

FREEDOM FROM CHOICE?

The Rollout of Person-centred Disability Funding and The National Disability Insurance Scheme

Tania Hall, Tara Brabazon

Flinders University

tara.brabazon@flinders.edu.au

Person-centred funding models are replacing block-funding models in the disability services sector. Australia is part of this international trend. Concerns have been raised by service providers, suggesting that people with disabilities are not benefiting from this system. This paper evaluates the views of service providers from a large non-government organization in South Australia, responsible for leading the transition from a block-funded model of support to a person-centred model of support. Two focus groups were conducted. Two themes emerged from these focus group discussions: customers with disabilities are vulnerable in the market, and marketizing disability services compromises quality. Neoliberal ideologies and market-based values frame the challenges and opportunities for not-for-profit organizations when transitioning to person-centred funding for disability support. This research both enlivens and confirms the existing research literature. Although person-centred funding models offer a socially just model, there is evidence that unintended consequences emerge in an open and competitive quasi-market. This study reveals that the competitive market design had stopped trans-sector collaboration.

Keywords: NDIS; individualized funding; service marketization; disability services.

Abstrak

Saat ini, model pendanaan berbasis orang banyak menggantikan model pendanaan-blok di sektor layanan disabilitas. Australia adalah bagian dari tren internasional ini. Lembaga layanan sosial khawatir bahwa para difabel tidak akan mendapatkan manfaat dari sistem ini. Artikel ini meninjau pandangan penyedia layanan dari organisasi non-pemerintah besar di Australia Selatan. Dua FGD dilakukan dalam riset ini. Dua tema muncul dari FGD: pelanggan difabel mengalami kerentanan di pasar dan 'swastanisasi' layanan disabilitas mengganggu kualitas. Ideologi neoliberal dan nilai berbasis-pasar menyajikan tantangan dan peluang bagi organisasi nirlaba ketika beralih ke pendanaan berbasis orang dalam layanan disabilitas. Penelitian ini mengonfirmasi literatur penelitian yang sudah ada. Meskipun model pendanaan berbasis orang menawarkan model yang adil secara sosial, ada bukti bahwa konsekuensi yang tidak diinginkan dapat muncul dalam pasar kuasi terbuka dan kompetitif. Studi ini mengungkapkan bahwa desain pasar yang kompetitif telah menghentikan kolaborasi lintas sektor.

Kata-kunci: layanan berbasis perorangan; pasar neoliberal; swastanisasi layanan

A. Introduction

What we need is freedom *from* choice.

(Welsh, 2000)

People are not only disabled by their impairment, but are also disabled by the context of their daily lives. Historically, people living with disabilities have been disconnected from familial, employment and leisure structures. This marginalization summoned inequalities. Through institutionalization and segregation, people with disabilities find themselves in positions where they are abused. The shift to person-centred funding in more recent years is an acknowledgement of the oppressions confronting people living with disabilities. This policy transformation is a recognition that people with

disabilities can make their own decisions and activate autonomy in their own lives. More ambivalently, this ideology of individuality is enabled through ‘marketized disability service delivery’ (Hadley and Goggin 2019). In Australia, this person-centred funding was contained within the National Disability Insurance Scheme (NDIS). Reddihough et al. described it as the “most profound change in Australian disability history” (Reddihough et al., 2016, p. 66). The goals were clear: autonomy and choice. While these terms seem empowering and liberating, the impact and consequences of these goals were unexpected and troubling. People with disabilities became consumers of services. The consequences of the movement from ‘clients’ to ‘consumers’ require individuals to deploy choice within the market economy. Providers compete within a neoliberal frame to create profit and efficiency in the delivery of these services.

While this article focuses on the Australian policy environment, there is a global trend movement towards person-centred approaches, providing opportunities for client self-determination (Dew et al., 2013). Person-centred funding models are replacing block funded models in industrialized countries (Stampoulis-Lyttle, 2019). Countries including the United Kingdom, Germany, Netherlands, Sweden, United States of America, New Zealand and Canada over the last decade have implemented person-centred funding models and replaced block-funding models of disability support (Kirkman, 2010). The ideology driving person-centred funding models is that funding is distributed directly to recipients of services rather than service providers, empowering ‘customers’ to exercise choice and control. This paper occupies an unusual research space. This study was conducted at the moment of change, and its impact on service providers. We demonstrate the ambivalence and ambiguity of market forces in disability support services.

B. The National Context

Australia has experienced changes to health policy that have triggered structural reform within the disability sector. The implications associated with rolling out the NDIS into existing disability services in Australia are

expansive (Harrison, 2013). Sector experts maintain that person-centred funding improves the self-determination for people with disabilities (Fisher et al., 2010). This current article questions the accuracy of this interpretation.

In 2009, under the block funded system, Australians living with a disability reported their exclusion from public life because of sustained discrimination and marginalization. The NDIS offered a new model of support to enhance agency and autonomy (National People with Disabilities and Carers Council 2009). The disability services sector was demonstrated to be inadequate, under-funded and ‘broken,’ resulting in generational inequity and social exclusion (The Productivity Commission, 2011). In response, it was predicted by the then Australian Government that ‘customers’ would safeguard the market for disability services.

In response, the NDIS has been implemented and is available in every state and territory throughout Australia. These changes to Australia’s disability policy aimed to improve the outcomes for individuals with a disability. However, the success of a national scheme is determined through its implementation at a regional and local level. This is a major social and economic transformation. The not-for-profit sector occupies over 4% to GDP. The sector’s ability to transition to the NDIS model of disability will frame the scope, scale and quality of disability support available to ‘customers’ in the market. The consequences of reframing citizens with disabilities as ‘clients’ and ‘customers’ must also be logged and understood.

In 2008, Australia determined to improving the lives of people with disabilities, their families and carers, by being one of the first countries to ratify the *Convention on the Rights of Persons with Disabilities* from the UN (Convention on the Rights of Persons with Disabilities, 2006). This mandate was aligned with the AASW Code of Ethics (Australian Association of Social Workers, 2010), which subscribes to the principles and aspirations of the United Nations (2006) *Universal Declaration of Human Rights* and other international conventions derived from that convention. That same year, the Rudd Government requested a report from the National People with Disabilities and Carers Council to investigate the relentless, lived experience of discrimination, exclusion and material deprivation. The key theme that

emerged in National People with Disabilities and Carers Council discussion paper was that under the block funded system of support, Australians with a disability felt ‘shut out’ from public life (National People with Disabilities and Carers Council (Australia), 2009). The findings found many problems with the block funded system and recommended a new person-centred funding model be implemented. The Australian Government used the report as part of the platform to develop the National Disability Strategy, which was the foundation for the NDIS.

The NDIS is based on social insurance principles and a model of Individualized Funding Packages. Choice and flexibility are promoted. Neoliberal ideologies inform the policy, where competition between service providers and consumer demand will improve services and increase the efficient use of public funding. The subtlety of this ideology must be recognized. An individual model of support required a market-driven protocol to ensure ‘quality’ services. Actually, these imperatives can be separated. An individual can have a right to choose without the market determining that choice. This article addresses the consequences of conflating individuality and neoliberalism on disability support services.

C. Choice and Control

Choice and control are central principles to the NDIS model of disability support and align with social work ethics, affording protection and maximum benefit to people that are disadvantaged, vulnerable, oppressed or have exceptional needs. Expanding choice and promoting control are core obligations of social justice, and are concepts supported by the social work profession (Australian Association of Social Workers, 2010). The NDIS affords social justice and equity to people living with a disability. That is the priority of the policy. Yet the lived experiences that emerge from this imperative are neither clear nor benevolent.

The Productivity Commission (2011) configured ‘choice’ as the priority for the person with the disability (or their guardians). This means having the option to individualize, configure and fund support packages, alongside the

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management of those packages. They would be free to employ workers and use discretion when both selecting and changing services and service providers. The Act itself mentions the importance of choice and the goal of the person with the disability having the opportunity to manage their plan and funds. Plans maximize the individual's choice and independence (National Disability Insurance Scheme Act, 2013). This policy transformation granted people with a disability choice over their support systems.

The Productivity Commission (2011) defined 'control' as the person with the disability (or their guardians) maintaining the power to choose how their support services are delivered. The NDIS is not a model that forces people to take full control, or none. Instead, it allows flexibility when deciding how much control customers exercise when organizing their support systems. The person with the disability (or their guardians) would be able to choose their service providers and if they wished, making service providers their brokers and passing control over to them. Plans are underpinned by the participant's right to exercise control over their own life (National Disability Insurance Scheme Act, 2013).

Greater choice and control are empowering for 'customers' in this neoliberal model for disability services when robust and diverse providers operate in an efficient and effective market, punctuated by competition. In theory, choice and control are attractive concepts that offer empowerment to people living with a disability. A further investigation into the concepts of choice and control is required to ensure that the nature of this empowerment is understood within a diversity of contexts, locations and systems.

D. Impact of NDIS Rollout on Not-For-Profit Organizations

Under the block funded system of disability support, the not-for-profit sector significantly contributed to the Australian economy. The Productivity Commission (2011) reported that the not-for-profit sector's contribution to GDP was over 4 per cent of GDP, with just under \$43.6 billion in unpaid

work, nearly 5 million volunteers contributing value through unpaid work, and roughly 600,000 paid staff in the sector. Not-for-profit organizations were reliant on state governments as their main source of funding.

Under the block-funded model for disability support, Government funding was distributed directly to not-for-profit organizations in the social sector and driven by their ethos of ‘community-purpose’ and ‘the common good.’ Not-for-profit organizations provide advocacy and social capital, being agents of social and community change (Productivity Commission 2011). Under the NDIS system of disability funding, not-for-profit organizations operate as businesses.

When comparing the social sector and business sector within the Australian economy, the Productivity Commission (2010) found major differences between their objectives, motivations and outcomes (The Productivity Commission, 2010). The focus in the social sector was effectiveness and collaboration, whereas the focus in the business sector was efficiency motivated by profit to deliver the best products. When not-for-profit organizations transitioned from the block funded system of disability support to the NDIS, they moved from the social sector to a quasi-market. They shifted from being providers of welfare services through the receipt of government funding to competitors for sales within a quasi-market economy.

According to the Australian Government’s plan under the NDIS, engaged customers drive change and ensure the market for disability services is efficient, effective and providing the services which meet an individual’s needs by exercising choice and control over the services they require. This is sustainable in a mature, competitive market where suppliers respond to the behaviours and experiences of consumers (Schwartz et al., 2010). A mature market is one where the competitive agents respond to price as a guiding variable (Schwartz 2010). It will be some years until the NDIS market is mature. In the meantime, a unit cost pricing structure has been established by the National Disability Insurance Agency. The competitive quasi-market environment brings risks and challenges to existing providers that have transitioned to the new scheme. Again, the issue of citizens transforming into

customers to receive services leveraged via market forces remains an argument to consider and a framework for long-term discussion.

The implementation of a new funding model is complex and requires organizational change and strategic redesign of service delivery to enable entry into a market where service providers must compete for business (Green & Mears, 2014). The National Disability Insurance Agency has used a 'bottom up' costing model to achieve an efficient price for rates of pay, claiming to have taken into consideration the key drivers of support costs, including supervision, labour on costs, overhead costs, and client facing time, along with a return on capital (National Disability Services, 2015). The pricing model is a unit cost configuration. Support prices are determined by the National Disability Insurance Agency and released via the National Disability Insurance Agency Price Guide. National Disability Services 2015 Annual Report stated that the NDIS had inadequate workforce and pricing for services due to a lack of consultation between government and disability service providers.

In February 2017, the Productivity Commission conducted a review of the costs associated with funding the NDIS six months earlier than planned. The Australian Government was concerned with unexpected costs. This surprise could have been predicted, as existing not-for-profit organizations had to adapt their business processes to respond to unit cost pricing pressures, changing customers and community needs. The Productivity Commission (2011) recognized that aged care is a particularly important parallel support system. As citizens age, the rate of reported and supported disabilities increase. Both the disability and aged care sectors transitioned to client-centered service delivery models with the introduction of the NDIS and the Commonwealth Home and Community Care program at the same time. Demand for services was expected to increase rapidly. It was assumed that suppliers of services would increase. Therefore, while the focus was on service delivery, the consequences on the workforce and the workers was under-researched and discussed. This was an important absence, as disability support services are bespoke, distinct and distinctive in a post-Fordist economy.

Service delivery of disability support is labour intensive, and the implementation of the NDIS by not-for-profit organizations did have a significant impact on the disability workforce (Mathews, 2014). The disability workforce was predicted to double in size from around 74,000 full-time equivalent workers to more than 160,000 by 2019-20 (Department of Social Services, 2015). Concurrently, the workforce will reduce in skill and be casualized. Cortis and Chan confirmed that a review is overdue, raising concerns in how organizations will through the sector-wide transformation (Cortis & Chan, 2013).

When one mode of marginalization dissipates, another appears. The NDIS is a model for what Sora Park and Justine Humphry described as “exclusion by design” (Park & Humphry, 2019). The disability sectors are marked by injustice, marginalization and policy implementations that can rarely capture the diversity of stakeholders and their needs. Digitization increases this segregation. As smart phones, applications and digital interfaces swipe through governmental services, digital exclusions reinforce existing inequalities and intensify others. Certainly, Park and Humphry argue that “innovative AI systems ... have the potential to enhance user participation and inclusion,” but they can be “hindered at implementation so that the digital benefits are left unrealized” (Park & Humphry, 2019, p. 934). Therefore, digitization can enable socially just outcomes for men and women with disabilities, but the information literacies required to embed it into daily life may be lacking, thereby amplifying exclusions through interfaces.

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E. The Research Design

1. Aim

The challenge when studying marginalization is that it is defined, framed and exhibited by absence and silence. Digitization intensifies the crisp boundaries between insiders and outsiders, sliced by a screen. The aim of this research was to investigate service providers’ thoughts and perceptions of the impact of transitioning from a block funded to person-centred model of

disability service support for people living with a disability. This group not only ‘manages’ the change but must live through and attempt to solve the problems to ensure a parity and continuity of service. Therefore, this study is rare, important and timely.

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2. Methods

Research permission was obtained from the not-for-profit organization to interview employees of the NDIS Project Committee. Tania Hall received verbal consent from the General Manager to access the sample and then a research application form was submitted to the not-for-profit organization’s Research Committee, along with the interview questions, consent forms and participant information sheets. Once permission for the research was received in writing from the not-for-profit organization, this information was forwarded to the Human Research Ethics Committee and ethics approval was sought and granted.

3. Recruitment

The target population was service providers from a large not-for-profit organization in South Australia. The not-for-profit body selected for this research was one of the largest community organizations in Australia and provided services across a diverse range of programs including parenting, youth, foster care, financial literacy, new arrivals, housing, homelessness, aboriginal, disability and older people. The not-for-profit organization participated in advocacy, research and governance at the time of research, with over 1700 staff and over 500 volunteers.

Once verbal approval was received from the General Manager to conduct the research, it then emerged that the organization had assembled a group called the NDIS Project Committee, responsible for leading the transition of disability model from the old to the new. The Committee consisted of the managers leading each administrative area (departmental heads) and program area (program managers). The first focus group (program managers) consisted of the Senior Manager of the Community Inclusion Unit and

program managers, including representation from Children's Services, Exceptional Needs, Adult Outreach, Mental Health Respite, and Personal Helpers and Mentors. The second focus group (departmental heads) consisted of the NDIS Project group administration officer and administrative managers, including representation from Human Resources, Marketing, Projects and Strategies, and Disability Supports. Groups were already divided prior to the research method being deployed and had been meeting on a regular basis. This was a rare research context and sample, accessed during a time of changing national policy. The data set is therefore both unusual and valuable.

4. Data gathering

Two focus groups, sixty minutes in length, were used to gather qualitative data. Focus groups were chosen to allow participants to express opinions and discuss ideas freely, encouraging discussion and thought (Neuman, 2014). The first group, conducted on August 10, 2016, consisted of program managers and included the Senior Manager of Community Inclusion unit. The second group, conducted on August 11, 2016, consisted of administrative managers. Open ended questions were used to facilitate discussion.

5. Sampling

Purposive sampling was selected to access information rich knowledge from the target population (Neuman 2014). The Senior Manager of the Community Inclusion Unit provided details of the NDIS Project Committee. Each member was contacted individually by email and informed of the research by attaching Participant Information Sheets.

6. Data analysis

A grounded theory approach using a thematic analysis was used to interpret the data (Walter, 2013). The first author conducted the thematic analysis which was then discussed with the second author. Each transcript

was read, and emerging issues were highlighted on the transcript. The issues were then grouped to form emerging themes and situated into wider theorizations of marketization of services.

F. Results

1. Clients are vulnerable in the market

Across both focus group discussions, a common theme that emerged from the data set was client vulnerability in the market. Focus Group 1 consisted of program managers that interacted directly with men and women with disabilities. Rather than being empowered by choice, program managers feared that people with a disability being responsible for market selection equated to customer vulnerability in the market. Program managers reported that customers lacked insight into the supports that they would want in their disability support plan. Program managers spoke specifically about customers not knowing what they wanted and needing to be directed to make choices.

Program managers revealed their understanding of their role: empowering customers to exercise choice in the market by building relationships to enable the selection of appropriate supports. Despite program managers claiming that relationship building is a non-billable item and therefore not feasible, they said that it was essential to take the time to ascertain customer needs. Central to their argument was the claim that communication between customer and service provider was pivotal to exercising choice over their supports in a market that placed them in a vulnerable position.

I think communication is the word. Not only providing choice but listening to them. What do they really want? What's the support going to look like for them? (Program manager)

Often when first meet service providers, customers are unsure of the support structures and facilities they require. Program managers understood their role as service provider to be to exercise their expertise and skill set to support a disempowered client group. Program managers detailed their responsibility as building the customer's capacity to make informed

decisions. With insufficient time to build relationship and learn about a customer's background, program managers were concerned that the quality of disability supports accessed was compromised.

Program managers reported that when given the choice, customers did not know what they wanted. Despite person-centred funding model being utilised and given the power to drive the supports in their life, they did not recognize or communicate the need, or express how it could be met. Program managers felt an obligation to advocate on behalf of customers and use their expertise in a way that would support customers to make suitable decisions.

I also think the choice thing is about building a relationship with someone so that you can have open communication to find out actually what they want because a lot of the client group that [Service Provider] has been dealing with and possibly will be dealing with, they don't actually know what they want. So it's about being able to talk to them and not hassle them or question them incessantly, but it's about being able to actually listen to pick up what they're saying because a lot of them won't know what they want (Program Manager).

Having expertise, program managers believed they could assist customers make the right decisions about what support was needed. Program managers believed that their role in ensuring customers are not left further disadvantaged in the market was to direct their decision making. Left unsupported in the market left customers more vulnerable.

Both focus groups reported that advocacy was needed under the NDIS model of disability support. Program managers placed importance on a sense of professional expertise rather the customer's lived experience for fear of customers being vulnerable in the market.

I think building on from that is the customer advocate role that was brought in over a year ago now. That role actually works with families to navigate the NDIS system if they need or it will work with families who have a package that quite don't know what they want to do with it. They know, "well yes we want someone to help us, my child get ready in the morning because they can't tie their shoelaces and that would really help, we want them to be able to get dressed etc." So what the customer advocate role has done is worked with families and helped them come up with the idea that, "oh yes that's what I really want and that's what it would look like in the home. It would look like a support worker coming in and supporting my child to do these tasks." So there's also all these

one-on-one services that we have been able to build along the way and that's been totally from the customer advocate role building that relationship with the family and the child, discussing what they want and then we provide that service (Program manager).

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Program managers believed that providing advocacy enabled the appropriate selection of services. Expertise was required to make an informed choice.

Program managers believed that customers could be protected from the market by drawing from service provider knowledge.

I would say it's about supported decision making and our role is to support the client to self-direct their needs and what we provide as service providers, offering opportunities for them to choose from, I guess, in NDIS world (Program manager).

The idea as service provider as expert is still quite strong under the NDIS model of funding. This is based on a deficit discourse: people with disability are unable to make their own decisions. From this focus group, service providers argued that people with disabilities needed to be directed because they did not know what is best for them.

Focus Group 2 consisted of departmental heads that were removed from direct customer service. The theme of customer vulnerability emerged from the data in Group 2 through the discussion regarding the need for advocacy. The same theme emerged in different perspectives, reflective of the group makeup.

[CEO] will continue to champion for those who can't champion themselves. So, I think having that high-level commitment from the board to making a go of this also abodes well going into the future (Departmental head).

In good faith, the role of CEO in the organisation is seen as one that should advocate for the disadvantaged and oppressed. This focus group confirmed that market choices leaves clients vulnerable. Both groups acknowledged that customers with a disability are at risk in this system and need to be 'protected'.

Both focus groups expressed fear for the future. With a change in the sector of this size, program managers conveyed concern over how customers

would be affected and whether services would continue to be sustainable. This fear of the future of disability service provision in Australia was peppered through both groups.

I'm worried in the mental health space that we have a lot of clients that are going to fall through the cracks and I think that for the people that are successful getting packages, that's fantastic, that's brilliant that they are going to be able to choose services, we're going to be able to design services around their needs, but I guess whether it's one person or whether it's twenty people that are currently receiving supports that are now going to be ineligible to receive supports, I do have a very big concern that we're going to have to turn around and say, "I'm sorry but we can't deliver those services to you anymore", or are we going to be able to find funding to continue that? Like because I don't know, it is a big concern for me (Program manager).

Vulnerable 'customers' not sourcing the support they require is a real concern for program managers. They expressed a felt responsibility of ensuring the people with a disability that they served would continue to be provided with services in the future.

Disruption to business as usual and a whole of sector movement to a quasi-market meant for program managers uncertainty about the future of disability service provision. This concern was displaced by confirming the impact on 'customers.'

There is huge opportunity to expand what we do but there's also that concern that a large number of clients won't be eligible under the NDIS and the future is uncertain for them at this point. The Government I think put out a statement saying that no one will be left disadvantaged which is good, but we don't know how that looks at the moment (Program manager).

While the NDIS may have assured service providers that the future was safe and pacify concerns, it was evident that department heads continued to feel uncertain about the future of disability service provision, particularly with regard to the workforce.

Initially I wasn't very positive about it because it's such a huge scale reform and the way the sector works, but as I've been part of the journey that's changed quite a bit. My main concern now is how it translates, not just within [Service Provider Organisation], but for every part of Australia

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and every domain, for the workforce, that's my concern. (Departmental head).

The impact of the new model of disability support on the sector was at the forefront of focus group discussions. Such testimony is rare, historically important and ripe for a discussion about empowerment of men and women with disabilities through market forces.

2. Marketizing services may compromise quality

Across both focus group discussions, a common theme that emerged from the data set was that marketizing services may compromise the quality of support available in the disability sector market. This was evident in several conversations about the shutdown of sector collaborations, structural changes to the disability workforce, and the potential of a loss of valuable group activities. The driver behind such changes are the need for organisations to ensure profitability of services in a tight NDIS billable unit pricing structure.

Focus Group 1 consisted of program managers that observed the impact on direct service provision that operating in a competitive market environment had. This marketization of disability support services in a competitive market impacts the quality of support offered to people living with a disability as collaboration between different services has historically delivered the best outcome for recipients of services. Program managers discussed the emergence of competition between providers that did not exist prior to the NDIS. Specifically noted was that referrals between providers had stopped.

There's a new level of competition, holding onto your own patch that may not have been there before. In relation to referring clients on, that seems to have really ceased (Program manager).

In a market environment where the focus has shifted towards protecting market share, coupled with uncertainty surrounding how future operations would continue to generate, attracting business and maintaining profitability is at the forefront of concern. With a tight NDIS billable unit pricing

structure, profitability of services must be managed carefully to ensure that services are sustainable into the future and with that comes attracting and sustaining business from ‘customers.’ In the past, sector collaboration has been something that has always strengthened the disability community services sector.

I noticed when I talked to other organizations that they’re coy about giving out what could be a new idea, so you will get a general consensus on what you want but you won’t get anything innovative. Everyone’s protecting their own nest (Program manager).

Program managers also noted the potential loss of group activities offered because of financial viability. Program managers acknowledged the value that group activities provides people living with a disability. These were opportunities for socialisation not provided through one-on-one support. People with disabilities were often isolated and group activities provided an important socialization opportunity for those that had difficulty accessing the community. There were many opportunities offered in the group activity environment which one-on-one support cannot offer.

One-on-one support can help to transition a person into a group setting which then paves the way for introduction into the community setting. If you devalue that group scenario then there’s a big gap between one-on-one support and involvement in the community, and it’s very difficult to withdraw supports and have that person ready to enter the community (Program manager).

I think it’s fair to say that there are some services that under an NDIS pricing structure the budgets are tight or strictly speaking, non-financially viable, so we will be making a loss if we deliver that service. Group activities are slightly more expensive than one-on-one support.

The time needed to organize group activities was a cost to Service Providers. Therefore, is a system really client centred when profitability is a major factor in Service Provider decision making?

This decrease in the quality of disability support services offered in a marketized environment was also noted in Focus Group 2. Focus Group 2 consisted of departmental heads that were removed from direct customer service but were focused on viability of service procedures. Discussion

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focused on the workforce and change in workforce structure that was required when disability support services were marketized.

Departmental heads discussed the need for a flexible, increasingly casualized workforce. Under the NDIS, where every hour of support must be billable to be feasible, a fully flexible workforce is needed. This is agile and useful for men and women with a disability, but summons a complex, casualized and unpredictable workforce.

We need to make sure that we're meeting client needs but also that we're not blowing out our budgets by having too many staff on at the wrong times (Departmental head).

Described as "precarity on the frontlines of care work" (Baines et al., 2019), casual staff are preferred because of their flexibility over full-time staff. With choice and control in the hands of 'consumers', they have the power to cancel services whenever they wish.

I think with the workforce one of the issues we will have within the organization is cancellations, people not turning up for their scheduled therapy, or their respite stay and we've got the staff on. What do we do with that staff member, is that going to cost us, do we need to go and look at more casual? (Departmental head)

If there is such a thing as half an hour or an hour cancellation policy on the customer end and we've got part time staff that require more notice for a change of hours, it's going to be tricky (Departmental head).

Casual staff were noted as being more attractive to Service Providers because of their flexibility regarding working hours. If support was to be cancelled, staff could be removed from the organization.

Further, departmental heads believed that casual employees will work between different organizations to secure enough work to sustain them. Departmental heads said that skilled staff were preferred because the NDIS requires more formal documentation than previously, and staff are at the forefront of business. Casual staff may not be as skilled as permanent staff and not have built up rapport with customers or know their customers well. These are competing demands of the new system. There is a mismatch between the higher skills required to meet the NDIS' reporting requirements

and the remuneration and conditions offered under the new model. An increasingly capsulized workforce may compromise service quality.

In human services, where rapport and building rapport is so important between staff and ‘customer,’ utilizing a specialist disability workforce compromises these relationships. Organizations have an ethical responsibility to ensure stability in the lives of their customers and a casualized workforce solution cannot ensure stability. This is a cost of the new system that will be absorbed by the customer through customer satisfaction and effectiveness.

3. Ambivalent outcomes

The ideology framing person-centred funding is that people are placed at the centre of care and can choose the services that they want. As experts in their own lives, the NDIS promises to grant people with disabilities the power to choose services. By the NDIS primary directives - choice and control - customers are empowered to choose their support options. It is not an advocacy model. It is an autonomous model. Therefore, service providers are competing for business in a marketized environment. Whether the NDIS would continue to deliver what it originally promised to customers and offer more choices and control of disability services was debated amongst Service Providers. What became clear from the research in this article was that policy matters and frames expectations and outcomes.

The balance between customer choice and the delivery of quality, integrated outcomes is difficult to configure. The design of the scheme associated with billable and non-billable items limits the services that service providers offer because of the need to ensure profitability for the sustainability of services. Without being able to bill for the time it takes to get to know a customer and build a relationship, service providers’ ability to use their expertise and assist customers to access suitable services is compromised. A strong relationship between customers and service providers has been proven to empower people living with a disability by strengthening their capacity for making informed decisions (Lord & Hutchison, 2010).

Sector collaborations are reduced, through a lack of communication and coordination in a competitive market environment. Sector collaboration is required to ensure a high standard of professional development, with greater inter-agency cooperation needed while the NDIS is being rolled out (Kirkman, 2010). This reduction in cross-agency engagement is a consequence of a market-based framework for services (Henman & Foster, 2015).

Organizational size plays a major part in the capacity to transition successfully to an individualized funding model (Green & Mears, 2014). A determining factor is the ability for large organizations to access finance and resource. The Productivity Commission (2010) stated that resource reserves, cross-subsidization, investment and loans are the preserve of larger multifunctional organizations of which can be accessed and used for promotion to assist the transition, placing them in a favoured position. Smaller organizations may choose to leave the market. Therefore, ironically, less choice will be available to ‘customers’ if small not-for-profit organizations cannot transition to the new scheme and leave the market.

Service providers acknowledged the importance of group activities and the benefit that they provide customers with disability, their families and carers. When investigating what has occurred with the provision of group activities when implementing individual funding models in the disability sector overseas, fewer group activities have been offered since individualized funding were introduced in the UK (Arksey & Baxter, 2012). This is an outcome of scheme design. Gordon and Zuffery found that neoliberal restructuring of the welfare state places pressure on organizations to deliver services within prescribed targets and funding budgets, and this can create tensions for workers between a commitment to social work values that promote social justice and the capacity to work within a market (Gordon & Zuffery, 2013). This is revealed by service providers considering other ways that group activities can still be provided, even considering financing group activities from their own reserves.

For the NDIS to be successful it must ensure that there is a diverse and flexible workforce supply to support people with a disability into the future.

Workforce casualization in Australia and overseas has often had a negative association with concerns about patient care and outcomes (Becker et al., 2010). At the core of social work practice and therapeutic intervention is the staff and client rapport. This is threatened through the casualization and instability of the workforce. This is further impacted by the unit cost pricing structure that does not account for the time required to build a relationship with the customer. These implications will further disadvantage and disempower an already disadvantaged and disempowered group.

The restructuring of the workforce will continue. Kirkman (2010) states that changes to the workforce and organizational structure may incorporate brokers and other intermediaries. Using brokers to address workforce issues will further impact staff continuity and consistency. Children with Disability Australia (cited in Parliament of Victoria, 2016) state that a casualized workforce represents a systemic risk for the sector and one that research has found increases the risk of client abuse. This is not in the best interests of vulnerable at-risk clients. Safeguards are required to minimize the risk of harm, abuse, neglect or exploitation and to improve the level of service that organizations provide.

Beyond policy and evaluation of the NDIS roll-out, this research has revealed the ambivalence of client-centred services, as expressed by disability support staff. While the ideology of empowerment, engagement, collaboration and involvement is pivotal to disability support, the staff involved in the focus groups doubted – deeply – the capacity of men and women with disabilities to control, manage and understand their own lives. This is the most remarkable of results from this study. While the focus is placed on *clients* or *customers*, the rights of *citizens with disabilities* to choose, to know, to understand, and maintain consciousness of needs and responsibilities was questioned. The reality of this supposed lack of capacity has not been researched. But what is clear is that the disability support staff doubt the ability of those with a disability to understand and know their needs. Such statements operate against decades of research in Disability Studies. Such a chasm between ideals and attitudes, goals and application,

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must also be considered when improving the NDIS as it moves through iterative improvements.

4. Future policy developments

To maintain the existing supply of services, it is important for the not-for-profit sector to transition successfully to the new scheme. Clearly, the implementation of the NDIS has been complex. Confusion, misunderstanding and anxieties have emerged from providers, employers, and people with a disability (Green & Mears, 2014). The findings by Collins confirm that the changes in the funding model will cause tension to workers under the new scheme and many will leave the disability workforce (Collins, 2014). Participants in Collins study believe that this is a key area where more advice from front line workers and managers should be sought to inform the Australian Government with what assistance is needed to successfully transition to the new model. The existing not-for-profit sector may fail to meet the new challenges of a market model (Mathews, 2014). Ultimately the test of a new scheme is the extent to which it can address existing deficiencies in an equitable, efficient, cost-effective and accountable way while avoiding new pitfalls (Productivity Commission 2011). While this is a national scheme, its success will be how well it is able to be implemented at a regional and state level. What this study demonstrates is that individual choice presents a cost.

G. Conclusion

Empowerment is a vexed term. So is agency. So is choice. This confusion is increased when attaching empowerment, agency and choice it to words such as ‘customer,’ ‘client’ or ‘citizen.’ Is a person with a disability a ‘customer’ for the services that allow them to live a life? The meaning, interpretation and application of ‘customer,’ ‘client’ or ‘citizen’ requires precision and consciousness. Infusing disability support with the imperatives of the market has meant that assumptions and expectations about the benefits of competitiveness and efficiency have surfaced and been expressed through this study. It is a *cliché* that we do not know what we do not know.

For social workers, their expertise is displaced through the NDIS to create a ‘client’ focused model. Instead of creating models for communication, connection and information sharing, a client/consumer model has displaced an expertise model. While citizens with disabilities are experts in their own lives, they have a right to information and informed choices. Irvine Welsh, best known for the novel *Trainspotting*, used the maxim that commenced this article: “What we need is freedom from choice.” Yet if choice is to be valued, then freedom to seek expertise, information, and knowledge must be guaranteed.

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