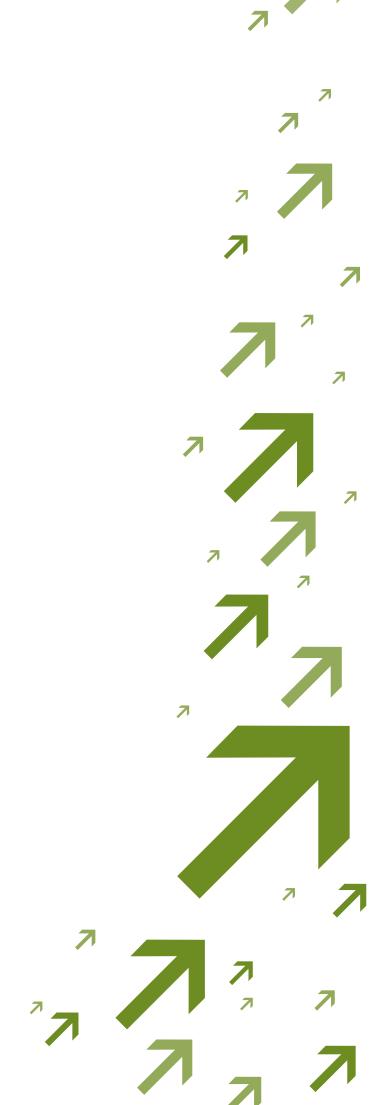


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Special thanks to the Disability Services Commission for formatting and printing the document you now have in your hands.



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Starting the conversation

What would it take for people to have greater choice and control over their services and lives?

This paper has been developed to raise the conversation about self-directed services and supports with the broader West Australian community. It is a starting point for generating discussion and interest in designing services and systems so that people have control over their own lives and the services they receive. The conversation will be most effective if individuals, their families and carers, community sector organisations and government agencies speak openly and collaboratively. This paper aims to inform the conversation by providing practical ideas and information about self-direction and how it could be progressed. Where it goes from here is up to you.

Setting the scene

Traditionally, most services provided to the community have been directed by government, service providers and professionals. The design of these services has been based primarily on their knowledge, expertise, values and judgements about expected outcomes.

However, there has been a growing awareness that the more control people have over what services they receive and how they get those services, the more satisfied they are with the outcomes. People are also more creative in the way they go about getting what they need.

The concept of self-directed services and supports is not new. In fact, in Western Australia and other places around the world there are many examples.

In Western Australia, some examples include:

- The Disability Service Commission's Shared Management Model and Community Living Initiative. Shared management encourages people to be involved in the management and administration of their individual funding, while Community Living seeks to provide people with a range of personalised community living arrangements that provide alternatives to group home accommodation.
- The Disability Services Commission's Local Area Coordination (LAC) model. LAC has been operating since 1988 and aims to provide personalised, responsive and flexible support to individuals and families in their community.
- The Mental Health Commission's
 Community Living and Individualised
 Support pilot. Outlined in the 2011 12 State Budget the pilot provides
 personalised support to 100 people living
 with mental illness to transition from
 hospital inpatient facilities to community
 living. Each person is supported with
 social housing.
- The Ord Enhancement Scheme, under which the Miriuwung Gajerrong people define, in partnership with government, how their social and economic needs are to be met. Projects supported to date include health, education, language centre expansion, housing and youth workers.
- The Independent Public Schools reform initiative, where communities, through school Boards and Principals, have greater freedom to tailor education services to their particular needs.

Other examples outside WA include:

- In Control: a social enterprise that has pioneered self-directed supports in the UK. In Control currently provides tools, information and support about how people can self-direct services to local government, service providers and people who receive social support for disability and chronic health conditions.
- Wrapround Milwaukee: a unique system of care for children with serious emotional, behavioural, and mental health needs and their families. Based on the philosophy of a whole community supporting a child it is designed to reduce the use of institutional-based care while providing more services in the community and in the child's home.
- Florida Self-Directed Care: conceived in 2000, this program supports 250 individuals with a severe and persistent mental illness to assess their own needs and determine how and by whom those needs are met. They are also supported in the management of funds to purchase their services.

In recent years, the concept of self-direction has been supported by a number of governments, including in Western Australia. Following the 2008 State Election, the Western Australian Government commissioned a wide-ranging review of the operational and financial performance of the WA Public Sector. It found broad community support for self-directed service design and delivery and recommended its progressive implementation across a number of areas as a way of 'putting the WA public first'.1

Areas where individuals, their families and carers could be supported to self-direct services include mental health, aged care, long-term health conditions, palliative care, job training and homelessness. Communities could be supported to have greater control over public schools, childcare centres, regional and remote communities, and social housing.

The discussion and ideas about self-directed services and supports in community services in Western Australia are being progressed through the Partnership Forum, which is comprised of representatives from government and the community sector. This discussion paper is one of the ways conversations are being started.

Economic Audit Committee (2009) Putting the Public First. Partnering with the Community and Business to Deliver Outcomes.

What are self-directed services and supports?

The term 'self-directed services' describes a broad approach to developing supports based on people having control over the planning and delivery of services. This contrasts with the traditional service delivery model which fits people into the services on offer.

Self-direction is about people being at the centre of determining what they need and how services should work for them. It re-casts service users from passive consumers or clients into active directors of their support arrangements.

Self-directed services can be identified by certain fundamental characteristics:

- Community and citizen engagement in the design and delivery of services. People must be listened to, and be able to say what they need.
- Person-centred and community-centred approaches to planning, design and service implementation. People receiving support are central to directing how their services look.
- Individuals and communities having choice and capacity to make decisions about their services.
- 4. Control over resources/funding exercised by the people using services, to the extent that they choose to do so.

These characteristics are based on some fundamental principles.

Principles of self-directed services

- People are best placed to identify the support and services they need. The skills and capabilities of individuals, families and communities are a rich resource that should be built into support arrangements and the design and implementation of services;
- Service systems should seek to support each person's holistic life needs and aspirations rather than addressing symptoms;
- People and communities are entitled to make decisions for themselves. As such, people who want greater choice and say over the services they receive should be supported to do so; and
- There is no one size that fits all. Services need to be shaped to respond to each person and community's needs and aspirations.

Whether you use services, provide services, or work in a government agency, you have a place in the conversation about self-directed services. What do you think it will take for West Australians to have greater control of the supports and services they receive?

→ How does it work?

While self-direction is about people having the opportunity to say how and what services they receive, people should be able to choose the level of control and responsibility that works best for them. Self-direction after all occurs along a continuum. People who want to exercise as much choice and control as possible should be able to, while people who are happy with their existing services should be allowed to keep them.

Some people may wish to have more control over some services and less control over other services. The degree of control a person or community exercises may also change over time depending on their circumstances and preferences.

The key point of self-directed services and supports is that decision-making is done by the person, family or community who needs services and supports (and those closest to them where that is appropriate) with as little or as much support as is needed. This means you should be able to choose whatever arrangement works best for you, which can include having someone else take care of all the technical stuff.

Some examples of different arrangements include:

- All planning and management of funding being directly done by the person or community in need of support.
- Family members or trusted others assisting with managing funding and planning for services and supports.
- Establishment of a micro-board or 'circle of support' who manage the budget and funding with constant checking of the plan and decisions with the person.
- A service provider or financial intermediary of your choice managing the funding but planning and control of decisions is squarely with the person and family.
- A case manager/broker who works with the person and/or family to develop and implement their plan, purchase services and undertake accountability.

Some of the key features of self-directed services and supports include:

- Consumer direction: service providers and government officers involve service users at all levels of service design through to implementation. This could include supporting people to be on boards and committees, and working with people to bring about positive change.
- Personalised plans: at the individual and family level, self-direction begins with people identifying their goals, needs and aspirations, and the practical steps required to get there. This process is about more than just what paid services the person needs; it should factor in any other resources that may assist in achieving the desired outcomes.

- Support: people have access to personalised support to identify and reach their goals. The support role includes providing information, facilitating community relationships and building the knowledge and expertise of the people who use services.
- Direct funding: individuals and communities may be allocated funding directly to enable them to purchase the services and supports they require to achieve their goals. This may include goods and services that are different from those typically associated with support services.
- Choice and flexibility: people can use, purchase and/or develop services and supports that are flexible and choose supports that best suit them. This means rules and guidelines for use of funding must be flexible and support real choices.

What supports need to be available so that self-directed service design is successful?

One of the most important things needed to make self-directed services successful is having the right support. Support can happen in a number of ways:

- Information being able to get good information easily about what's available and what's possible.
- Practical guidance available to people on the various aspects of self-directed services, so that people can make informed choices about the lifestyle they seek and the way support is arranged.
- Peer support where people have the option to get advice and assistance from peers who are on the same road.

Myths and misconceptions about self-directed supports

- Only individuals can benefit from services that are self-directed.
- Self-directed services are only for people who are in a position to manage their own supports.
- It is not relevant for all people, for example those with a significant disability or acute mental illness.
- It is only for people and services that are interested in individual approaches.
- It means service providers are less important.
- It is about cutting costs.
- It means individuals and families are left to do everything.
- It is about giving all the funding and resource directly to individuals, families and communities.²

What is your understanding of self-directed services?

Disability Services Commission. (2011). Self-directed Supports and Services. Conversations that Matter. Draft Discussion Paper. Unpublished.

Potential benefits and challenges of self-directed services and supports

Self-directed services and supports offer a number of potential benefits, but there are also risks and challenges associated with putting it into practice.

Potential benefits include:

- People are in control of their lives. In a UK study of people who used selfdirected services 72 per cent said they had more choice and control over their lives.³
- Improved quality of life and increased community participation. In the same study 77 per cent of people who had been able to direct their services and supports said it improved their quality of life, while 63 per cent said it allowed them to contribute more to their communities.⁴
- Supports and services that are more forward thinking and responsive can lead to reduced demand for acute care services due to greater self-reliance.
- People are more likely to get outcomes that improve their lives through services that are aligned with actual needs.
- The skills and capacities of individuals and communities will be recognised.
- Service systems will be more responsive and legitimate for the people using them.

Possible risks and challenges include:

- Ensuring that the community services sector has the capability and capacity to offer genuine choice.
- Ensuring that individuals have the support they need to make the most out of the potential of self-directed services.
- Ensuring there is a range of sustainable services to meet people's needs.
- Ensuring that people have the support they need to capitalise on the potential of self-directed services.
- Ensuring that everyone, not only those with the greatest capacity, are able to enjoy the benefits of greater control.
- Understanding and overcoming the culture and attitudes that stop people from doing things differently.
- Creating the right balance so that individuals and communities have maximum flexibility in determining how funding is spent while retaining appropriate safeguards on the expenditure of public money.

What do you see as the potential challenges, opportunities and benefits of moving community and human services to being self-directed?

Leadbeater, Bartlett and Gallagher, (2008). Making it Personal. Demos.

⁴ Ibid.

→ What does self-direction mean → Important concepts for the current service system?

Self-directed services and supports poses challenges to some service providers and government bodies. System-wide culture change is necessary to successfully introduce self-directed services and supports. Government bodies may need to make more flexible guidelines which focus on people. Service providers will need to be more flexible in the way they deliver services.

The service system will need to shift from a model where people are offered the services available, to one where services genuinely work with people, are responsive to their needs and provide the personalised support that people want.

Self-direction may require some service providers to initiate whole of organisation culture change. Service providers may need to change the way they think about the people who use their services. Recognition of the capacity, expertise and natural authority that people have over their own lives is essential. Staff training may be necessary to help staff give up more control to people who use services so people are encouraged to make their own choices about their services and supports.

In order to be more flexible service providers require more flexible funding and contracting arrangements and may require information and support from government agencies to successfully implement self-direction within their organisations.

This is an opportunity for the service system to re-engage with the people it serves. New ways of providing support and services can be developed through involving people who use services and working with them to shape how those services might look.

Citizen-centric

Citizen-centred service considers citizens' needs at every stage of the service design and delivery process; that is, citizens' needs become the organising principle around which the public interest is determined and service delivery is planned.

Consumer engagement

The involvement of the people who use services in the design and development of services. Seeking feedback, consulting and listening to what people want from products, services and their communities.

Individualised funding

At one end of the spectrum, public funding can be allocated directly to the individual (direct funding), based on his or her unique strengths and needs, and placed under the control of the individual to purchase goods or services to enable him or her to live life in the community as a full citizen. At the other end of the spectrum, funding attached to an individual but controlled by a service provider.5

Between these points, individuals may choose to place their funds with a financial intermediary who can pay services providers on their behalf or they may choose to have their funds held by one or more service providers who then use these funds to provide requested services.

Definition taken from Dawson and Salisbury (1999), quoted in Lewis, G. Individualised Funding: The Power of One, provided by National Disability Services (WA Division), unpublished.

Partnering or Co-production

"Delivering public services in an equal and reciprocal relationship between service providers, people using services and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change." Co-production seeks to tap into the skills, capacity and knowledge of individuals and their informal networks.

Person-centred approach

A way of working and developing systems that have the person in need of support firmly at the centre in order to identify what is important to deliver his or her outcomes.

Person-centred planning

A process of learning what a person wants by listening to them and the people most important to them, in order to discover what needs to be done and then developing a plan that assists that person towards living that life. The focus is on the whole of life and not just on formal service delivery but community supports and networks.

Personalisation or Individualisation

Personalisation means moving away from traditional social care where people are fitted into a limited set of available services. It involves considering a person as an individual with aspirations, as well as needs, and a circle of family, friends and other resources and support mechanisms around them. It introduces the requirement for greater personal responsibility and for individuals to use their own resources, as well as those available through other services, to meet their needs in the best way possible.

New Economic Foundation. (2010). Right here, right now: taking co-production into the mainstream.

Recovery

Used in mental health recovery refers to a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of symptoms of mental illness. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of hope in sustaining motivation and supporting expectations of an individually fulfilled life.

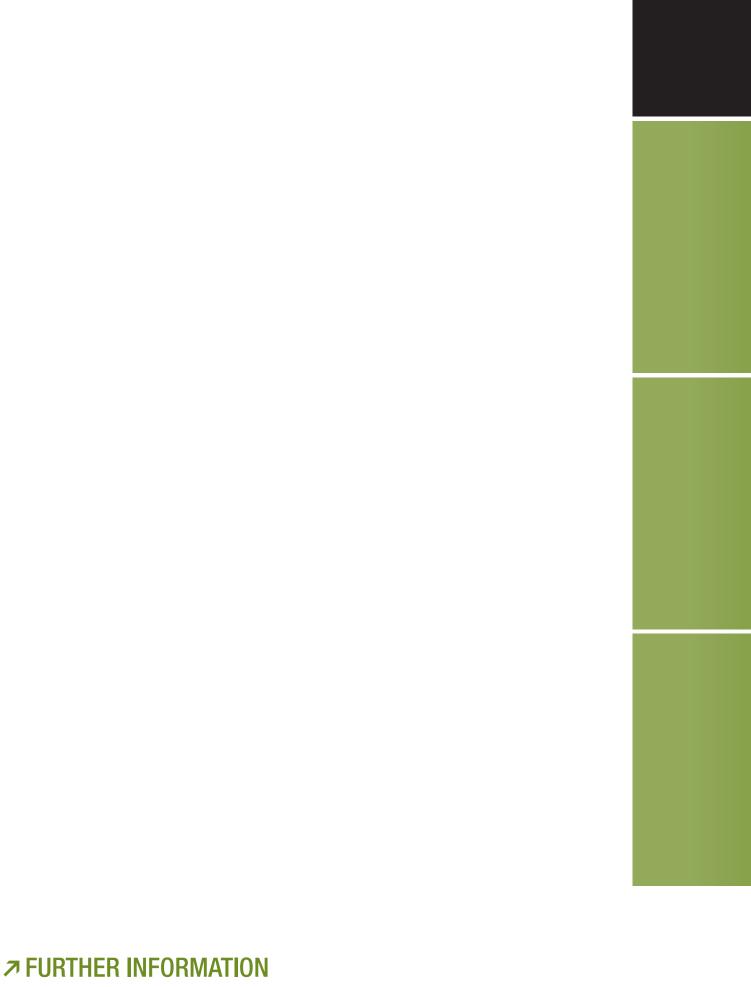
Self determination

Self determination stems from the belief in personal control, accountability, choice and responsibility. Self determination and free-will come from the feelings and practices that success is possible, regardless of the odds. The more chances human beings are given to succeed through a focus on personal strengths and positive feedback about personal accomplishments, no matter how small to someone else, the more likely that self-determination will develop as a foundation.

Self-directed service design and delivery

At its purest, self-directed service design and delivery generally involve situations where consumers actively participate in the development of services or supports with service providers, with the aim of achieving improved social outcomes through joint effort.⁷ Also known as 'co-production', 'individualised funding' or other variants.

Cummins, J. & Miller, C., 2007, Coproduction, social capital and service effectiveness, OPM Briefing Paper, Office of Public Management, London.



Further information and useful links about self-directed services and supports is available on the Department of Premier and Cabinet website: www.dpc.wa.gov.au/Publications/EconomicAuditReport/Pages/SelfDirectedServiceDesign.aspx