare rebates beginning July 1, 2011.

Block Funding – method of government funding in which money is provided directly to service providers, who then provide services to clients.

Centrelink Reference Number (CRN) – billing number linked to accounts of eligible HCWA children that deducts from a balance initiated by FaHCSIA.

Commonwealth/State/Territory Disability Agreement (CSTDA) – agreement between the Australian government and state and territory governments specifying that:

- the Australian government has responsibility for the planning, policy setting and management of specialised employment assistance
- state and territory governments have similar responsibilities for accommodation support, community support, community access and respite, and
- support for advocacy and print disability is a shared responsibility between the Australian government and state and territory governments.

Consortium – an association, partnership, or union; under the HCWA and BSCI, consortiums may be formed to form a multi-disciplinary approach to service provision.

Department of FaHCSIA – Department of Families, Housing, Community Services, and Indigenous Affairs; governing body of the early intervention programs (BSCI and HCWA).

Early Intervention - services provided by service agencies and designed by government to enhance a child's potential for growth and development from birth to school entry.

FaHCSIA Online Funding Management System (FOFMS) – computer software used to track payments with CRNs; updates Centrelink accounts of eligible HCWA children.

Helping Children with Autism package (HCWA) – federally funded policy that gives eligible children diagnosed with Autism Spectrum Disorder (ASD) access to funding and Medicare rebates. The four-year policy was launched in 2008.

Individualised Funding – method of government disability funding which includes providing financial supports to the individual for the purchase of services to address the needs that are involved with a disability.

Legal Blindness – can be classified when an individual cannot see more than 20 degrees in their visual field and/or when an individual cannot see at six meters what a normal person can see at sixty meters (Vision Australia 2010).

National Disability Insurance Agency (NDIA) – governing body of the National Disability Insurance Scheme; created by and reporting to all Australian governments.

National Disability Insurance Scheme (NDIS) – a new Australian individualised support system set to launch in 2015 and designed for people with a disability, their families and carers.

Productivity Commission – Australian government’s independent research and advisory body; commissioner of Disability Care and Support project, which includes details of a NDIS.

Service Agency – a public or private organisation that assists a person with disability. This includes both service providers and advisors.

Service Provider – a public or private organisation that provides services to a person with disability.

Team Managers – Managers in Vision Australia that are responsible for a number of professional staff members.

Vision Impairment – some degree of sight loss.

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4.2 Australia's movement towards individualised funding models for disability services	KP	JD	SN	JB

4.3 Impacts of individualised funding on disability service providers	KP	JD	SN	JB
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5.2 Handling policy regulations	JB	SN	KP	JD
5.3 Changing the method of service provision	JB	SN	KP	JD
5.4 Influencing staff-client relations	JB	SN	KP	JD
5.5 Client mistakes	JB	SN	KP	JD
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Chapter 1: Introduction

In 2010, more than 350,000 Australians were living with vision impairments, and this total is expected to rise to 700,000 by the year 2030 (Vision Australia). While most vision impairments are a result of aging, children have this disability as well. One in every 2,500 children in Australia lives with a vision impairment (RIDBC, 2010). For children, a vision impairment can impact learning skills, social life, and physical abilities, while for adults it can prohibit everyday tasks such as driving, working, and exploring new places. Australians with a vision impairment are entitled to the same opportunities as any other citizen. A range of government agencies and not-for-profit organisations provide services to give people with a vision impairment a better sense of independence (Office of Legislative Drafting and Publishing, 2007).

One such not-for-profit organisation is Vision Australia, the largest low vision service organisation in Australia providing services to those with a vision impairment. Vision Australia's mission is to create equal opportunities for people with a vision impairment, and it attempts to do so by providing a variety of services to a broad spectrum of clients. These clients range from people of all ages, to businesses that need consulting on managing accessibility for people with a vision impairment (Vision Australia). Currently Vision Australia assists approximately 30,000 clients each year, with roughly 900 of these being children between the ages of 0 and 6. Vision Australia provides services for its clients' physical and mental health, and provides education with services such as courses in Braille and assisted technology. Early intervention services help children learn how to handle their disability at an early age so they will be in a better position to transition into school.

Beginning on 1 July 2011, the Department of Families, Housing, Community Services, and Indigenous Affairs (Department of FaHCSIA 2011) will be implementing the *Better Start for Children with Disability* Initiative (BSCI), introducing service agencies like Vision Australia to individualised funding. Currently, Vision Australia receives government support through direct agency funding, also known as *block funding*, a funding model in which the government directly allocates funds to organisations to provide services at a free or reduced cost. Under *individualised funding*, money is allocated to individuals who purchase the services they require. This funding is spent through an individual support package that may restrict the use and management of the funding. Under the BSCI, the Australian government will give the families of children with an eligible disability access to an individualised budget of government funds to buy services and resources. The BSCI is one of two early intervention programs to help the government and service organisations prepare for a future movement to individualised funding for disability services.

Supporters of individualised funding models claim that individuals will benefit from the creation of personalised service plans. They argue that this will give an individual with a vision impairment greater choice and independence in services. Some also agree that under individualised funding, smaller organisations can thrive by specialising in underrepresented services. In any event, a shift to an individualised funding model requires service providers to adapt. However, there is little information available on how service providers such as Vision Australia should react to the changes brought forth by the BSCI. Up until 20 April 2011, the Department of FaHCSIA was still planning the specific details of the BSCI.

The goal of our project was to provide Vision Australia with an analysis of how the BSCI might affect their children's services and give advice to prepare Vision Australia for any future individualised funding policies. To do this we reviewed Vision Australia's services for children and the relevant government policies, and examined Australian organisations that have experienced a similar funding change. Using these results, we held focus groups to develop and refine some recommendations that Vision Australia could prepare for the introduction the BSCI and future implementations of individualised funding.

Chapter 2: Background

Disability service agencies that aid children with a vision impairment will be affected by an upcoming funding change called the *Better Start for Children with Disability* initiative (BSCI). This chapter will serve to offer background information to explain blindness in Australia, the change to individualised funding, and its context on service agencies including the not-for-profit organisation Vision Australia. This chapter will first summarise the relevant details concerning vision impairment in Australia. We discuss vision impairment, service organisations, and funding for disability service agencies through direct or block funding. Next, we highlight what is known about the future for disability service funding in Australia by discussing a proposed funding model known as individualised funding and applications of this model elsewhere in the world.

2.1 Blindness and vision impairment globally and in Australia

Globally, vision impairment affects approximately 315 million people, with 45 million considered to be legally blind (WHO 2009). In developed countries, the number of individuals with a vision impairment is increasing due to vision loss becoming more common after the age of 50 and the increasing age of developed society.

In 2010, Vision Australia recorded that 350,000 Australians had a vision impairment, and this is number anticipated to double to approximately 700,000 by 2030. To be considered legally blind in Australia, an individual must have 6/60 vision or worse, and to be considered to have a vision impairment an individual needs to have 6/12 vision or worse (WHO 2001). This means that an individual with a vision impairment cannot see at 12 metres what another person with perfect vision can see at 60 metres. There are different levels of vision impairment, and each visually impaired individual has different needs.

One of the biggest problems for an individual with a vision impairment are the costs of managing the disability, both in the form of medical bills and resources needed to overcome any obstacles that may stand in their way. In an Australian case study, three groups were identified and separated by their yearly cost for vision impairment. A person over the age of 65 had a yearly cost over \$14,000 AUD, a person between the ages of 21-65 had a cost over \$17,000 AUD per year, and a person under the age of 16 had a cost around \$15,948 AUD per year (Keeffe 2010). Everyday items like cell phones cost more money for the vision impaired because they need to be specialised for the user's needs. Another example of high cost items are Braille printers that can cost upwards of \$6,000 AUD (Menses 2010).

Aside from monetary difficulty, many individuals with a vision impairment feel it is difficult to find work, which is an obstacle to gaining independence, social acceptance, and peace of mind (National Disability and Career Alliance 2010). In the past, those with a vision impairment in Australia faced difficulty in gaining the right to vote. Only around 100 years ago did those with

a vision impaired gain the right to vote, and only in the last couple decades has voting become low vision accessible (Vision Australia 2010). Service agencies played a big part in advocating for people with disabilities. People with a vision impairment may face considerable difficulties, and one of the best ways to combat these difficulties is through outside help such as specialised care through service organisations.

2.2 Services for people with a vision impairment

A variety of organisations provide specialised services to benefit many individuals with a vision impairment. Low vision service organisations in Australia include Vision Australia, The Royal Society for the Blind, The Blind Welfare Association and many others. These organisations provide training, counselling, advocacy, and specialised tools for individuals with a vision impairment. Low vision service organisations provide services that often fall into one of four categories: health, independence, education, and community involvement (Vision Australia 2010).

Health services are intended to help people by providing services such as one on one counselling, group support, ophthalmology, and orthoptics. Independence training is intended to help those with a vision impairment learn techniques that can help them carry out basic everyday activities such as cooking, travelling, handling money and reading. For instance, service organisations can provide classes in adaptive technology, or send a representative to the house of a person with a vision impairment to help build a system for matching clothes. Education training is needed for young people with low vision. Vision Australia offers programs in early Braille reading for children, tactile learning methods such as learning through touch rather than sight, and socialisation skills. The final major category of training is community involvement. This training is intended to help an individual with a vision impairment become involved in the workforce or recreation. Examples of these types of services include teaching the skills necessary for a person a vision impairment to work in an office or teaching competitive games designed for those with low vision.

Service organisations provide tools for the visually impaired as well. These include an assortment of specialised equipment including large print computers, Braille printers, audio books, and seeing-eye dogs. Service organisations also strive to provide advocacy for their client's needs, equality, and political representation.

Today, Vision Australia is a leading provider in Australia for vision impairment services. Vision Australia was formed in 2004 through the merger of The Royal Blind Society, The Royal Victorian Institute for the Blind, Vision Australia Foundation, and The National Information and Library Service. Each organisation provided different services that were made available to Vision Australia's clients. In December 2006, Vision Australia merged with Royal Blind Foundation Queensland (RBFQ). This brought Vision Australia's wide variety of services to Queensland. Around the same time, Vision Australia introduced new programs that would be

available in New South Wales and Victoria. ‘Hear a Book’ merged with Vision Australia in November of 2007, bringing a large provider of audio books to the organisation. The merger of these organisations enabled Vision Australia to expand to all corners of the country, becoming Australia’s largest low vision service organisation. Vision Australia’s goal was to collaborate on and create a single organisation with enough skills and tools to serve all of Australia better than each individual organisation could.

Currently, Vision Australia provides services to over 30,000 Australians and their families or carers (Vision Australia 2010). The technologies and services that Vision Australia provides to its clients are among the broadest in Australia due to the organisation’s growth. Its services range from early intervention for children to consulting for organisations in planning and designing products. Vision Australia seeks to allow people with a vision impairment to have full access, full participation, and equal opportunity in every aspect of life and society. Vision Australia’s services for children are designed around the education and health of the individual. An example of this can be seen through Vision Australia’s Felix Library, which promotes Braille reading as well as health and essential social skills at an early age. Vision Australia also provides a variety of therapists and educators ensure sure children stay healthy and well educated.

Vision Australia hires a large number of volunteer and part-time staff members. Volunteers outnumber staff five to one, and have all of the responsibilities of a staff member. However, volunteers are limited in their leadership roles and weekly hours. Together, staff members with various responsibilities and backgrounds provide services to those with vision impairments throughout the country.

2.3 Funding of Vision Australia

Vision Australia is a low-vision service provider that offers almost all services free of charge to clients. To provide all of these services for free, Vision Australia’s \$80 million budget is funded by multiple sources. The primary sources of funding are donations and government funding. Currently, Vision Australia receives 30% of its funding though both the national and state government, with variances between the states and territories due to differing government policies. Vision Australia also raises a significant portion of its funding through donations and events such as *Carols by Candlelight*. The remainder of Vision Australia’s funding is covered through sales and investments returns (Vision Australia 2010). Vision Australia’s government funding is known as block funding. Under block funding, government funds are allocated directly to service organisations. These service organisations supply services to their clients at a reduced rate or free of charge.

Disability funding in Australia is currently governed under the set of laws known as the *National Disability Agreement (NDA)*, previously known as the *Commonwealth State/Territory Disability Agreement (CSTDA)*. This agreement is between the states and territories of Australia and the

Commonwealth of Australia to determine the responsibilities involved in providing disability funding for people with disability (Department of FaHCSIA 2009). The current plan calls for the Commonwealth to provide 30% of each state's disability funding budget, while the state provides the other 70%. The state is also responsible for providing accommodations to institutions, care centres, and family disability care (PricewaterhouseCoopers 2009).

The Australian government has raised several concerns regarding this current approach to disability service delivery, including need measurement and rising cost. Yearly costs under the *National Disability Agreement* (NDA) are projected to increase 5-7% annually (Department of FaHCSIA 2009). The government stated that the rising cost could not be justified because of the insufficient monitoring of current disability care. Under the current system, the government stated that there are obstacles in measuring need, administering of services, and service outcomes (Department of FaHCSIA 2009). By using a system called the Survey of Disability, Ageing and Carers, the Commonwealth government intends to provide a more accurate measurement on which to base its demand estimates (Department of FaHCSIA 2009).

In 2007, the Labor party aimed to fix what they referred to as a "broken system" (McLucas 2010), calling for a more nationalised plan. A renegotiation of the CSTDA resulted in the NDA, a similar agreement but one with more provisions and transparency. The trend to a more nationalised disability support system is continuing beyond these changes. Individualised funding policies are also being developed to address perceived problems. There are several different individualised funding models throughout Australia on the commonwealth and state levels. An incremental approach is being implemented to minimise the risks of a drastic change.

The term *individualised* (or *individual*) *funding*, in the context of disability service provision, refers to a system whereby the government allocates funding to individuals with disability rather than to service providers. Individualised funding is meant to allow for more choice for a client who can, under certain restrictions, buy the services to meet their particular needs. When individuals are given individualised funding, they create a market and are given the power to shape their support services. It is hoped that when given choice, clients will maximise the potential of the funding allocated to them.

Individualised funding gives its recipients the right to choose what services they receive and where they receive those services, with differing levels of restrictions and oversight. For individuals with a disability, this could ensure that the particular needs of each individual are addressed with the government's funds. There are three different models of individualised funding in Australia, each with varying levels of restrictions and rights given to the recipients of the funding. These three models are: individual packages held by a provider, individual budgets held by a person to spend through providers, and self directed payments to spend in an open market. Individual packages held by a provider require individuals to go to a provider and

purchase pre-ordained packaged services. Individual budgets involve funding held by an individual to spend through registered services and service providers; though this does not necessarily mean that the individuals themselves handle their money. Finally, there are self directed payments given to an individual to spend in the open market that allows funding to be spent wherever the individual chooses (Fisher 2010). Some models give individuals government funding to spend freely, while other funding models set restrictions on the services and organisations that are available to access.

Individualised funding was first introduced to Australia in the early 1990's in Western Australia. In 2000, the Northern Territory began adopting individualised funding models, and soon after, other states and territories followed. The states that began implementing individualised funding policies after the year 2000 generally do not allocate funding directly to the individual (i.e. the policies are not direct payments). Instead, these states provide funding to organisations that provide funding to individuals with a disability based on their needs. The individual may then decide where to obtain the services; hence the funding package is classified as portable (Fisher 2010).

A transition to individualised funding adds new and different responsibilities to stakeholders. Experience has shown that an incremental approach to the implementation of individualised funding has minimised the risks involved in adjusting to these new responsibilities (Dowson 1999). Early intervention programs, which consist of the *Better Start for Children with Disability* initiative (BSCI) and the *Helping Children with Autism* package (HCWA), have been developed for the introduction of individualised funding in the Australian government's disability funding. These programs will provide supplemental funding to families of children with a disability for the purchase of additional services and resources (Department of FaHCSIA 2010). Vision impairments are one of the disabilities that are eligible for funding under the BSCI. Early intervention programs are not planned to replace current block funding, however a future policy is expected to.

While Australia has not completely shifted to national individualised funding models, there are plans that will impact a wide range of disability service organisations in Australia. The National Disability Insurance Agency (NDIA) is in the process of developing a *National Disability Insurance Scheme* (NDIS). The NDIS is an individualised funding model that is planned to be introduced in 2014 in one Australian state or territory, followed by a national implementation in 2015. The NDIS is expected to replace the Australian government's current method of providing disability funding: block funding (Productivity Commission 2011).

Much of Australia has committed to or is seriously considering a shift to individualised funding (Productivity Commission 2011). These changes are starting to spread to organisations such as Vision Australia. To understand how these proposed individualised funding models may affect

Vision Australia, we first began with a review of previously implemented individualised funding models in Australia and abroad.

2.4 International experiences with individualised funding

Individualised funding has been implemented in several countries besides Australia, such as Canada, United Kingdom, United States, Netherlands, and New Zealand. There is a variety in the forms and models of individualised funding that are found in different countries. In order to maintain relevance to the changes that may be brought upon Vision Australia, our research was less detail specific and more focused on finding patterns that might be safely generalised. In particular, we investigated client and community response to these models to identify some of the benefits and detriments of individualised funding.

One of the clearest impacts of individualised funding is that it provides an individual with more freedom and choice. Over 90 percent of people, in a disability survey, said “yes” when asked whether individualised funding allowed for choice regarding support (Fisher 2010). In the United Kingdom, disabled individuals have the option to receive direct funding for their services. The United Kingdom government will give direct payments of cash to individuals with a disability, who in turn will decide on their service provisions. This type of funding provides these individuals with a more administrative role. However, this funding model allows for more room for mistakes by the individuals who receive the funding (Fisher 2010).

In some individualised funding models, disabled individuals may test the open market and expand to non-professional and informal carers (Fisher 2010). Under this model, opportunities are created for smaller businesses that can specialise in an underrepresented service. These were the intentions in the Netherlands in 2004 when a direct form of individualised funding was implemented. The government hoped that an environment would be created in which smaller businesses could survive upon their specialised services, bringing a broader choice of services for the disabled. In 2010, Fisher concluded that even though there were small increases in business creation, individualised funding did not create as many small businesses as expected. Commonly, the disabled individual must hire and manage their service providers, and are limited by the available choices. Fisher also concluded that purchasing services can create some discomfort for clients, as some services are provided in one’s home.

New Zealand has adapted an individualised funding model that gives people the funds and rights to choose support as well as advice on how to manage money and service providers. Beginning in 2003, individualised funding support agencies became available for disabled individuals. Those with disabilities could consult with these support organisations to develop a service model and budget. The organisation would also manage the funds of the client. Manawanui is an example of an individualised funding support organisation based out of New Zealand (Manawanui 2010). The services that the organisation provides assist the client to hire service

providers and manage the funds with methods ranging from time sheets and payment methods to drafting job descriptions.

After looking at international implementations, it is still difficult to determine how individualised funding models may impact Vision Australia or children with a vision impairment. There are clear differences between implementations of individualised funding abroad and in Australia due to the differences in demographics, population density and cultural beliefs. Despite these differences, such plans could still be used as a valuable resource to determine the potential impacts on service organisations in Australia.

Chapter 3: Methodology

The goal of this study was to assist Vision Australia in planning for and adapting to individualised funding policies with a particular emphasis on the *Better Start for Children with Disability* initiative (BSCI). The following is a list of our objectives to accomplish this goal:

1. Understand Vision Australia's current operations with a particular focus on its service provision, client relations, and finances.
2. Understand current and proposed national individualised funding models utilised for disability funding.
3. Identify how other organisations were affected by and adapted to the shift to the *Helping Children with Autism* package, a national individualised funding policy.
4. Communicate findings and develop recommendations with Vision Australia staff to prepare for the *Better Start for Children* initiative as well as any other future individualised funding policies.

These objectives were completed in a seven week timeframe. In this chapter, we discuss the methods used to predict the effects of national individualised funding policies and develop recommendations for Vision Australia.

3.1 Understanding Vision Australia

We sought to understand Vision Australia's current operations with a particular focus on its service provision, client relations, and finances. As external researchers and newcomers to Vision Australia, we sought to obtain an understanding of Vision Australia's organisation in order to allow our recommendations to be better received by the staff. We focused our research on answering the following questions:

- 1. How does Vision Australia's infrastructure separate it from private organisations?** What are staff-client relationships like? How does Vision Australia achieve a balance between financial stability and client satisfaction?
- 2. How does Vision Australia provide services to clients, especially children, under their current funding model?** How does Vision Australia recruit clients? How are services provided to Vision Australia's clients?
- 3. How does Vision Australia operate from a financial perspective?** How significant is government funding in covering the costs of service provision?

We addressed these questions with interviews, literature reviews, and by participating in tours and training programs. Each method is described in turn below.

Interviews were used to address each of these questions. Our team intended to learn about Vision Australia's client relations and service provision by interviewing staff members with firsthand experience with clients. Additionally, we interviewed staff members chosen due to their knowledge and familiarity with relevant services, especially those to children. We interviewed 10 staff members familiar with Vision Australia's Felix library, Quality Living services, counselling, and other important children's services. We sought to understand Vision Australia's finances by interviewing Vision Australia's government relations officers.

Both formal and informal interviews were held with staff members. Informal interviews were conducted on an ad-hoc basis and typically lasted 30-45 minutes. These interviews were intended as a springboard to identify other staff members valuable to our research. Additionally, these interviews were intended to gain basic and factual information about Vision Australia. Interviews were discussed immediately following their conclusion to identify important points, and detailed notes were taken for future reference.

Formal interviews were conducted with staff that had knowledge directly relevant to our project. Interview plans were sent prior to each interview, giving staff members the chance to prepare to address those questions appropriately (Appendix A). Interview plans were separated into multiple subjects. Each subject had a short background and a description of what we intended to learn. This was followed by a list of questions. Select formal interviews were recorded with each participant's consent. In addition to recording and discussing interviews, we wrote detailed interview summaries (Appendix C).

Our team planned to attend client service calls with some of the staff or volunteers to gain firsthand experience of Vision Australia's service provision, but concerns brought up by some of the staff prevented us from attending any. Some volunteers and staff were reluctant to allow untrained students to attend a service call, especially involving younger children. We instead attended a half-day volunteer training session. We sought to learn about the different services Vision Australia provides and the importance of service provision.

To complement our interviews with governmental liaison officers and correspondence with the Department of FaHCSIA (Appendix G), our group also reviewed Vision Australia's current and proposed client service models for a more comprehensive understanding of the mechanics. We were also able to discuss current governmental laws and funding policies with government relations officers of Vision Australia. These discussions allowed our group to understand how Vision Australia currently abides by the various governmental policies.

Due to Vision Australia's numerous employees and geographical diversity, it was not possible to identify every staff member relevant to our project. A limitation is the lack of input from staff members who could have provided additional information for our research.

3.2 Understanding individualised funding models

We sought to understand current and proposed national individualised funding models utilised for disability funding. There is a multiplicity of individualised funding models in Australia used for various services. Our team analysed the three policies we deemed most relevant to our research: the *Better Start for Children* initiative (BSCI), a policy set to be introduced on 1 July 2011; the *Helping Children with Autism* package (HCWA), the model for the BSCI that was introduced in 2007; and the *National Disability Insurance Scheme* (NDIS), a policy set to be fully implemented in 2015. For each policy, we asked the following research questions:

- 1. How does a client obtain services under these individualised funding models?** How are services delivered to a client? How do clients use individualised funds to pay for services? How do service providers receive compensation?
- 2. How do service providers operate under these individualised funding models?** What are the restrictions in service provision? What regulations must service providers follow?
- 3. What were the motivations in designing these policies?** What are the short and long term benefits for the government, people with a disability, and service agencies?
- 4. How does each individualised funding model policy differ?**

To fulfil our learning objectives, we interviewed some Autism Advisors identified on the Department of FaHCSIA's HCWA website. Interviews with Autism Advisors served as a springboard to identify other disability service providers (Department of FaHCSIA). These agencies were chosen due to their familiarity with children's service provision, experience with the HCWA, and their experience working in other Australian states. In addition to interviews with disability agencies, our team conducted interviews with Vision Australia government relations officers and had email correspondence with Department of FaHCSIA staff members (Appendix G). The goal of these interviews was to understand how a client proceeded from diagnosis to treatment, restrictions on using HCWA funding, and the clients' responsibilities for managing their funds. Additionally, we sought to use these interviews to determine the restrictions of service provision with HCWA funding, how a service provider takes advantage of the HCWA package, and the responsibilities of a service provider under the HCWA package. We used an interview format similar to that used in Section 3.1

These interviews were designed to answer questions concerning the restrictions of the individualised funds, how a service provider takes advantage of the policies, and the obligations of both the clients and the service providers. Our team intended that through communication with government officials, we could discover details of these policies that were not available to the public. We also attended a public hearing on the Productivity Commission's "Future of Disability Support Funding" draft to observe concerns that service providers have about the NDIS.

Our research of the BSCI and NDIS differed from that of the HCWA. Unlike the HCWA, these policies were not implemented yet. The basis of our research was literature reviews of the proposed plans found on the Department of FaHCSIA's website and the NDIS draft report by the Productivity Commission. The details of these plans were examined to determine important facts or points. One limitation of this study was that the BSCI was still in the planning stages during most of our project; the final details of the BSCI were not released until 20 April 2011. Most of our research involving the BSCI involved speculation based on of the existing HCWA package, and was verified once the final BSCI plan was released.

3.3 Researching other organisations' responses to individualised funding

We sought to identify how other organisations were affected by and adapted to a shift to the *Helping Children with Autism* package, a national individualised funding policy. As a result of the close relationship between the *Better Start for Children* initiative (BSCI) and the *Helping Children with Autism* (HCWA) package, we sought to learn about other organisations' experiences transitioning to the HCWA package. Our research focused on understanding how other organisations were impacted by the HCWA package, the effectiveness of any adaptations made, lessons learned, and opportunities discovered. This research served as a base for relating other organisations' experiences and adaptations to Vision Australia.

Our group used several research questions as a basis for developing our methods to determine how other organisations were affected by transitioning to individualised funding models. These research questions are as follows:

- 1. How and why were other organisations impacted by changing to the *Helping Children with Autism* package?** Did the HCWA package have an overall positive or negative effect? What were some of the major transitional problems?
- 2. What were the external organisations' adaptations to the HCWA, and which ones were successful?** Did organisations prepare before the introduction of the HCWA? Which adaptations were particularly effective?

Our team sought to answer these questions during interviews with the organisations contacted in Section 3.2. Our group intended to understand the differences in policy or regulation between Australian states, and whether these differences would affect our research. Disability organisations in other states were also contacted after we had a good understanding of Victorian disability organisations. One limitation of this approach was the relatively small number of relevant disability service providers that accepted HCWA funding. Some organisations had no interest in our research, or were unable or unwilling to be interviewed. Fortunately, several organisations were enthusiastic and helpful with our research.

We sought to identify management personnel from each organisation that could answer questions posed in Section 3.2, as well as questions posed about the effects of the HCWA. Additionally,

we discovered that Vision Australia staff had met with different disability service organisations to discuss the HCWA. One manager in children’s services interviewed other organisations about the HCWA. We interviewed this manager to find out what they had learned (Appendix A).

Interview questions to autism organisations were sent to each organisation several days in advance to give the interviewee time to prepare (Appendix B). Each interview typically lasted approximately an hour. Organisations were asked questions based on their cooperation with other organisations, client and staff responses to new programs, their adaptations to individualised funding in general, compliances with FaHCSIA regulations, and financial stability under individualised funding. Interviews were recorded with each participant’s consent, and were discussed and summarised as soon as possible after each interview’s conclusion.

We sought to find out why changes occurred by comparing and contrasting different disability service organisations’ experiences with the HCWA. By comparing details of the funding change with how service providers were affected by the HCWA, our team sought to create preliminary explanations of the HCWA package’s effects on service providers. One limitation of this approach was that many of the organisations we interviewed had previous experience in accepting payment from clients, unlike Vision Australia.

3.4 Communicating findings and developing recommendations

We sought to communicate findings and develop recommendations with Vision Australia staff to prepare for the *Better Start for Children with Disability* initiative as well as any other future individualised funding policies. We aimed to create workshops that hosted a variety of different persons’ perspectives, had a friendly and lively atmosphere, and offered accurate and relevant information. The first set of workshops was designed to inform staff about individualised funding and the BSCI, and to discuss the impacts that individualised funding policies and the BSCI might have on Vision Australia. This discussion about our research gave us the opportunity to find out the following:

- 1. What are the biggest concerns that Vision Australia staff members have about the transition to individualised funding?** Which areas of Vision Australia could be most affected by individualised funding?
- 2. What is the current level of staff knowledge about individualised funding?**

Answering these research questions allowed us to present relevant findings and preliminary recommendations to Vision Australia. Data from other organisations’ experiences transitioning to individualised funding were summarised into a set of relevant findings. Our team used these findings in conjunction with our knowledge of Vision Australia and the policies of the early intervention plans to create a set of preliminary recommendations. Preliminary recommendations were created by studying other organisations’ responses to individualised funding and identifying the responses most relevant to Vision Australia. Based on staff feedback

from the first set of workshops, our team intended to present and craft findings and recommendations that Vision Australia staff members would find most useful.

A second set of workshops was conducted to discuss our findings and preliminary recommendations. This second set of workshops allowed our team to identify recommendations that the staff found particularly useful, confirm if a recommendation was feasible or appropriate, and identify additional recommendations.

Selecting which staff members to invite to these workshops was based on many factors: interest, relevance, and management experience. We sought to identify staff with positions we deemed relevant, such as Early Childhood Educators, Team Managers, Occupational Therapists, and National Managers. Invitations to the first workshop set were sent two weeks in advance via email invitations detailing who we were, what we were doing, and the times and location of each workshop. Due to the unknown level of staff knowledge of each plan, staff members were given summaries of individualised funding and the early intervention plans to better prepare them for the discussion. Additionally, staff members were encouraged to invite other staff they felt could benefit from the workshop discussion. All of the staff members that attended the first set of workshops were invited to the second workshop. Staff members that had attended the first set of workshops were encouraged to think about the information presented and to start to develop their own recommendations. However, not every staff member that wanted to attend our second workshop was able to, and we were unable to host as many workshops as hoped. Some interested and knowledgeable staff members were unable to attend our workshops due to their location. We attempted to address this by holding workshops through teleconference with staff from other Vision Australia branches.

To prepare for the workshops, we drafted up outlines of each workshop, including a goal and an agenda (Appendix D). For the first set of workshops, we conducted a presentation in which we informed staff of what we found about each early intervention plan. Following this presentation, we led a directed discussion about the potential effects of individualised funding. We also prepared prompts to direct conversation and planned how to facilitate discussion topics. Attendees of the workshop were encouraged to ask questions aimed towards each other or our team.

Our second set of workshops was run similarly (Appendix E). Our preliminary findings and recommendations were stated and explained, and staff members were encouraged to discuss and ask questions about each. In addition to discussion surrounding our findings, additional information about the BSCI or HCWA that we found was also shared with staff.

Following these workshops, we refined our recommendations to incorporate staff feedback. We also held an executive briefing with Vision Australia General Managers and other managerial personnel to discuss our project. In addition to providing a formal report, our team hoped to

address the questions of staff with little time or motivation to read a full report. We created a simple document for the Vision Australia intranet to answer staff questions. This document explains individualised funding and our findings and provides a FAQ section (Appendix K).

Chapter 4: Vision Australia and Individualised Funding

In this chapter, we first describe our findings relating to Vision Australia's current operations and funding models. We then present a description of how Australia is currently moving towards individualised funding for disability services and the policies involved in this movement, with an emphasis on the currently implemented *Helping Children with Autism* package. Finally, we look at disability service agencies that have been affected by the HCWA as a reference for determining how future policies may affect Vision Australia.

4.1 Vision Australia's current operations and funding models

There are few low-vision service organisations as large as Vision Australia in the market, allowing Vision Australia to provide services in a relatively non-competitive environment. Vision Australia currently provides free services in a personalised and friendly environment. This section expands upon each of these characteristics.

Vision Australia's current service model is designed to provide free services in a personalised and friendly environment.

During our workshops, Vision Australia managers from several branches in different states noted that many branches faced minimal competition under current funding arrangements. A few Vision Australia staff members believed that previous mergers with other service agencies had reduced the competition for government funding.

Vision Australia's not-for-profit and relatively non-competitive nature provides staff with an environment that is different from many commercial disability organisations. A mobility and orientation instructor within the children's service department of Vision Australia noted that their services are provided with personalised goals for their clients. These goals combine the expectations of parents, family, and/or carers with the recommendations of experienced professionals. These goals are monitored both inside and outside of Vision Australia to ensure that the child is progressing. From our workshops, we identified that staff members focused on the outcomes of the services that they provide. This personalised and friendly environment in which Vision Australia staff members provide services is beneficial to more than just the clients. Some staff members noted in discussions that they receive a feeling of accomplishment and satisfaction upon helping a client.

4.2 Australia's movement towards individualised funding models for disability services

The Australian government has been moving towards national individualised funding policies to address current disability funding concerns. Early intervention programs are some of the first national individualised funding policies to affect disability service organisations. Early intervention programs are being used by the government as transitional tools to help service agencies prepare for more comprehensive individualised funding models. The intent of these

programs is to address disability needs of children and help them become less dependent on services as they grow older, saving the government money in the long term. Below, we discuss what we have found through reviews of policies that are leading the transition to comprehensive individualised disability funding.

The Australian government has implemented and planned for individualised funding policies intended to address the problems with the current system.

Many service providers, people with a disability, and government officials have noted several problems with the current system of disability care. The current system has been noted by some individuals as “unequal and unsustainable” (Productivity Commission 2011). In a draft report for the future of disability care, the Productivity Commission identified problems with the current system of disability that were noted by participants of a public enquiry. Some participants noted that people with similar levels of functionality receive varying levels of support due to the location of an individual or how an individual acquires a disability. Other participants believed that the current system is unsustainable. Several organisations are faced with budget constraints, which can result in the rationing of service provision for families in crisis. The Productivity Commission believes that this is unsustainable because rationing of services can cause an increase in the number of families that will fall into crisis. The Productivity Commission has written a draft report detailing a proposed solution to these problems (Productivity Commission 2011). This approach has been defined as the *National Disability Insurance Scheme* (NDIS), a national individualised funding model. A full list of the problems associated with the current system and how the NDIS intends to address these problems can be found in Appendix H.

Under the current draft by the Productivity Commission, the *National Disability Insurance Agency* (NDIA) will be the organisation that consults with and assesses people with a disability (Productivity Commission 2011). When a person is considered eligible for the NDIS, a personalised support plan will be developed with the individual. The person may then choose the source of their service provision, with or without the help of intermediaries. Flexibility is built into the system, allowing an individual to receive each service from a different organisation. Should an individual find the support plan ineffective, one may take an alternative self-directed approach. This would involve receiving a budget based on the remaining funds in the support plan. Once receiving the budget, an individual must design a support plan that is approved by the NDIA. Upon approval, the NDIA would supply funding, and service providers would be responsible for documenting and assessing individual progress.

The Productivity Commission is in the process of accurately defining the groups of individuals who will be eligible for the NDIS. According to the draft report, the extent of a disability will be assessed in a system with three tiers consisting of varying levels of

disabilities. To avoid conflict, the Productivity Commission attempted to separate aged care funding and disability funding as clearly as possible. The NDIS currently has plans to support people with a disability aged zero to 65. Individuals who acquire a disability before the pension age will be covered by the NDIS through disability funding, and will have a choice between the NDIS and the aged care system upon reaching the pension age. Those who acquire a disability after the pension age will be supported with aged care funding.

Overall, the NDIS is expected to cost around \$12.3 billion per year, twice the amount of current spending for disability care. Even though the NDIS will require a high initial cost, it is expected better utilise the potential of this funding by improving the efficiency of service provision. While there are several options to support the additional costs of the NDIS, there are current plans to support it with a levy in national taxes. With this direct approach, taxes that are given to the federal government will be used to fund all Australians eligible under the NDIS. However, the Productivity Commission does not currently have plans on adding any additional support for the NDIS aside from tax levies (Productivity Commission 2011).

Early intervention programs are smaller individual funding schemes designed to provide supplemental services to assist children in preparing for a transition to school.

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has introduced some of the first national individualised funding models for disability support. Our team used documents from FaHCSIA, notes from stakeholder policy development meetings, and discussions with Autism Advisors to identify several aspects of both the *Helping Children with Autism* package (HCWA) and the *Better Start for Children with Disability* initiative (BSCI). These programs are indicative of further changes that will be brought upon by a National Disability Insurance Scheme (NDIS).

The *Helping Children with Autism* package (HCWA) was implemented in 2007 for children diagnosed with Autism Spectrum Disorder (ASD). This plan was set forth by FaHCSIA with a four year commitment that included \$190 million. The *Better Start for Children with Disability* initiative (BSCI) will allow families of children with at least one of five listed disabilities, including vision impairment, access to FaHCSIA funding beginning on 1 July, 2011. The BSCI will also include a four year commitment from FaHCSIA that includes \$122 million of government funding. In both policies, eligible children 0-6 years of age can receive up to \$12,000 worth of funding for services and resources, which can only be spent with registered service providers before a child's 7th birthday. A maximum of \$6,000 can be spent by families per year, and up to 35% of these funds could be spent on products that address the needs of a child. However, if a child is deemed eligible for both HCWA and BSCI funding, only one set of funding may be accessed. Once determined eligible for

funding, a family is advised of the available supports to address their needs. The policy is designed to leave families with the choice of where they receive services from.

Services providers must apply and be accepted to a provider panel to become eligible for FaHCSIA funding.

On 20 April 2011 FaHCSIA opened registration for organisations to become part of the *Better Start for Children with Disability* (BSCI) Early Intervention Service Provider Panel. For an organisation to receive BSCI funding for provision of early intervention services, it must apply and be approved to be a member of the provider panel. In this section we will outline some of the eligibility requirements for service providers that we found through policy reviews of the BSCI and HCWA.

There are five disabilities which are covered under the BSCI: sight impairments, hearing impairments, cerebral palsy, Down syndrome, and fragile X syndrome. An organisation must outline its experience with providing services to address at least one of the covered disabilities. Additionally, the provider must outline the services that will be funded through the BSCI, with information on how the services plan to improve the lives of those receiving the services. The organisation must also provide details on how it intends to develop a service plan for a client, as well as monitor and assess the plan throughout service delivery.

Organisations that wish to be eligible must offer services with one of the following professional practitioners: occupational therapists, psychologists, speech pathologists, audiologists, orthoptists, and physiotherapists, and other professional specialists such as teachers of children with a vision impairment. An organisation must provide details of professional qualifications or relevant experience of these practitioners during the application process. Specific details of the eligibility for each type of professional practitioner can be found in Appendix I. In addition to documenting its professional experience an organisation must provide details on its experience with providing services to children who are indigenous, children who are from a rural or remote area, and children with culturally diverse backgrounds.

The BSCI was modelled after the HCWA, and because of this many of the requirements for a service provider are similar if not exactly the same. One discrepancy between the policies is the targeted group for outreach. The types of services that are provided to those with Autism Spectrum Disorder (ASD) may differ greatly from services that are provided to those with a vision impairment. Because of this, our knowledge of the Helping Children with Autism package is limited due to our restricted research of disability organisations and the services they provide.

FaHCSIA will only reimburse services that are deemed eligible by the BSCI panel provider requirements.

Panel providers will only be reimbursed for services that are considered eligible by BSCI requirements. It is expected that organisations use a multidisciplinary approach in delivering BSCI services ranging from communication, self-care, physical, social, and life skills development. However, several services such as counselling, parent training, and school assistance will not be covered with BSCI funding. A complete list of services that are inside and outside the scope of BSCI funding can be found in Appendix J. FaHCSIA has also set expectations for panel providers to differentiate between fee-based services and services offered free of charge.

Service providers with a single area of expertise may join a consortium of providers to form a group that can offer multidisciplinary services.

Under the Better Start for Children initiative and the Helping Children with Autism package, organisations can form consortium agreements. With this approach, an organisation that specialise in a single discipline can make agreements with service agencies that specialise in other disciplines to take a multidisciplinary approach. The consortium, which must be registered with FaHCSIA, contains a lead organisation that handles the administrative requirements. The lead organisation is permitted to charge agencies within the consortium for administrative overhead charges. Additionally, organisations are permitted to sub-contract any service agency that it can come to terms of agreement with.

Payments are handled through the FaHCSIA Online Funding Management System (FOFMS).

Organisations that become part of the BSCI Service Provider Panel will be paid in arrears for the services they deliver to eligible children. After children are diagnosed with a listed disability, one of 33 advisors registered with FaHCSIA will confirm their eligibility for a funding package. Upon confirmation and processing of an application, a child will be given a letter of introduction. When a service or product is purchased, the distributor, or service provider, must submit the client's assigned Centrelink Reference Number (CRN) into a computer program called FaHCSIA Online Funding Management System (FOFMS). After government review, the registered fee for each service will be deducted from the client's balance. This system does not allow payments prior to service delivery. Also, the funding cannot be used for cancellation fees or for pre-payment of a service plan. Additionally, service agencies may only have access to view the client's available balance and the services that have been administered by their organisation because FOFMS does not provide visibility to the services that other organisations have provided to a client.

4.3 Impacts of individualised funding on disability service providers

Through interviews with eight disability agencies that have been involved *the Helping Children with Autism* package, we were able to learn how these organisations have handled the transition to individualised funding. In this section we will explain some of the changes that organisations have made to ease the transition to an individualised system. We also will describe how organisations that did not prepare for the funding change faced more challenges and spent more time adjusting to the new system. With the NDIS set to begin in 2015 and the BSCI set to begin in July 2011, organisations can study service agencies' experiences with the HCWA to prepare for both policies. Because the BSCI and NDIS cover a broad range of people with a disability, it is difficult to estimate how organisations' experiences with the HCWA will relate to Vision Australia. However, FaHCSIA has stated that the BSCI is modelled after the HCWA, and much of what we found on the BSCI to date has supported this. The organisations that we interviewed had some similarities to Vision Australia, but none had a size or structure that matched Vision Australia. To determine the relevance of the findings from our interviews, we presented findings from interviews to Vision Australia staff members to determine the levels of relevance and importance. It is important to keep these uncertainties in mind when reading and understanding the information that is presented in this section.

The HCWA provided new opportunities for early intervention support.

Several organisations that prepared for the HCWA were able to capitalise on opportunities that came with individualised funding. Since the HCWA supplied additional funding and did not replace organisations' block funding, most organisations that we interviewed were able to expand the amount of services they provide. With the assistance of these expanded services, client waiting lists shortened over time.

Several organisations observed that many of their FaHCSIA funded services were provided more efficiently. We were told that this could be contributed to the monetary value that was associated with the services. Because fees often depended on length of service delivery, several managers that we interviewed believed that staff members felt the need to fulfil the value that was assigned to a service and were able to deliver services more efficiently.

As mentioned earlier in this chapter, forming consortiums and subcontracting services is permissible with early intervention programs. Organisation E noted that it was able to avoid inconsistent administrative practices by subcontracting work throughout their Victoria branches. Only one branch would be in agreement with FaHCSIA and handle paperwork while the other branches provided services and reported back to the head branch. The head branch at Organisation E charged an administrative overhead fee for ensuring that the financial paperwork was completed in accordance with FaHCSIA.

Organisations were able to expose opportunities by preparing for the HCWA prior to implementation. To avoid many of the financial challenges that the HCWA presented, organisations had several methods of preparation. One method was to inform accountants about the movement to individualised funding. By doing this, accountants would have time to fully analyse the current funding system and be able to spot the areas of difficulties that may arise in through the new form of funding. However, it was difficult for accountants to predict the amount of income from FaHCSIA funded services due to its individualised nature.

Organisation C received a government grant to cover transitional costs during the six months before the organisation became a panel provider. This grant helped ensure financial security when investing in the HCWA. However, Organisation C joined the provider panel in 2009, two years after the implementation of the HCWA. Additionally, Organisation C is a small organisation that was formed around twenty years ago. Organisation C noted that forming a consortium presented risks of discontinuity in a client's service model. Alternatively, they decided to use the government grant as financial security and spent money to hire additional staff members.

Organisations seized several opportunities to improve their children's service models with the supplemental FaHCSIA funding. Most organisations we interviewed added supplemental fee-based services to support base services. Organisation G developed supplemental services that were available to families previously on their waiting list for base services. Organisation G noted that this approach was useful in abbreviating their waiting list. Organisation F provided services to children fortnightly prior to the HCWA. With the additional funding Organisation F gave families the option to receive additional FaHCSIA funded services fortnightly. This approach allowed children to receive services more frequently, and Organisation F noted that this improved the time efficiency in which service goals were achieved.

Some organisations decided to keep FaHCSIA funded service operations and existing service operations separate. These organisations believed that this helped eliminate confusion between two distinct sets of service operations. Other organisations decided to integrate FaHCSIA funded service operations with existing service operations. These organisations believed that this helped create consistency in the staff members that interacted with certain clients.

The HCWA presented several challenged for panel providers.

Our research revealed that organisations that participated in the HCWA experienced challenges. Many of the challenges these organisations faced arose in their management,

finances and marketing. This section describes the challenges faced by organisations that we interviewed.

Organisations faced many challenges related to staff culture and attitude. When first implemented, the HCWA caused the relationship between staff and clients to become more business-like. Organisations and staff members who once provided all services free of charge had to assign a monetary value and time restriction to services under the HCWA. One regional manager involved with disability services noted that staff members had to begin asking for payments for their services and were given a time restriction. This especially upset therapists who were used to providing services to the full extent of their effectiveness regardless of time. Often therapists felt uncomfortable asking families to sign for the payment of services.

This culture change caused some organisations to lose staff members. Employees also left some organisations that we interviewed in an attempt to make more money with competing service providers, or to subcontract services through their own private practices. A few organisations noted that staff members would realise that their unique skills would allow them to create their own organisation or consortium with other staff members in which they could make more money than in their current position. This caused several organisations to lose money from increased hours of training, understaffing, and increasing competition for clients.

Many organisations that we interviewed also faced challenges managing their finances under the HCWA. Any organisations that decided to hire new staff members to prepare for increased demand involved with the HCWA lost money if families were not made aware of the new services available to them. Clients would contribute to these financial challenges by providing incorrect FOFMS reference numbers, cancelling services after an organisation had already arranged for a professional, or falsely believing that they had sufficient money for a service. In each case, many organisations often had to cover any arrears with their own money. In addition to complications with client payments, there were delays involved with payments arriving from FaHCSIA. We found that several organisations were reimbursed for their services long after the bill was sent to FaHCSIA; some organisations waited several months for reimbursement of billed services. Lastly, several organisations had difficulties training employees how to correctly use the online software program, costing them more money in training and financial errors.

Finally organisations faced several challenges in marketing their services. Many of these challenges were repercussions of some of the previously stated challenges such as the introduction of a more competitive marketplace and being ill prepared for the change from block funding. Additionally, several organisations had little to no knowledge of the policy's

details until it was actually implemented. This made it difficult in the beginning months of the HCWA for organisations to determine how many professionals to hire. Some organisations that we interviewed hired too many staff and did not have the client demand to pay for the working hours without encountering a financial loss. Others did not hire enough staff and had difficulties reducing the length of their waiting lists. These problems made it difficult for organisations to make an adjustment to individualised funding.

Many organisations adjusted successfully to the challenges that arose from the HCWA.

Service agencies have developed solutions to many of the initial problems with the HCWA. While some problems were avoided with adequate preparation, others were solved with effective solutions. This section discusses the successful solutions that specific organisations developed to address the problems from the HCWA.

Three organisations that we interviewed developed cancellation policies. Since FaHCSIA funding could not be used for cancellation fees, the families were charged and expected to pay with their own funds. Organisation E would charge families money to cover a portion of the costs of hiring a professional for a time slot. A speech pathologist from Organisation E noted that the policy was effective in preventing cancellations despite lenient enforcement. Organisation B noted that they were in the process of implementing a cancellation policy at the time of our interview to reduce the likeliness of a cancellation. Organisation H also chose to implement a cancellation policy. They found that despite some difficulty with acceptance by staff and families, the cancellation policy has been effective in improving financial losses due to cancellations. Organisations that did not develop cancellation policies factored the costs of cancellations into the price of the services.

Several organisations noted that the FOFMS software was not user friendly, but that once staff members were adequately trained, they were able to reduce the amount of mistakes due to user error. The organisations that expressed problems in receiving timely reimbursements from FaHCSIA did not develop any strategies to expedite. To reduce risk of financial losses, Organisation D withdrew money from a family's HCWA account prior to the purchase of a resource. Organisation D noted that it became difficult for some families to track money transfers when a child was receiving multiple services, and didn't want to risk the family not having sufficient funds for the resource.

Organisations also found that it was beneficial to inform both family or carers and staff about FaHCSIA funding and the HCWA. According to a few organisations, once everyone was well informed of the HCWA, mistakes occurred less frequently. Other organisations that we interviewed noted that once children with ASD were notified of the HCWA funding, the demand for FaHCSIA funded services increased. Organisation A stated that it was difficult

to relay information to families of children with ASD before the creation of an internet page. However, Organisation A is an Autism Advisor and not a service provider. Other organisations found that the best form of advertisement for fee-based services was through client referrals.

In addition to informing everyone involved about the HCWA, several organisations found that keeping lines of communication open between all relevant stakeholders was beneficial. Specifically, Organisation G noted that Autism Advisors in New South Wales were not very knowledgeable of the services available to children who were approved for HCWA funding at the beginning of its implementation. We found similar problems with communication in Autism Advisors in Victoria. In both New South Wales and Victoria, several organisations noted that difficulties also arose from them not being knowledgeable of the Autism Advisors present throughout the state. One organisation noted that there were several Autism Advisors throughout different regions of the country, which caused confusion in knowing which ones to communicate with. However, Organisation G noted that once communication between them and Autism Advisors improved, the Advisors became more knowledgeable of the services that were available to children with HCWA funding.

Two organisations had programs to alleviate waiting lists that prevented potential clients from accessing services. Both agencies developed secondary programs that can be accessed by families who were put on a waiting list for FaHCSIA funded services. However, neither organisation commented on the effectiveness of these programs as they were too young for evaluation.

Service agencies that lost professional staff due to increased competition did not comment on actions taken to retain staff members. One agency has lost a few staff members and is planning to downsize the FaHCSIA funded services. Another agency replaced staff members with little trouble. A few other agencies had difficulties in recruiting staff members. Because of the different experiences of organisations and sensitivity of the subject, we were not able to identify specific strategies that were effective for recruiting and retaining staff members.

A few organisations believe that the HCWA will be renewed for a few more years. However, we were unable to determine how organisations will adapt if the HCWA is not renewed. Many organisations have expanded their early childhood intervention services through the help of FaHCSIA funding, and it is unclear what the plans of these organisations are should the HCWA not be renewed. Regardless, there may be useful lessons that can help with Vision Australia's preparation for the BSCI.

Chapter 5: Conclusions and Recommendations

In this chapter we will present the conclusions of this study and provide recommendations that emerged from conclusions about individualised funding. Our team identified six broad conclusions about individualised funding, and collaborated with staff to provide more specific recommendations for the BSCI. These conclusions and recommendations are as follows:

5.1 Introduction of competitive environments

Conclusion: The introduction of individualised funding models is designed to create a more competitive environment among disability service providers. Research of organisations impacted by the *Helping Children with Autism* package revealed that under the HCWA, there was initially no demand for services while clients applied for funding. After this initial lull, the funding created an unusually high demand for charged services. Existing organisations competed with state funded service agencies, private service agencies, consortiums of health professionals, and other upstart competition for clients, but the competition never eliminated waiting lists. This also caused competition for staff. Over time waiting lists went down, indicating available resources and demand were beginning to equalise.

Recommendation: Possible strategies for Vision Australia include taking proactive steps to prepare for a more competitive environment as a result of individualised funding policies.

Work with other organisations to facilitate cooperation and benefit from client referrals.

Leading a consortium and making use of subcontracted work were two approaches taken by some disability organisations to cooperate with competition. These approaches, however, were not universally adopted by the service providers we interviewed. For some organisations, consortiums and subcontracted work allowed an alternative to hiring additional staff. These referrals were sometimes charged. This relationship also allowed an opportunity to identify quality staff to hire. Additionally, a close relationship between service providers provided clients with continuity in services received from multiple service agencies.

However, other organisations achieved continuity of service without forming a consortium. For one organisation, quality assurance posed a problem. The costs that this organisation believed it would encounter from training consortium members or subcontractors outweighed the benefits.

Take steps to attract clients and advertise services by:

- Keeping in contact with advisors and health professionals for referrals.
- Advertising Vision Australia's new programs both publically and to current clients.
- Packaging services together at attractive prices for long term client retention.
- Highlighting Vision Australia's experience and specialised knowledge.

Of the service providers we interviewed, only one organisation did not adequately advertise its services and had difficulty finding clients. Many other organisations we talked to advertised their services and had waiting lists for their services regardless of new competition. This suggests that when an organisation publicised services, the competition did not play a large role in determining sales. However, the lengths of the waiting lists decreased over time. This occurred at the same time that more competition was entering the markets and organisations were expanding their charged programs. If supply were to meet or exceed demand there would be nontrivial competition for clients. Under such an environment, attracting clients would play a larger role in determining sales.

Ensure there are sufficient staff members to handle demand for charged services.

Under the HCWA there was an increased demand for services, and the majority of organisations we interviewed took on additional staff. The amount of staff hired varied considerably. Organisations that hired ultimately too few staff lost potential profits. However, while we have not heard of organisations hiring too many staff, there were cases of growing pains accommodating new staff. Under the BSCI, we do not know the level of demand there will be for charged services, so we cannot recommend constructing any particular capacity for charged services. We recommend that Vision Australia assess the potential demand for charged services under the BSCI both pre-implementation and mid-implementation.

Under the HCWA, one organisation we interviewed had difficulty retaining and attracting qualified staff under the HCWA. In particular it discussed difficulty competing for staff with consortiums of sole providers. Since this is a sensitive subject, it is not a topic we pursued with most of the organisations we interviewed. Expansion of charged services across many organisations and an increased number of service providers on the Early Intervention Service Provider Panel suggest an increased demand for qualified staff. We recommend that Vision Australia develop a plan of action if competition for staff becomes a problem.

5.2 Handling policy regulations

Conclusion: Individualised funding policy regulations can be complicated and time consuming. Interviews with service providers suggested that the Department of FaHCSIA required a large amount of paperwork under the HCWA. Some of this paperwork required use of FOFMS billing software, a software that was reported not user friendly and *may* not be low vision compatible. Furthermore, there were strict protocols for requesting payments from FaHCSIA, and FaHCSIA was inconsistent in providing timely reimbursements for services and in particular resources. Finally, the HCWA was changed mid-implementation more than once and with varying amounts of notice.

Recommendation: One possible strategy for Vision Australia includes being in a position to handle all of the governmental regulations in a consistent and efficient manner. We know

that having sufficient staffing to handle all of the BSCI paperwork may be important in following policy guidelines. However, we do not know what would dictate sufficient staffing for Vision Australia. Based on what some organisations did, we recommend that Vision Australia create staff positions and subdivision specifically for HCWA paperwork. This could achieve centralisation of paperwork by having one branch on the panel, and subcontracting work to the other branches. In other organisations, BSCI paperwork was handled by staff with other responsibilities. Since an organisation is required to submit a report for every BSCI charged session they provide, some organisations had a staff member providing a given session responsible for each session's paperwork.

In an interview with one service agency, we found that mishandling of BSCI protocols can have serious consequences. We recommend clarifying policy and responsibilities to staff members that will be dealing with the Better Start initiative on a daily basis. Several organisations that we interviewed claimed that training staff how to bill under the policy was effective in reducing billing mistakes. Additionally, we recommend keeping in contact with the Better Start Advisors to hear about policy changes as early as possible.

5.3 Changing the method of service provision

Conclusion: Disability service organisations had to change their current method of service provision if it was not designed with client payment in mind. Interviews indicated that many organisations already had client payment models before the introduction of the HCWA, and did not require changes to their client service model. Organisations participating in the HCWA that did not have paid services prior to the change had to develop new services. Separating charged services from free services enabled organisations to continue to provide largely unchanged services to those that did not have HCWA funding, and provide additional services to those that did. These new services were usually priced by looking at the market for prices, and adjusting accordingly. Many organisations had to integrate these new services alongside their free services.

Recommendation: Vision Australia could develop new fee-for-service programs to attract individualised funds. In particular, we recommend that Vision Australia:

Understand that state and branch differences within Vision Australia can complicate the process of adapting to a national program.

Interviews with Vision Australia staff have shown that there are significant differences between branches, due to factors like state funding and available staff. In particular, the dominant role in

children services is fulfilled by early childhood educators and the occupational therapists in Victoria and New South Wales respectively. A particular adaptation to the BSCI should affect more than one branch location, and therefore the differences between the branches should be considered.

Determine how to price services in a system that previously offered all services for free.

Without knowing what BSCI specific services Vision Australia will be offering, we have not deemed it appropriate to offer specific information on pricing of services. Interviews have shown that many organisations either priced services based on studies of prices in the private industry. This was especially important to organisations with no existing charged services such as Vision Australia.

Consult Vision Australia's accountants to determine how Vision Australia can cover the costs of developing new services and late payments.

Our team has not found sufficient information to determine the extent of financial strain of developing new services or accommodating late payments, or how Vision Australia might handle that strain. We recommend that Vision Australia study the potential cost of these new services and consider how to fit these costs into Vision Australia's budget.

Ensure that charged services remain separate from existing free services.

Some organisations developed new programs to receive FaHCSIA funding, separating free and charged services. Some organisations saw jealousy among families that didn't understand why services were free to some people but not to others. Organisations that already had paid services were able to offer additional opportunities for current services and repackage current services are solutions that do not require the development of completely new programs. Creating new programs that address areas not covered by free services, enhancing free services, or offering a higher quality of services might require additional effort, but it may offer a chance to increase quality and diversity of services.

Separate staff responsibilities for free and charged services by:

- Designating separate staff to work with charged services and free services
- Forming a separate department (or other type of subdivision) for charged services
- Emphasising the differences between free and charged services to staff who work with both.

It may be important to separate staff responsibilities for free and charged services. This limits the impacts of introducing charged services on staff working in free services. Additionally, this separation will allow for the creation of protocols that are suited to either free or charged services, but not both. The strongest separation would be having separate staff for free and charged services. We have interviewed one organisation that went as far as developing a

separate department for charged services. However, another organisation successfully had staff members deliver both free and charged services, which had benefits. Whenever possible, clients would receive the free and charged services from the same staff member; they found this allowed for more consistent services.

Test new programs before clients receive BSCI funding.

Vision Australia should consider implementing charged programs before clients begin to receive BSCI funding. Under the HCWA, the demand for services was highest when clients first began to receive funding. Implementing programs early will allow staff to familiarise themselves with the programs and fine tune the programs before the initial rush. There is, however, no guarantee that these programs will be profitable, especially in this testing stage. Furthermore, we have not gauged the demand for starting these programs early. The choice to test these programs should be examined critically.

5.4 Influencing staff-client relations

Conclusion: Individualised funding influences staff-client relations. Interviews with service providers revealed that staff had to abide by stricter protocols when providing charged services. In many agencies when providing charged services, staff had to abide by stronger restrictions on their time, such as working by the hour rather than based off a client's need. Changes like these led the organisations to have a more business like environment. In fact, one organisation experienced a change in identity from a state funded service provider to a service provider that offers state funded programs. This was a smaller service provider that focused on children's services and began delivering more charged services than free services under the BSCI.

Clients had higher expectations for services because they were purchasing services rather than receiving charity. Also, clients who did not receive funding were sometimes confused or indignant that their child was not eligible while other children with seemingly similar conditions were considered eligible.

Recommendation: Vision Australia should educate and prepare its staff for a potential change in their client relationships after the introduction of an individualised funding model. Vision Australia could offset a potential movement towards a business atmosphere by giving staff more opportunities to offer services in a friendlier environment. One organisation we interviewed offered more offsite sessions to allow a more personal bond with clients. Several organisations also packaged sessions together into programs. One of these organisations mentioned that packaging services explicitly created a long term connection with the client and thus facilitated a more personal atmosphere. Sometimes clients were misinformed about the HCWA. We also know from our workshops that some staff members were misinformed about the BSCI. Thus, we recommend developing an educational program for staff and clients on the

BSCI emphasising that the policy offers purely supplemental funding that will not change the nature of Vision Australia's free services.

5.5 Client mistakes

Conclusion: There were costly and time consuming mistakes made by clients when managing their individualised funding packages. Interviews showed that some clients would have confusion about the early intervention policies. This would lead to mistakes like giving incorrect personal information to service providers, including giving the wrong CRN number. Additionally, clients would sometimes purchase more goods or services than they had available funds for. This left service providers unable to receive full reimbursement of FaHCSIA. When clients would cancel services, the service providers would often be left to pay the health professional, as FaHCSIA will not pay for services that are not delivered.

Recommendation: Vision Australia should make preparations to minimise the frequency and reduce the impacts of client mistakes. Possible solutions include:

Implement a program to educate current and potential clients on the Better Start initiative.

Some mistakes that clients made were a result of misunderstandings of the policies. In particular, some organisations found that clients would use the parent's CRN instead of the child's. One solution to this problem would involve educating clients on the specifics of the policy. One organisation felt that families did not have sufficient knowledge to handle all of the FaHCSIA funding requirements correctly. However, another organisation we interviewed felt that they wasted time explaining the policies to clients.

Check the amount of funds clients have to ensure they don't spend more money than they are allocated.

Clients that purchase services but don't have sufficient funds in their account will cost the service provider money that can't be reimbursed. A strict system of checks and balances in confirming how many funds a client has left can prevent many of these mistakes. Unfortunately, pending funding requests from organisations outside Vision Australia's consortium will be not be visible in FOFMS, so checking an account will not ensure that a client will have sufficient funds.

Take preventative measures to ensure clients keep appointments, including session reminders and cancellation fees.

When clients cancel service appointments with health professionals, it is up to the service provider to cover those costs. The Department of FaHCSIA will not reimburse service providers

for services that were not delivered, including cancelled services. Some organisations attempted to charge cancellation fees to parents when appointments were cancelled, but had no way of enforcing the payment of these fees and were uncomfortable charging clients for unforeseen circumstances such as their child being sick. Sending session reminders could also reduce the number of late cancellations.

Renegotiate contracts with health professionals to be more flexible with client cancellations.

While organisations found it hard to enforce cancellation fees, some organisations found other solutions to the cancellation problem. One organisation interviewed stated that they renegotiated contracts with their allied health providers to minimise the cancellation window, the time where the service provider would be charged when a client misses a meeting on short notice. Some Vision Australia staff mentioned that while this would work, it would be hard for the health professional to reschedule services on a shorter notice than a 24-hour window.

5.6 Limitations and uncertainties

Conclusion: Adapting to individualised funding is a dynamic process that affects different organisations differently.

Recommendation: Vision Australia should have a plan of regular assessment and reaction before, during, and after the implementation of individualised funding. Monitoring the impacts of the BSCI and the quality of Vision Australia’s adaptations will provide a chance to identify problems and opportunities before they mature.

We recommend that Vision Australia monitor its new programs regularly and adapt accordingly. Vision Australia already monitors its programs and gets client feedback, but there are a couple areas for monitoring we would like to emphasise. The first area is demand for charged programs. Our project team was unable to identify the potential demand for charged services, and knowing this is important in appropriately meeting the demand. Second, we emphasise studying the sustainability of these programs. Since services are sold under individualised funding rather than given away, Vision Australia may have to study sustainability of charged programs differently than similar studies for past programs. Third, we recommend monitoring staff and client understanding of the BSCI. Misunderstandings have been shown to cause potentially costly mistakes. Fourth, we emphasise monitoring staff and client feedback on new services. This may identify the quality of the new programs and in particular indicate changes in staff-client relations. We understand that Vision Australia already has a survey for client satisfaction. We recommend that some questions be added to the survey that address the BSCI and in particular these four points.

We also recommend that Vision Australia assess the impact of the BSCI post-implementation. Such a study might identify strategies that could be implemented for future individualised

policies such as the NDIS. In particular, we recommend researching how charity changed over the course of the BSCI. Our project team was not able to find sufficient resources to judge any long term effects on charity by individualised funding or whether there are any long term effects at all. Since 70% of Vision Australia's funding comes from charity, we recommend studying this post implementation.

Our study was able to provide a basic outline of how the HCWA affected service providers and laid out some guidelines for adapting to the BSCI. However, we kept these recommendations flexible and general because we want Vision Australia to decide how to execute these guidelines, decide on adaptations, and ultimately decide Vision Australia's path. We want to emphasise that the BSCI is just one step towards a national individualised funding model and learning from this policy may provide useful lessons for a long term change.

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Appendix A: Interview templates for Vision Australia staff

A.1 Interview protocol template for children's service employees

Introduction:

We are a group of American college students from Worcester Polytechnic Institute studying the effects on individualised funding models on Vision Australia. Our project's goal is to provide recommendations to Vision Australia concerning an upcoming funding model change, the *Better Start for Children Initiative*. We hope to learn about children's services so that we may be able to better identify important points when we see them in the policy itself.

Vision Australia's services for children

We know that Vision Australia offers services to children surrounding social interaction, education, mental and physical health, and independence; but we do not know many details or if any other types of services are offered.

1. Services that Vision Australia provides to children:
 - a. *What services are available for children? How these services differ from Vision Australia's other services?*
 - b. *How large are the children operations in Vision Australia in absolute terms and with respect to the other services offered?*
 - c. *What is the cost for these services both for the client and for Vision Australia?*
 - d. *If the services are provided to children at reduced or no cost, where does the funding for the services come from?*
2. Mechanics of service provision:
 - a. *Who is involved in providing the services to children? When are volunteers used and when are specialists used?*
 - b. *What role does the public and private school system have in children's service provision? What role does Vision Australia have in the public and private school systems?*
 - c. *Do staff and volunteers form a relationship with the children clients and their parents?*
 - d. *What areas of Vision Australia's service model for children are most successful? What areas could use some improvement?*

Children clients

We currently believe that the majority of services are provided to younger children. We are interested in learning more about the specifics of the child client base as well as how Vision Australia recruits these clients.

1. Questions about child clients:

- a. *How does the age influence costs and funding for services?*
- b. *At what age are children usually diagnosed with vision impairment?*
- c. *How do you gain and recruit child clients?*

Better Start for Children with Disability Initiative (BSCI)

BSCI is a government program which offers money to disabled children to pay for services. Children may be eligible for up to \$12,000 of funding. We believe that the BSCI may impact the services Vision Australia provides to children. We are hoping to find some additional information on the BSCI as well as how it will affect Vision Australia.

1. What do you know about the BSCI?
2. How do you believe the BSCI will affect Vision Australia?
3. What concerns, if any, do you have about the BSCI?
4. Do you see any opportunities for Vision Australia in the BSCI?

A.2 Proposed interview questions for a manager of children's services

Better Start for Children Initiative (BSCI)

We have read briefs on the BSCI through client perspectives; however we don't know the policies mandated for service providers.

1. Do you have an understanding of the BSCI with respect to service providers?
 - a. *Do you have an overall understanding of the BSCI?*
 - b. *Are you able to summarise the BSCI, or can point us to a summary that is most relevant to service providers?*
 - c. *What are the major policy changes outlined in the BSCI that will affect service providers?*
2. What ones in particular do you see that will affect services toward children?
3. Is there anyone within Vision Australia that has a full understanding of the BSCI?
 - a. *If so, who?*
 - b. *What is the best way to contact them?*

Organisation H

We know that Organisation H has been affected by the *Helping Children with Autism (HCWA)* plan. The BSCI shares many similarities with the HCWA, and that it may have similar impacts on Vision Australia. We are trying understand the problems which Organisation H faced as a result of these changes and why.

1. Is there a summary of the impacts that HCWA had on Organisation H?
 - a. *If so, where can a copy be found?*
2. Out of all of the impacts, which were the most profound?
 - a. *Why?*
3. Would Organisation H have done anything differently to better prepare for these changes?
 - a. *Did they offer any advice on how to handle this situation?*

Vision Australia

Vision Australia is using our deliverables as a part of the preparation for the change to individualise funding towards children. We were wondering if there is anyone else within the organisation to help Vision Australia adapt to the change.

1. Is there anyone else within Vision Australia who is working on dealing with the effects of the BSCI?
 - a. *Who?*
 - b. *How can contact them?*

Appendix B: Example of interview questions for other organisations

Our student project team was formed to provide Vision Australia with recommendations about how to adapt to the Better Start for Children Initiative (BSCI) and other potential future Individualised Funding models such as the National Disability Insurance Scheme. The Helping Children with Autism (HCWA) plan is very similar to the BSCI, so understanding the HCWA and its impacts will aid our research.

Individualised funding problems and opportunities

Understanding this organisation's experience with Individualised Funding will allow us to better understand how the BSCI will affect Vision Australia.

- What Individualised Funding models does this organisation have experience with?
- What was the biggest challenge in adapting to the first Individualised Funding plan?
- What was the biggest challenge in adapting to the Helping Children with Autism plan?
- What problems were associated with a partial transition to Individualised Funding?
 - Which services that this organisation provides were affected? Did this organisation's service model change as a result?
 - Are there or were there any free Autism services provided by this organisation? If so:
 - How was it determined which services were free and which ones were charged?
 - How did this organisation decide the price for services?
- What problems were associated with clients paying for services? For instance:
 - Were clients who began paying for services with FaHCSIA funding become less charitable to this organisation than before the HCWA was implemented?
- What problems were associated with an environment which fosters competition? For instance:
 - Was there an increased need to show the value of your services to potential clients?
 - Was a competitive environment foreign to your staff and volunteers? If so, did this unfamiliarity cause problems?
 - Did the size of your organisation increase or decrease significantly? Could it be connected to the HCWA?
- Were there any other problems? What were they?
- What was the biggest opportunity which arose from Individualised Funding?
- What other opportunities arose, if any?
 - How were you able to take advantage of these opportunities?

Individualised funding response

Understanding this organisation's experience adapting to Individualised Funding will allow us to better provide recommendations.

- How did this organisation adapt for these challenges and opportunities?
- How successful were these adaptations? Why?
 - How well were these adaptations carried out?
 - How effective were these adaptations?
- In what ways, if any, would this organisation have adapted differently? Why?
- Was there a plan developed to adapt to the changes brought on by Individualised Funding?
 - If so, how often was the plan revised while adapting to Individualised Funding?
 - How was the plan evaluated to determine its effectiveness?
- Are FaHCSIA funded services and state funded services kept separate from one another, or are they packaged together?
 - If they are packaged, how does this organisation determine which services can be packaged together?
 - How are the prices for the services determined?
- Are the prices for FaHCSIA funded services consistent with the prices for other services that this organisation provides? If not, has this caused any discontent from clients?
- How has this organisation begun preparation for the NDIS?
- Do you have any advice for another organisation going through a similar change?
- Is there anyone else we may contact who may be able to provide us with more information on the HCWA, the BSCI and/or Individualised Funding?

Appendix C: Interview Summaries

C.1 Interview with Organisation A

Summary of organisation

- Organisation A is an Autism Advisor
- Once a paediatrician or diagnostician diagnosis a child, they will refer them to an autism advisor.
- The autism advisor is the primary organisation in helping the client get funding
 - Some clients come too early (need a better diagnosis)
- The autism advisor also helps the client find services, *though they never recommend services*. They simply tell the client what service agencies are accessible and what they offer.
- Autism Advisors also inform service agencies about the program, and give clarifications to clients.
- There was a year to a year and a half learning curve with the HCWA. Part of this was catching up with all of the children who were diagnosed before the plan.
- Early on, a large part of their work was contacting professionals in the health field to get referrals. Later on, a large part of their work is staying up to date with service agencies so they know what they offer and where.
- General free services offered by the government offer help when on a waitlist (backup plan)

Problems that Autism Advisors Face

- FaHCSIA changes protocol often. Not only is this a change, but they need to inform everyone about this change.
- There was resistance from the paediatricians and diagnosticians
 - Sole providers were not able to join the panel initially.
 - Pressure for diagnosis
 - Diagnosing autism is not an exact science
 - There was pressure to diagnose early and diagnose in the positive

Information on the HCWA

- There are several documents a client needs for application
 - Letter of diagnosis
 - Birth certificate
 - Rates notice or utility bill
 - Centrelink reference number

- All children get the full \$12,000 dollars if they qualify for the HCWA
- Clients bring in a letter from their autism advisor and Centrelink reference number to pay/get services. Service agency bills FaHCSIA for services provided.
- Payment to services providers from FaHCSIA is electronic
- Multidisciplinary teams, consortiums, and sole providers can apply to be on panel
 - Consortiums have a lead organisation or provider who manages the clients

Information about service agencies in general

- There was an increase in members on the panel
 - A large contributor was sole providers and consortiums of sole providers
 - A reason this may be because they were not allowed to join at first.
- Waiting lists maintained or went down in most geographic areas
 - Even if there was an increase in demand, there was also an increase in competition which balanced it out.
- Service agencies can form a consortium
 - Organisation E (a large organisation) formed a consortium with the smaller sole providers.
- A service agency can be an advisor
 - However, they cannot recommend any service agency
- There were problems with clients' mistakes
 - Clients using more money than they had (specifically having more money, but no more for that year)
 - Getting the wrong reference number(want child's not the parents)
 - The money cannot subsidise free services. It can only be for additional services.
 - *The free and paid services must have separate waiting lists.*
 - Individual care (instead of group)
 - More intensive services as well
- There were problems with references from Autism Advisors
 - Sometimes did not contact Autism Advisor
 - Information to Autism Advisor (and Autism Advisor website) is out of date, which may possibly be the:
 - Organisation's fault
 - IT for running the government website
- Some service providers go to Autism Advisor team meetings (present the service agency's work for instance. Also to learn or get clarification)
- The free and paid services must have separate waiting lists
- Expanded their fee-based services and hired more employees to keep up with demand

Recommendations for agencies

- Organisations should consider the merits of forming a consortium to fight competition
- They should also consider the merits of becoming an advisor
 - It would be a fair amount of work, and you could not have bias when giving a self reference. It would give you a lot of information though, and keep you up to date.
- A service agency should keep in contact with the Autism Advisor
 - This is so the Autism Advisor's information is up to date, and they can reference the organisation.
- They recommend that organisations have a page on its website with the most up to date information about paid services and locations. This should be in a similar format to what the advisors use on their website. They suggest that the advisors reference this page on their website in addition to writing the information themselves. This will allow for the most up to date information.

Recommendations for us

- Contact autism agencies Organisation E and Organisation D
- We should give the interviewee more information. Tell them more about why you are here. Tell them what you find interesting and why. This lets them target their information.
- Ask your fellow researcher if they have any more information/any questions.

C.2 Interview with Organisation B

Information on the organisation before the introduction of the HCWA

- Before HCWA, the state would fund them to reduce the costs of their services. They had private service agency components since before the HCWA
- They only work with children with an Autism Spectrum Disorder
- They work with children up through age 8
- They have state-based and individual services
 - Individual services act as an extension to the state-based
 - State-based is more group therapy
- They are offered State funding, which allows them to reduce the cost on their state-based services

Staff experienced a culture change after the implementation of the HCWA

- It was hard for staff to tell people that they had to pay for some services now
- Some staff found it difficult to not to above and beyond what they were paid to do
- They couldn't do more because they could pressure the government for more money
- Staff felt that they didn't get the same relationship with the client that they had before
- Off-site service calls offered great interaction:
 - Added costs for travel
 - Since more one-on-one services it offered more personalised attention
- Staff more aware of their time management

Client logistics

- They wanted the same personnel working with the client in both state and individual services
- If client is receiving services elsewhere, try to work with the outside help to achieve the goals of the client
- Individual services act as an extension to the state-based services

Benefits

- Staff had to work independently, therefore they gained more skills in their area of expertise
- Consortiums gave Organisation B a lot of opportunities
 - Organisation B made sure that they would set up consortiums with private sectors early
 - Consortiums allowed them to identify people to hire
 - Also allowed them to have close communication for improved client care

- Allowed for more options for the clients
- They had different prices on services:
 - Organisation B would normally charge less than the consortium members, however they had large overheads
 - Organisation B would charge a small fee to the consortium. Members for their referral and paperwork
 - Consortium members would charge the client more due to the previous bullet
- Extra money allowed them to fund more services

Changes that Organisation B faced

- Instead of looking at a meeting as a session, it was considered to be a program which wasn't week-by-week
- There were no major changes on the volunteer front other than the number was increased due to the maintenance needed
 - Volunteers were less in charge of programs and more in charge of maintenance
 - Willingness was kept because they still offered the same programs
- Hired more staff – Basically doubled – and could afford this because of the extra money that was made
- The description of the organisation changed from State Funded ISCIS service to a ISCIS service that offers state based programs
- Lost some of the older staff who were unwilling to work in the new environment
- Professional development would include consortium members
- Only had good professionals in their consortium

Other

- Advertisement
 - Never really talk to or hear advisor after a certain time period
 - Mostly for FaHCSIA web, paediatricians, and word of mouth
- Early Challenges
 - Had long waitlists
 - Little staff members
 - Pressure from the timeline on the HCWA to spend money by the age of 7.
 - This made families who just found out about it to rush their child through the process
 - This rush levelled off eventually
- Cancellation rate was high
 - To solve, Organisation B made the families pay up front for a several week program and say that if the families cancelled there were no partial refunds

- FaHCSIA stated that they cannot charge for cancelations so this was their loop hole
 - In the winter, cancellation was 30% or more due to everybody getting sick
- No problems with staff eligibility
- Does not receive a lot of charity so we did not go into this aspect

C.3 Interview with Organisation C

Information on Organisation

- Relatively small compared to other autism service providers
- Young organisation
- Commenced with HCWA years after its implementation
 - Easier to apply now
 - Applied because they had a big waiting list and high amounts of kids with autism
 - Client families feedback wanted to buy the services
- Expecting \$200,000 from FaHCSIA funding this year

Preparations for the HCWA package

- At the same time they became a provider, they also applied for and received a grant from the government that covered costs for a period of 6 months
- Offered services which families could purchase for extra support outside of their free services
 - This is something that FaHCSIA wanted to encourage and create with the introduction of the HCWA
- Did not join or create a consortium; as they thought it would be risk
 - Decided to employ staff instead because the organisation had enough money from grant
- Combination of regular early intervention services (free) and high level fee based services
 - Covered a wider range of services
- Looked at sick days of staff and families and evaluated fee structure

Thoughts after the introduction of the HCWA package

- Families that were already customers would still operate in the same way and pay for additional programs (mostly therapy)
- Families on waiting lists would wait less time to be able to access FaHCSIA funded programs, but would remain on waiting lists for other funded positions
- Pricing of HCWA services
 - They would look around the private market and offer prices that weren't the cheapest, but also not the most expensive
 - Looked into the effects of cancellations, from both the families and staff

Problems they faced

- Did not prepare accountants for the upcoming funding change
- Needed to educate families on the best way to spend money
 - For example, when a child was 2, families would spend money too quick then take free services
- Felt that there were no older programs to learn from
- Staff did not have the business experience in telling clients to pay for services
- Parents didn't want to pay for a planning session, which was need to assess long-term goals
- Problem with communication between:
 - Between families and agencies, as well as between agencies
 - Families would buy a service and then a resource from somewhere else and then wouldn't have enough money to go back to Organisation C to buy another service
 - No one can really see where money is being spent.
- Problem with that clients can now complain and offer their own opinions on services
 - See a need to assess the services
- Some families may be excluded from getting funding
 - There may be a background or language barrier blocking them from getting funding
- No support or information for the families on the HCWA
- Organisation C had to be stricter on the amount and types of clients they let in
 - Couldn't offer services to everybody because there were too many clients and not enough services
- Had to waste time explaining a lot of the processes, which could have been spending money, on intake inquiries
- FaHCSIA difficulties in delivering statements to clients
- Once parents start paying for services, expectations from them for service provision
 - Sometimes threatened by shift
 - Listen to families
- Complicated selling resources, lots of problems involved

Benefits/Adjustments from the HCWA

- Obtained grants from the government to cover additional costs
- Shorter waiting lists
- Can improve services from client feedback
- Quicker access for families, if they were on a waiting list
- Faster services – in the sense that there was less time wasted per service
- Staff used time more efficiently
- Organisation was able to grow and hire more staff

C.4 Interview with Organisation D

Information on organisation

- State wide service with regional and country teams
- Provides services from birth to death
- Has involvement with schools
- Work in client's houses and centralised locations

Services (General)

- Some get early intervention services at other places and go to Organisation D for autism services
 - Some get both types of services from Organisation D
- Early intervention services not charged
- Group sessions not charged: other organisations charge for group sessions

Early intervention services

- FaHCSIA funded services: fee for service
- Make it clear to parents that they are not substituting services and that they are still getting the full amount of services with new payment.
- Hired 3 new autism specific staff for HCWA
- Service providers responsible for documenting the billing process for “hour restricted” service funding
- Therapists do not enjoy this because of time restrictions
 - If a child is struggling towards the end of a one-hour session, want to make sure he/she is okay before letting go home.
 - Therapist does not get paid with FaHCSIA funding at first, must put it down as non-billable
 - Then therapist has to ask client next time they come in to sign off on it in order to get paid, and they don't like doing that
 - Parents aren't spending own money, so therapists need to see if it is upsetting parents or if the therapists themselves are just upset.
- Group sessions good for social interactions
- Readiness for school groups very popular
- Goal-based services: 20 occupational therapy visits is not a goal
 - Talk with parents about child to determine goals from services
- Trouble getting name to be known, and had trouble filling gaps (were overstaffed at first)
- Organisation D has expanded from HCWA

- Organisation D reiterated that the Autism Advisor does not refer anyone, it is not their job.
 - They will let you advertise in a newsletter though.
 - Also run training for organisations and families.
- Tough to balance supply with demand to reduce waiting lists while keeping each therapist busy.
- Recently had grant approved for a program designed for families put on waiting list for autism FaHCSIA services.

Information about taking payments

- Cannot take pre-payment with FaHCSIA funding.
- Have to pre-book a staff member for appointments.
- Cannot take payment for whole program with FaHCSIA, can only take payments after each day that client comes in for services.
- Take the money out of FaHCSIA before buying products to ensure that there are sufficient funds.
 - Difficult for families to track because they can be getting up to half of a dozen services at a time
- Can't charge cancellation fees with FaHCSIA funding.
- Budgeted to decide prices of services, sounds like they didn't use the prices of other organisations' services.
- Organisation D is true non-profit, does not mind sending people to other service agencies as long as client gets the services they need.

Opportunities

- Expanding with the HCWA is not the biggest money spender because it's FaHCSIA funding.

Consortiums

- Works closely with other organisations, but do not charge for referrals.

C.5 Interview with Organisation E

Information on Organisation

- Clinics all over the state
- After HCWA implementation
 - Organisation E was big enough to create new services and hire staff to work
 - Had to find the clients and advertising by speaking to people in the community
 - Increased administration time
 - Financial problems with trying to run the business and collect money at same time
 - Created the autism services for the HCWA
 - 6-9 months for people to get funding, caused a slow period

Consortiums and Sub-Contractors

- Consortiums
 - Had to do a lot of paperwork to be involved with a consortium.
 - Can set prices for services
- Sub-Contractor
 - Offers the same services.
 - Offers them at the same price as the lead organisation.
 - Don't have to tell government if hiring a subcontractor.

Prices for services

- Looked at the market for a general pricing idea, and then based those prices to cover their staff overhead.

Charity

- Does not really affect Organisation E
- Clients are not really charitable to Organisation E

Competition/other providers

- There's a large demand and not enough supply
- Everyone wants funding that they can spend

Centres to be diagnosed

- Waiting lists up to 2 years

Advisors and Providers

- Advisor is supposed to visit the family and inform them
- Providers spend more time with the families
- Confusion with families on how they get funding and how it works
- Keep in touch with advisors but not heavily work

Resources

- Therapeutic Intervention resources
- Parents go to them saying what they want, therapists don't request them
- Have to make sure that they qualify for resources
- Must have a specific reason for requesting a certain resource.
- Parents must sign off on all transactions.
- Guidelines on acceptable resources have relaxed.
- Purchased the product for the client
- Do not get payment until the delivery record is signed
 - No returns because Organisation E already paid for the object.
 - Cannot touch money without the signature on delivery record
 - Hard to keep track of all signatures
 - It's a huge legal implication
- Organisation E joined as contractors so that they can have their clients can get resources through the HCWA funding
- Pay extra for these resources because going through the provider
- Are owed hundreds of thousands for services
- Don't have to see signature, just as long as the therapists say that the parent signed a resource can be bought
- Parents can buy resources, but they don't know how much funding is left or the rules

Panel member

- One branch was on the panel and the others are sub-contractor.
- Couldn't really work as one large group
- Extreme amounts of paperwork if every organisation was on the panel.
- Takes a while to become a panel member

Staff Members

- Introduction of the plan didn't really change the staff's morale
- Staff found it hard to be accountable for everything.
- Staff didn't like making the parents pay for everything.

Empowering Families

- Put into place to give them the chance to go wherever
- Parents may not have the knowledge or ability to do all of the work they're needed to do
- Families talk and they may try to move from one provider to the next looking for the cheapest services.
- Felt that empowering families may have taken some responsibility away from the professional.

Cancelation

- Have a policy where if parents cancel, they have to pay a fee out of their pockets, but they never pay it.
- Started to make clients pay for services upfront.
- Plan everything in advance

Other

- Parents can use Medicare sessions for services to save money
- No thoughts on the advisory role in the BSCI
 - How to advise for so many different disabilities and in different states
 - Who will advise the parents

C.6 Interview with Organisation F

Information on Organisation

- Large disability service agency
- Early childhood intervention services (ECIS) are a small part of their organisation
- Remainder is adult services
- Also gain profit from providing jobs for people with a disability
 - Supports ECIS
- ADHC, Department of Education and Training: State funding
- FaHCSIA: Federal funding
- Provides services for hundreds of children with disability or developmental delay in 2 or more areas
- Indigenous clients can be referred by families, others by physicians
- Merged with another early intervention service provider
 - Was a small organisation that had strength to have longevity, but couldn't replace staff
 - Offered services to 65 children
 - Children weren't receiving HCWA, but now will with Organisation F
- Most clients stay within Organisation F for long-term, especially those that are employed with them
- ECIS: difficult to tell if they will be long-term or short-term client
- Gap between 6 and 12 years old were not eligible for services
- 43% of children with developmental delay
 - Delay in two areas
- 20% of children with global developmental delay
 - More than two areas
 - Most likely going to stay for rest of lives
- 17% of children with Autism

Problems they faced

- Difficulty in recruiting staff
- Giving certain kids extra services and not others
- Complaints from other families
- Took away trans-disciplinary approach
- Pressure to provide services up to 7 years of age
 - Out of scope of service model
 - Didn't have enough staff members
 - Didn't have enough commitment from families to recruit staff members
- Not able to charge for cancellations

- Not able to charge for travel
 - Effects outreach services

Opportunities presented

- Allowed for more room with early intervention team
- Show value and flexibility in an individualised funding scheme
 - More tiers of services
- NDIS would be fixing the broken system, making disability services a large program
- Able to grow and innovate services for families

Adaptations

- Has not changed client service model
 - Created teams of professionals around child:
 - Speech pathologist
 - Occupational therapist
 - Physiotherapist
 - Educator
 - Family Support Worker
- Used to have children come fortnightly, with HCWA funding they could come on other weeks for additional services
- Hired additional employees
- In order to explain to families about inequality in funding, told them it was out of their control and it was government policy
- No staff members were specific to HCWA work
 - This helped share the workload
 - Also helped in ensuring salary for staff
- Working on creating better communications between trans disciplinary services
- Did not hire staff and throw money right away
 - Long application process
 - Families didn't always want additional services
- Allocated spot for cancellations
- Had to raise prices
 - Program took longer than expected
- Used other organisation's pricing as a guide.

C.7 Interview with Organisation G

Information on Organisation

- Provides an Early Childhood Intervention Service
 - Education
 - Therapy
 - Family Support
 - Birth-School Entry
- Two branches with funding for school age support service
- Therapy Transition: additional amount of funding
- Hundreds of families enrolled in program
- Core funding from Aging Disability and Home Care
- Supplementary from Intervention Support Program
 - Cannot count on that money coming in
- Fee waiver process, but not offered as free
- Fundraising covers gap between government funding and service cost

Helping Children with Autism

- Did not change service model for HCWA
 - Followed guidelines very closely with:
 - Multidisciplinary approach
 - Paid retroactively after each item of service
- Can't count on everyone showing up for group programs
- Designed group programs because did not want to throw out money for additional staff
- Relationship with Autism Advisors difficult at first
 - Different advisors for different areas
 - Didn't really have knowledge of services out there
- Since then Autism Advisors have become more knowledgeable
- Families with no funding were jealous of the additional funding
- Core services: Small group and personal support
- Additional programs: Individual therapy and group training program for communication
- Help people understand what FaHCSIA funding provides
- Not successful in meeting demand; need significant number of people to address need
- Not willing to take financial gamble
 - Did not hire extra staff
 - Didn't want to pay for staff without guaranteed income
 - Also need manager to promote program
- Organisation G has fees for basic services
 - Also has fee waiver process

- FaHCSIA funding cannot be used for fees
- Other organisations used programs that they already had and told families they needed to use FaHCSIA funding for it.
- Confusion about services eligible for FaHCSIA funding
- Would send child home if it was a tough session with therapist
 - “call it quits and start another day”
- Consortium members never really see each other
 - Thought this was a bad thing, it meant inconsistency in child’s plan
- Preparing for the NDIS in advance, very aware and has been promoting awareness
- Group programs: children with autism
 - Social incompetence key feature
 - Individual work is important, learning to participate in small group program with multidisciplinary team

C.8 Interview with Organisation H

- The government is the decision maker for cases which are not clear cut, including if a child is older than 6 and not having a dsm4 diagnosis.
- Too much work to keep everything (like waiting list) up to date, recommend clients to call organisations.
- They got feedback (both good and bad, mostly from clients)
- Said that advisors must give invoices to government both monthly and quarterly reports
- There are state variations in advisors including but not limited to who can diagnose.
- They offer talks to service agencies, and links to community programs for clients.
- About bias and advice: They talk with families about: their diagnosis, available service agencies (no more than names and some basic details), discusses what the families finds important, develop a strategy of action after they leave, and a strategy of questions to ask various people including service providers. They also provide a lot of literature. Essentially they give families basic information, literature, and help them develop a plan.
- The exact level of help varies from family to family. For families of particular concern (if they need ongoing case management) they refer the families to community programs.
- They also help them develop questions for panel members. For instance, they talk about what an OT does and help them develop questions to ask an OT.
- It takes a couple of weeks to get approved if they have the correct diagnosis. It takes longer if they have to get a new diagnosis, thus they work with health professionals. Diagnosis -> paperwork -> letter.
- The HCWA has been renewed for three years (tentatively)
- If they were to give one piece of advice: *“I think the most important thing is that relationship you build with the family in the really short time you’ve got and that um that’s the most important thing because that’s going to help the family walk away feeling and I guess a little more empowered or a little knowledge more about what they can do next and I think so there’s still the ability to do that to me is one of the most critical things. And I think also not making assumptions about families and remaining positive about families.”*
- There were mostly poor feelings from a family when they could not get money because they were post age. Other concerns were waiting lists, remote access, overcharged services, services at a new price because of the HCWA
- They require the same information for an application, but the application its self is not necessarily the same.

C.9 Interview with a manager in children's services

Additional information on Organisation H

- Formed packages out of their services and then added a cost to them
 - To decide cost they looked at private providers and used their costs with a little overhead
 - When packaging the services – costs arose because they may have to create new services
- Transitional Costs for Organisation H
 - Staff would leave to form a consortium and they would have to train new staff that may then leave after a short period of time
 - Families would book a doctor or therapist. And not show up, creating them to have to pay for the time wasted
- In the end:
 - Organisation H wasn't losing money, but weren't making any
 - Families were happy with the additional choice that the HCWA gave them
 - Felt that the government was happy with the outcome because they re-introduced the same plan for vision impairment
- A problem that they found was that the government was not really doing anything to fix the issues that were presented to them
 - Government would not do a lot do educate and talk with the providers on changes to the policy

Vision Australia

- Differences in service models from region to region
 - Size of the state, population/density, and the funding from both national and state government.
 - Only the state provides funding for children services
- Current system of children's service
 - Shortcomings:
 - Not enough communication between everyone
 - Was not unified throughout
 - No clear exit strategy
 - Children would be in the system for a really long time
 - Only NSW and QLD had a centre based system where people would come to rather than in the home visit
 - No consistent representation and not a constant flow of information

Information on another blindness organisation

- Experimenting with possible forms of tele-conferencing for children who live in rural areas

- They are currently testing this and a VA staff member is learning and working with them on this as well
- They said we might want to contact them, but on service models and adaptations they are making for them.

C.10 Interview with a children's service employee

- Goal of services
 - Children – the parents/family/carer's goals and expectations, with recommendations from professionals as well
 - Schools may also set goals for the Child
- There are no doctors that can diagnose in Vision Australia
 - But if they go to Vision Australia before, Vision Australia can provide a list of doctors they could go to be diagnosed
 - Clients are referred to them
- Only Independent Living Services for children from 0-18
 - Children 0-6 will have early basic educational services
 - All are family/carer oriented
- Monitoring
 - For outside there is a list of goals that are constantly being check to see if they are reached
 - Monitoring is internal to Vision Australia
 - The staff member must record everything
 - Someone randomly should be able to pick this up and know what's happening
 - Also CIT and CAT forms
- All services are free
 - All held off-site because it is a place that the child will be surrounded by constantly
 - This will be greatly affected by the BSCI
- BSCI will help parents with support because they have to pay for a lot out of their pockets
- Groups
 - 2 staff, 6 children and family/carers
 - Groups are not necessarily held at Vision Australia, but at a place that will be more familiar to the children
- Private Organisations – there really aren't any for children 0-6

Appendix D: Workshop # 1 Outline

Outline of Workshop

1. Introduce ourselves, our project, and individualised funding
2. Present information on individualised funding theory. Topics include:
 - a. The differences between direct agency funding and individualised funding.
 - b. Varieties in implementations of individualised funding.
 - c. Basic implications of individualised funding.
 - d. How a government transitions to individualised funding in phases (do not discuss how much funding might be proportioned to individualised funding).
3. Ask for questions
4. Ask how much they know about IF in general
 - a. Ask how much they know about the HCWA, BSCI, NDIS
5. Present the NDIS
 - a. Information discussed has yet to be determined
6. Ask for questions
7. Present the BSCI. Topics include:
 - a. The BSCI will not replace current funding
 - b. Eligibility for clients under the BSCI
 - c. Benefits for clients under the BSCI
 - d. Logistics of the BSCI
 - e. What we do now know about the BSCI
8. Ask for questions
9. Present the HCWA. Topics include:
 - a. Eligibility for clients under the BSCI
 - b. Benefits for clients under the BSCI
 - c. A client's path from diagnosis to treatment under HCWA
 - d. Logistics of HCWA
10. Ask questions about consequences of individualised funding on Vision Australia
11. Present autism agencies' experiences with HCWA (discuss only if we have more time)
 - a. There was competition with sole providers.
 - b. Agencies packaged and priced services.
 - c. Agencies created new services for individualised funding.
 - d. Clients made mistakes when paying for services.
12. Ask questions about consequences of individualised funding on Vision Australia
13. Talk about recommendations (discuss only if we have more time)

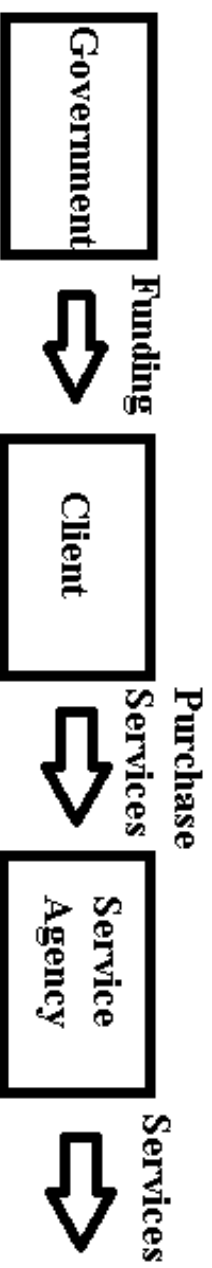
Direct Agency Funding

Government Funded Services



Individualised Funding

Client Paid Government Subsidized Services



National Disability Insurance Scheme (NDIS)

While Australia has not completely shifted to federal Individualised Funding models for the entire disabled population, there are plans to make changes that will impact a wide range of service agencies in Australia. The National Disability Insurance Agency (NDIA) is in the process of developing a *National Disability Insurance Scheme* (NDIS). The NDIS is an Individualised Funding model that has plans to be implemented in 2014 in one Australian state or territory, followed by implementation throughout all of Australia in 2015. The plan will provide funding to Australians who acquire a disability through their lifetime. Those individuals will then have a choice regarding what services are provided and where they may receive them from.

Better Start for Children with Disability Initiative (BSCI)

Eligibility

1. The BSCI will provide funds to children with the following conditions:
 - a. Vision Impairment
 - b. Hearing Impairment
 - c. Cerebral Palsy
 - d. Down Syndrome
 - e. fragile X Syndrome
2. Families/carers that have children from the ages 0-6 can apply for funding and funding can be used until the age of 7.

Benefits

3. BSCI clients can spend up to \$6,000 a year for no more than \$12,000 total.
4. Other benefits including new Medicare items, and free government programs.

Service Agencies

5. A BSCI client can only purchase services from a member of the Better Start Service Provider Panel
6. Many other guidelines and regulations are unknown

For more information on the BSCI, feel free to email us at vision2011@wpi.edu or go to the FaHCSIA website

http://www.fahcsia.gov.au/sa/disability/progserv/people/Pages/early_intervention_better_start.aspx .

Helping Children with Autism Package (HCWA)

1. Support for parents, families and carers of children with an autism spectrum disorder.
 2. \$190 million through an individualised funding model until 2012.
 3. Each child is allocated up to \$12,000 (\$6000 a year)
 4. Children must be deemed eligible by an Autism Advisor before their 6th birthday.
 5. Funds can only be used until the child's 7th birthday.
 6. Autism Advisors inform families about their eligibility, funding, and which service providers can help them.
 7. Families can choose which service provider to use.
 8. Autism Advisors only refer families to service providers on the Early Intervention Service Provider panel.
 9. Service providers may only accept HCWA funds if they apply and are accepted to the panel.
 10. 35% of these funds can be used to buy tangible resources that are part of a child's therapy.
 11. Families in remote areas are given more funds (\$2000 total) to cover travel expenses.
- *Diagram of how the HCWA Autism Advisor functions



Appendix E: Workshop #2 Outline

Goal: Receive feedback from Vision Australia staff about our group's proposed recommendations.

Participants: Members of the workshops who are able to attend, as well as staffs that have expressed specific interest in our project. Emails sent out to the Team Managers.

Logistics: Training room, 2:00-3:00PM on April 19th. Also a TBA teleconference/email session for Team Managers.

Agenda:

1. Introduction and explanation of our project and its goals to those who don't know.
2. Brief 10-15 minute presentation of our Conclusions and Recommendations.
 - a. Focus on external organisations' experiences mainly.
 - b. Choose words carefully
3. 45-50 Minute sessions of feedback and discussion among those in attendance. Namely:
 - a. Feasibility of our recommendations
 - b. Additional limitations of our recommendations
 - c. Additional recommendations we may have missed
 - d. Suggested changes to our recommendations

Recording: Inform workshop members that they will be recorded for our group's personal use, and that their names or identifying information will not be revealed in our report.

Appendix F: Workshop Summaries

F.1 Notes from Workshop #1 Day 1

- Staff members were curious about children with multiple disabilities. Will they be covered? How will they be covered?
- We really need to look at which services are allowed to receive BSCI funding, which are Vision Australia's most important to children's service. Do these overlap?
- Common questions that staff members had:
 - What services will be funded under the new program?
 - How can services could both be free and paid at the same time? How do you continue to provide a service to someone who isn't eligible for the BSCI while at the same time having to charge someone for that same service?
 - Do you have some disciplines which are purely free or purely charged? Do you have different levels of quality depending on how much you pay? Or do you separate which disciplines are charged or free?
 - How does the client go from diagnosis, funding, and service agencies? Who is telling them? Will families be confused?
 - They were concerned about clients getting jealous at people who received funding from the BSCI and their child did not.
 - They were concerned about still being able to provide the services they are now.
 - How might this affect staff hiring or proportions? Will VA have to hire more staff?
 - They were concerned about how the services were priced.
 - How do they educate their staff on how to talk to families about this?
 - How will this affect the charity that Vision Australia receives?
- Staff had a lot of interest in our findings.
- One organisation had two "tracks" of service. One was free, one was paid. Families were in disagreement with each other.
- VA has mentioned about having enough staff. And having varied enough services. And how they have a lot of allied health professionals working for them at the moment.
- Staff had concerns about eligibility. What defines "vision impairment" and who is on the expert panel to determine this?
- Will families be able handle the increased responsibility of this plan? How will they react?
- How large of a proportion of funding will be individualised in the long run?
- Will Early Childhood Educators (specifically) be able to receive BSCI funding?
- What are the differences between states?
- They were curious about marketing services.

- Percentage of money that could be used on tangible equipment under the HCWA could be inadequate under the BSCI. Will the BSCI address this?
- They were concerned about people living in remote/rural areas. What defines a rural area? How can they get to them?
- There was a lot of talk about referring people to other organisations. They are not broad enough to do everything, and not enough people. We should be more specific on how to use a consortium.

F.2 Notes from Workshop #1 Day 2

Different States:

- We learned a lot from how the different states in Australia operate. Because of funding conditions, Victoria finds itself with a lot more Early Childhood Educators than a state like New South Wales does. This is important for the BSCI because it doesn't have provisions for Early Childhood Educators.
- The different states also seem to be concerned about competition. We heard that in New South Wales there are other Low Vision Agencies that are competition with Vision Australia. This is something to consider.

Concerns from the staff at Vision:

- One of the biggest concerns/worries we heard was about the gateway service. We really need to make sure that we clarify exactly what this is and what it entails.
 - People are worried about how families will find out about services, especially families that don't speak English.
 - Staff members are curious about Vision Australia's role in the gateway service, if they have any.
 - Many staff members were unclear on how the gateway service can remain unbiased.
- There are also concerns regarding competition. People are worried that Vision Australia will lose clients to other, smaller organisations.
 - While there are many consortiums of individual providers, we need to reiterate that they cannot take away Vision Australia's clients. There are so many fears that VA will lose clients to these people.
 - One way to solve this is to reiterate that Vision Australia needs to advertise and make clear that it will be better for a family to give their child one consistent service with a huge organisation.
- There is a lot of misunderstanding with how paid services will live alongside free services. Need to make it clear that these new services are here to enhance, not replace or overtake existing services.
 - One good example that someone brought up is that Vision Australia currently has no training for its accessibility technology. Since Orthoptists provide this training, VA can use its current Orthoptists to train people. This is good because it is a service that VA hasn't provided before, but now can with new funding.

F.3 Notes from Workshop #2 Day 1

The main goal of this focus group was to educate staff on our findings and recommendations, and to get feedback on a lot of them.

The staff generally agreed with our findings and recommendations.

Many staff members were still unclear on a lot of the specifics of the new plan, such as eligibility, which services would be allowed under the new plan, and competition.

We talked at length about the accessibility of the FOFMS software. Vision Australia already has a system in place to deal with non-accessible software.

Appendix G: Correspondence with the Department of FaHCSIA

G.1 Correspondence on the RIS

Dear Mr Neu,

Thank you for your follow-up email of 31 March 2011 regarding the Better Start for Children with Disability (Better Start) initiative.

As indicated in our previous response of 22 March 2011, parents or carers of eligible children will need to register their child in order to access the Better Start early intervention funding.

Registration will be available from 1 July 2011.

The Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is in the process of establishing a dedicated Registration and Information Service (RIS) for the Better Start initiative. The RIS will perform a similar role to that carried out by Autism Advisors under the Helping Children with Autism (HCWA) package.

Specifically, the RIS will assist parents and carers of eligible children by registering them for the initiative and providing information about access to Better Start funding and appropriate early intervention services. The RIS will also provide information about the components of the Better Start initiative and other services that the family may be able to access.

The RIS will not offer specific advice on the value of one intervention over another, but instead provide information regarding the types of services within reasonable geographic reach of the registered child and their family.

We hope this addresses your query and thank you again for writing.

Kind regards,

Better Start Team

Better.Start@fahcsia.gov.au

From: Neu, Samuel Charles [<mailto:samneu@WPI.EDU>]

Sent: Thursday, 31 March 2011 3:19 PM

To: Better.Start

Cc: vision2011@wpi.edu

Subject: Advisors for BSCI

My name is Samuel Neu, and I'm representing a group of American college students studying the effect of Individualised Funding models on service providers in Australia.

We are currently studying the Better Start Initiative, and have found that we can learn from the Helping Children with Autism plan. In the HCWA, there are "autism advisors" that act as a liaison between parents and the service providers. Will there be similar advisors in the Better Start initiative?

Thank you,

The WPI Team

Jesse Bowers

Joseph Danner

Samuel Neu

Kyle Powers

Located at Vision Australia, Kooyong branch.

Email: Vision2011@wpi.edu

G.2 Correspondence on the BSCI

Dear Mr Neu,

Thank you for your email of 16 March 2011 regarding the Better Start for Children with Disability (Better Start) initiative. We are pleased to hear that you are interested in the initiative and have included some background information for you in this reply.

Background to the Better Start initiative

On 28 July 2010 the Prime Minister of Australia, the Hon Julia Gillard MP announced \$122 million in funding over four years to improve access to early intervention therapies for eligible children with disabilities that affect their development.

Sight and hearing impairments, Down syndrome, cerebral palsy, and Fragile X syndrome are the identified disabilities included in this package. The categories of disability identified in the announcement were determined based on evidence that intensive early intervention in the pre-school years is effective in preparing this cohort of children for school.

The Better Start initiative is modelled on the Australian government's Helping Children with Autism (HCWA) package, a \$190 million funding package introduced in 2008 to improve access to early intervention services for Australian children diagnosed with Autism Spectrum Disorders (ASDs).

The early intervention funding component of the Better Start initiative

From 1 July 2011, children who are aged under six years and have been diagnosed with one of the listed disabilities will be able to register to access up to \$12,000 (up to a maximum of \$6,000 per year) to pay for early intervention services such as speech pathology, audiology, occupational therapy, orthoptics, physiotherapy and psychology. Families will have until the child's seventh birthday to access funding.

The Medicare component of the Better Start initiative

Under Better Start, children with the listed disabilities may also be eligible for new Medicare items. Medicare is Australia's publicly funded universal health care system, operated by the Australian government agency Medicare Australia.

Medicare provides access to:

free treatment as a public (Medicare) patient in a public hospital, and
free or subsidised treatment by medical practitioners including general practitioners, specialists, participating optometrists or dentists (for specified services only)

As part of Better Start, a Medicare item for the development of a treatment and management plan will be available for children under the age of 13. Medicare items will also be available for up to four allied health diagnostic services and for 20 allied health services (in total) per eligible child. The new items will be available for children up to the age of 15 provided the treatment

and management plan is in place before 13 years of age. Families will be able to access the new Medicare items from 1 July 2011.

Registration for eligible families and prospective service providers

Parents or carers of eligible children will need to register their child in order to access the Better Start early intervention funding. Registration will be available from 1 July 2011.

Following registration, families will be able to access early intervention services provided by members of the Better Start Service Provider Panel. Early intervention service providers will need to apply for membership of the Panel and address the specific selection criteria, demonstrating experience in working with one or more of the above disability groups.

The Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) will make payments to service providers on behalf of registered children for services delivered. Payments will only be made to panel providers in arrears on a fee for service basis.

Evaluation and potential expansion of the Better Start initiative

Government consideration of extending this type of initiative more broadly will be informed by the outcomes of the planned evaluation of the Better Start initiative, together with any relevant findings from the evaluation of the HCWA package. The evaluations will make an assessment of the extent to which such initiatives have a positive impact on a child's ability to transition to school.

Impact on disability service providers

As the Better Start initiative has not commenced, it is difficult to comment on its impact on disability service providers. However, based on the experience with the HCWA package, it is likely that the Better Start initiative will increase demand for early intervention services, which may result in some workforce pressures, and possible waiting lists to access services.

Further information about the impact of the Better Start initiative on disability service providers will be available post implementation.

We hope this information addresses your query.

Kind regards,

Better Start Team

Better.Start@fahcsia.gov.au

From: Neu, Samuel Charles [<mailto:samneu@WPI.EDU>]

Sent: Wednesday, 16 March 2011 9:06 AM

To: Better.Start

Cc: vision2011@wpi.edu

Subject: Better Start initiative

Hello,

We are a group of American college students studying Individualised Funding models in Australia. Currently, our focus is on the Better Start for Children with Disability (Better Start)

initiative. We would like more information on how this program affects disability service providers. Any information on this subject would help our project.

Thanks,
The WPI Group

Appendix H: Problems with block funding

<i>Current problem:</i>	<i>How the proposed arrangements would address the current problems</i>
Poor national insurance (people without a disability know they have no clear coverage if they acquire a disability)	Full coverage of all Australians of the costs of long-term disability care and support, so people without a disability could feel confident that they or their families would be supported in the event of a significant disability. Insurance has value for people even if they make no claims
Inequitable (eg what you receive in assistance depends on where you live)	A national scheme with national standards and entitlements that would cover people with disabilities from non-accidents with high needs For those with catastrophic injuries from accidents – new minimum national standards from wider accident schemes in all jurisdictions
Underfunded with long waiting lists	Funding would be doubled; and tied to the Australian Government's revenue-raising capacity (which is funded by more efficient and sustainable taxes)
Failures to intervene early (eg people stuck in hospital because of insufficient funds for minor home modifications)	The schemes, like all insurers, would aim to minimize long terms costs, so they would have a strong incentive to undertake early intervention where it is cost effective. The scheme would spend dollars to save more dollars and people would not have to wait for basic supports like wheelchairs and personal care
Fragmented	Universal schemes; strong regional management with local case managers to help people connect to services; disability support organisations to assist people with disabilities and their families to get the best outcomes; funds and assessments portable across borders and support providers
Lack of clear responsibilities	Assessments under the NDIS would identify and facilitate referrals to the right supports outside the NDIS
People with disabilities and their families are disempowered and have little choice	People would be able to choose their provider or providers. They could choose to have a disability support organisation manage their packages or to act in other ways on their behalf They would be able to manage their own funds if they wish and within rules
Economically unsustainable	Appropriate funding would stabilise the withdrawal of informal care under the present crisis-based system (which is leading to the costly withdrawal of informal supports by non-coping carers)
Inefficient with weak governance	The new scheme would be run to insurance principles by a commercial board with strong and constant monitoring by Treasury. Advice from a council of stakeholders (people with disabilities, carers and providers) People with disabilities and their families would have more control over the services they would receive. They would have a strong incentive to maximize outcomes. They would have a direct stake in cutting out waste and unnecessary services The scheme would have many safeguards to ensure costs did not get out of control Benchmarking against schemes overseas and between the NDIS and NDIS
People have no confidence about the future: what services will and will not be available	A scheme that would focus on long-term care and support needs People would have clear entitlements to their assessed needs Strong complaints, appeals and advocacy arrangements Strong reserves to buffer the insurance fund The scheme funds would not be tied to the annual budget cycle, but would have a mandated funding hypothecated to a separate fund
Poor information (a 'maze' for people with a disability); poor data collection for disability services to ensure efficient management	Information provision through web and other means by a single national organisation, disability support organisations to act on behalf of people, availability of objective information about supplier performance Coherent collection of data by scheme to manage costs and to assess outcomes
Poor evidence base	Research function and evidence-based practice

(Productivity Commission 2011)

Appendix I: Allied health professional requirement

All allied health professionals are required to have membership to of one of the following professional boards:

<p>Occupational Therapists in Queensland, Western Australia, South Australia and the Northern Territory</p>	<p>Must be registered with the Occupational Therapists Board in the state or territory in which they are practising; in other States and the Australian Capital Territory, they must be a 'Full-time Member' or 'Part-time Member' of OT AUSTRALIA, the national body of the Australian Association of Occupational Therapists.</p>
<p>Psychologists</p>	<p>The Better Start for Children with Disability initiative will require psychologists to hold a current general registration with the national Psychology Board of Australia (PBA). For further information about the national registration see www.psychologyboard.gov.au</p>
<p>Speech Pathologists</p>	<p>The preferred standard for Speech Pathologists working in this area is to be a Certified Practising Speech Pathologist (CPSP) of Speech Pathology Australia. This means opting in to and meeting requirements of the Professional Self Regulation Program (PSR). Further information on the CPSP program is available on www.speechpathologyaustralia.org.au or contact the PSR Coordinator (Sharon Crane) at Speech Pathology Australia on psrandpd@speechpathologyaustralia.org.au or 03 9642 4899.</p>
<p>Audiologist</p>	<p>Must hold a Masters in Audiology and be a member of a professional body such as Audiology Australia or the Australian College of Audiology (ACAud).</p>
<p>Orthoptists</p>	<p>Must be registered with a professional body related to the field such as the Australian Orthoptic Board.</p>
<p>Physiotherapists</p>	<p>Must be registered with the local state or territory Physiotherapists Registration Board.</p>

(FaHCSIA Better Start 2011)

Appendix J: Intervention service eligibility

J.1 Intervention services within the scope of BSCI funding

Early Intervention Service and Treatment Domains	Includes interventions or programs delivered by:
Language and communication development	<ul style="list-style-type: none"> • Speech pathologists • Psychologists • Audiologists • Teachers of the deaf • Teachers of the vision impaired
Self-care, self-regulation and life skills development	<ul style="list-style-type: none"> • Occupational therapists • Physiotherapists • Teachers of the deaf • Teachers of the vision impaired • Psychologists • Orientation and mobility instructors • Special educators (special education teachers)
Physical/sensory/psychomotor development	<ul style="list-style-type: none"> • Physiotherapists • Speech pathologists • Occupational therapists • Orthoptists • Audiologists • Orthoptists • Conductors (conductive education) • Orientation and mobility instructors
Social and emotional development	<ul style="list-style-type: none"> • Psychologists • Speech pathologists • Occupational therapists • Social workers • Teachers of the deaf • Teachers of the vision impaired • Special educators • Social workers
Cognitive development and learning skills development	<ul style="list-style-type: none"> • Psychologists • Occupational therapists • Teachers of the deaf • Teachers of the vision impaired • Special educators

(FaHCSIA Better Start 2011)

J.2 Services that are out of the scope of BSCI funding

Diagnosis	Diagnosis is out of scope for early intervention funding. All children must have a diagnosis before accessing the early intervention funding. Diagnosis is covered through the Better Start Medicare items.
Assessment	One-off comprehensive assessments are out of scope. For further information on Assessment, see section 6.3. Regular assessment and reporting in relation to a specific treatment plan or intervention is within scope.
Medicare items	Funding cannot be used to subsidise or cover the “gap” payment for the cost of allied health services provided through Medicare. For information about the Medicare items refer to the Department of Health and Ageing website at www.mbsonline.gov.au and www.health.gov.au/mbsprimarycareitems
Private Health insurance	Funding cannot be used to subsidise or cover the “gap” payment for the cost of services provided through private health insurance.
Counselling	Counselling is not an eligible therapy or intervention. Counselling for parents and carers is out of scope.
Parent Training	Funding cannot be used to cover the cost of professional training in interventions. Any training that contributes towards the achievement of a professional qualification is not eligible to be funded under the Better Start initiative. Training for parents on specific techniques that support the delivery of an intervention at home is in scope.
Family/sibling support	Training for parents on specific techniques that support the delivery of an intervention at home is in scope. Other services to families such as counselling, support networks and sibling support are out of scope.
School/Pre school support	Visits for observation or discussion with teachers are out of scope. Visits to support training for an individual child’s program is in scope. Consultancy to day-care/ kindergarten/ preschool can only be included if it is specifically for assistance in supporting a child’s early intervention program. Reports provided to teachers or stand alone written reports and recommendations are out scope of the Better Start initiative.
Academic & other educational based services	Educational support, such as payment for a teacher’s aide is out of scope. Transition to school programs which support the delivery of an intervention at school is in scope.
Travel/cancellation	Travel and cancellation costs are out of scope of the funding. Providers may implement their own business rules to deal with these issues; however, these costs cannot be reimbursed from Better Start funding. FaHCSIA will only fund services that have been delivered. The following disclaimer must be added at the bottom of each panel member’s fee schedule: “Please note that there may be travel fees and/or

	cancellation fees associated with some services. For more information please contact the relevant provider as these are not included in the Better Start”.
Playgroup	Playgroup is out of scope. Play therapy interventions are in scope.
Podiatry	Podiatry is out of scope
Dietetics	Dietetics is out of scope
Exercise Physiology	Exercise Physiology is out of scope
Applied Behavioural Analysis (ABA)	Applied Behavioural Analysis (ABA) is out of scope
Music Therapy	Music Therapy is out of scope
Dance Therapy	Dance Therapy is out of scope
Hippotherapy	Hippotherapy is out of scope
Naturopathy	Naturopathy is out of scope
Homeopathy	Homeopathy is out of scope
Swimming lessons	Swimming lessons are out of scope
Companion dogs	Companion dogs are out of scope

(FaHCSIA Better Start 2011)

Appendix K: FAQ for staff members

Q: What is individualised funding?

A: Individualised funding is a form of government funding that allocates funding to an individual with disability through a customised support package. Within the constraints of each package, individuals are given the freedom of purchasing services which meet their particular needs from the service provider of their choice.

Q: What is the Better Start for Children initiative (BSCI)?

A: The BSCI is an individualised funding package that provides a package of \$12,000 to children with hearing or sight impairments, Down syndrome, fragile X, or cerebral palsy. The BSCI also has a Medicare component.

Q: How does the BSCI work?

A: Families of children with one of the eligible disabilities can use this funding to purchase early intervention services from eligible service providers. Families do not have direct access to the \$12,000, but rather must have a service provider bill the government for the services it provides.

Q: How are children eligible for the BSCI?

A: Upon diagnosis, a child must have approval from a member of Registry Information Service (RIS). FaHCSIA is currently finalising information on this subject.

Q: Who is an eligible service provider under the BSCI?

A: Service providers must apply to be eligible to accept BSCI funding. Criteria used to determine eligibility include experience with one of the policy relevant disabilities, experience with children, and providing services that offer a multidisciplinary approach.

Q: Will the BSCI replace Vision Australia's current funding?

A: No. The BSCI is meant to be purely supplemental to Vision Australia's existing government funding.

Q: How much can a child spend on adaptive technology or other goods?

A: Families can use up to 35% of their FaHCSIA funding on tangible resources.

Q: Can a child accept both BSCI and HCWA funding?

A: No. If a child receives funding from one of these Early Intervention plans, he or she cannot receive funding from the other.

Q: Which services will be funded under the BSCI?

A: The Department of FaHCSIA will fund certain services they deem eligible. Counselling is not considered eligible BSCI. A list of some services considered eligible can be found below. In addition to the ones listed, early childhood educators and orientation and mobility instructors can provide services provided they meet certain FaHCSIA guidelines. A full list of services considered eligible and not considered eligible can be seen on the Department of FaHCSIA’s website.

Early Intervention Service and Treatment Domains	Includes interventions or programs delivered by:
Language and communication development	<ul style="list-style-type: none"> • Speech pathologists • Psychologists • Audiologists • Teachers of the deaf • Teachers of the vision impaired
Self-care, self-regulation and life skills development	<ul style="list-style-type: none"> • Occupational therapists • Physiotherapists • Teachers of the deaf • Teachers of the vision impaired • Psychologists • Orientation and mobility instructors • Special educators (special education teachers)
Physical/sensory/psychomotor development	<ul style="list-style-type: none"> • Physiotherapists • Speech pathologists • Occupational therapists • Orthoptists • Audiologists • Orthoptists • Conductors (conductive education) • Orientation and mobility instructors
Social and emotional development	<ul style="list-style-type: none"> • Psychologists • Speech pathologists • Occupational therapists • Social workers • Teachers of the deaf • Teachers of the vision impaired • Special educators (special education teachers) • Social workers

Cognitive development and learning skills development	<ul style="list-style-type: none">• Psychologists• Occupational therapists• Teachers of the deaf• Teachers of the vision impaired• Special educators (special education teachers)
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Q: Where can I go to get more information about the BSCI?

A: The FaHCSIA website has the most up to date information on the BSCI policy. The website URL is:

http://www.fahcsia.gov.au/sa/disability/progserv/people/Pages/better_start_early_intervention.aspx

Appendix L: Summative team assessment

Our team would often have many different ideas about how to complete assignments. While this was useful because we had many ideas, it would be frustrating because we would have a hard time deciding. Our team did manage to fix this problem by identifying ways that we work best with each other without getting frustrated. We sought to have a daily “debrief” in which we would discuss the day’s activities, as well as our future plans.

These debriefs were more than just meetings in which we discuss our progress. We would give our group the chance to discuss our ideas and feelings and to work out any disagreements we had. This approach gave our group the chance to identify problems early and resolve them in a way that every group member was happy with.

In some cases, our team felt that we could use the advisors comments to help us with certain challenges. In these cases, our team would try and postpone our discussion until we got feedback from our advisors. Our team was able to identify which challenges we could face on our own, and which challenges we needed outside help with. In one case, we were disagreeing on the information in our executive summary. We understood and recognised each member’s good ideas, and sent those ideas to the advisors for confirmation.

We still occasionally disagree with each other, like any team. However, we believe that we have made significant progress from the beginning of this project, and our disagreements never affected our work negatively. Our team recognizes that for future team experiences, patience when listening to other team members’ thoughts and opinion was an important exercise in doing effective work.

In summary, our team has four strong personalities that could be difficult to handle. Because every team member was equally passionate about the project, we lacked a definitive leader, but rather assigned leaders to each task. We worked hard to recognise our problems early, and ensure that we utilised our each team member’s ideas effectively and fairly. Our team was able to reach this state of working effectively after much internal discussion.