

# Personalisation & Industry Development

**Gordon Duff, Principal Adviser, National Disability Services  
Everybody In Conference, Otago University, November 2011**

# Outline

- Summarise policy direction of travel (briefly!)
  - Common public policy themes
  - Transition and convergence
  - What do we mean ?
- Review of evidence for personalisation
  - Typology of evidence
  - Positive outcomes but also unintended consequences
- What is to be done?
  - Ingredients for successful transition
  - A working model of organisation and industry development
- Comment and Discussion: rights & services
  - Re-invigorated social model of disability

# The Direction of Travel

## Rights:

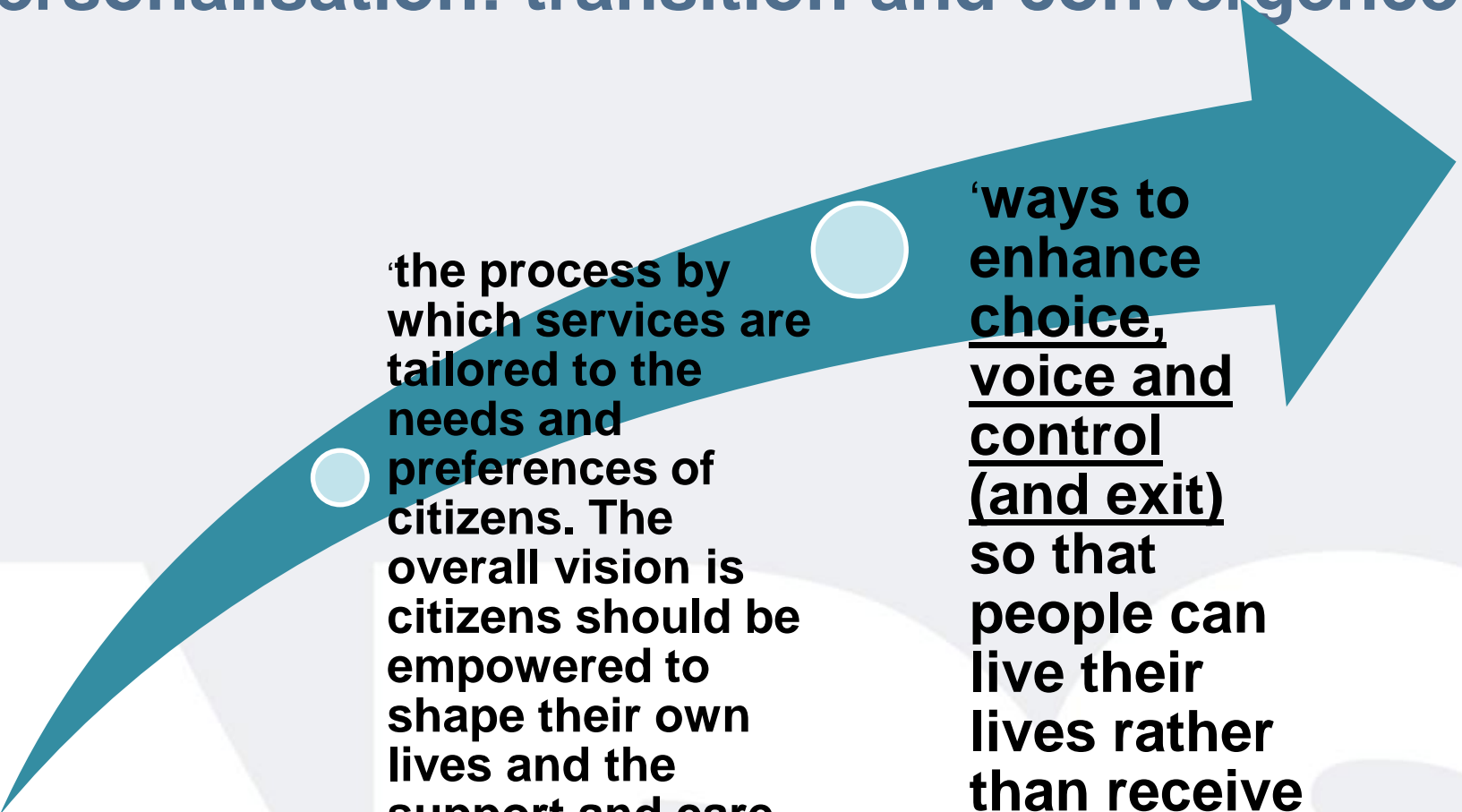
*“All people, with all types of disabilities, must enjoy the full range of human rights and fundamental freedoms—civil and political rights; economic, social and cultural rights; and rights to development. Discrimination, in all areas of life, must not be tolerated. Societies must remove barriers”*  
(UNCRPD)

## Common public policy themes:

- the shift from outputs to outcomes;
- the shift from welfare to social investment;
- the shift from command and control to innovation and collaboration; and
- the shift from standardisation to **personalisation** and customisation

>> Citizenship

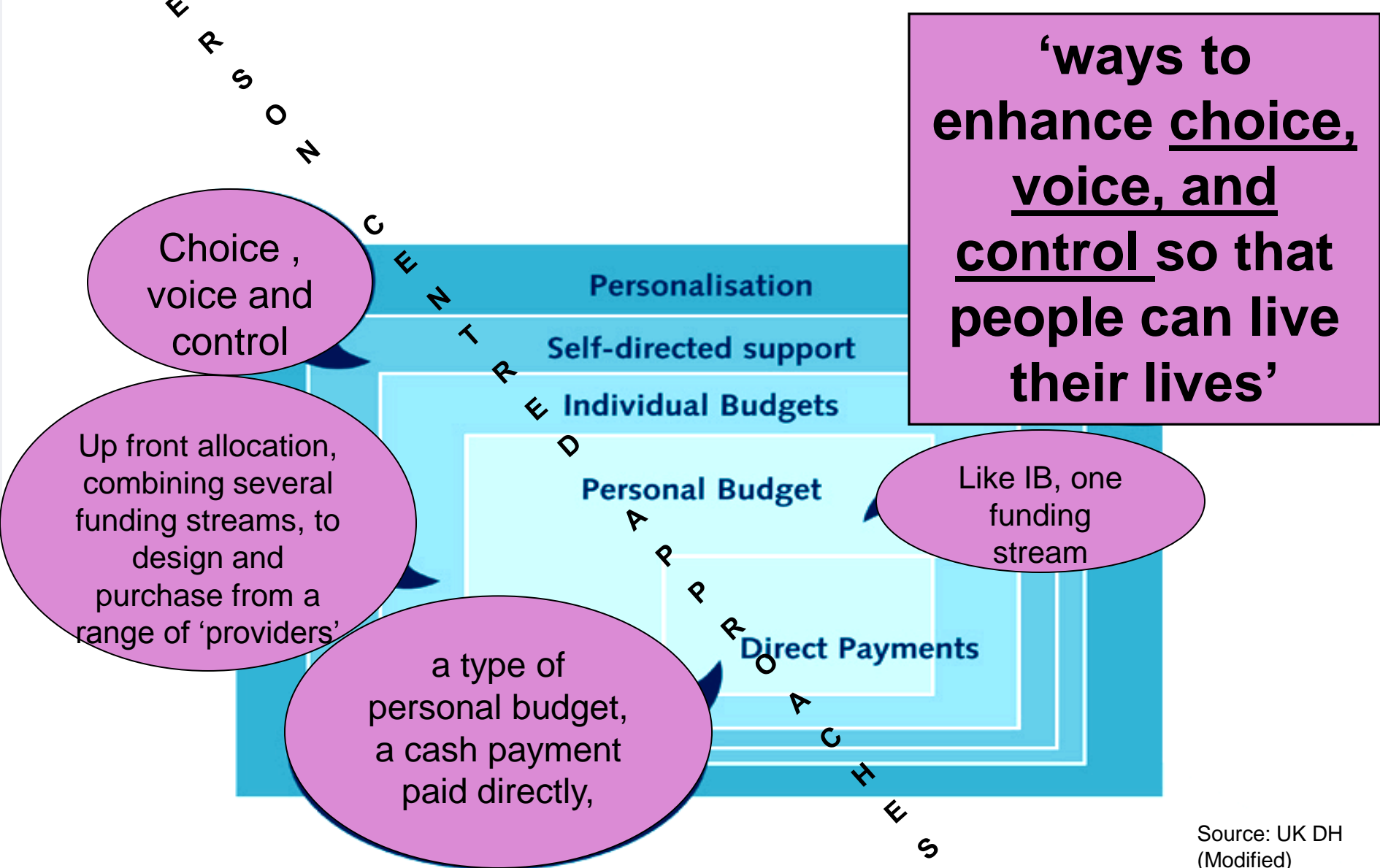
# Personalisation: transition and convergence



**‘the process by which services are tailored to the needs and preferences of citizens. The overall vision is citizens should be empowered to shape their own lives and the support and care (services) they receive’**

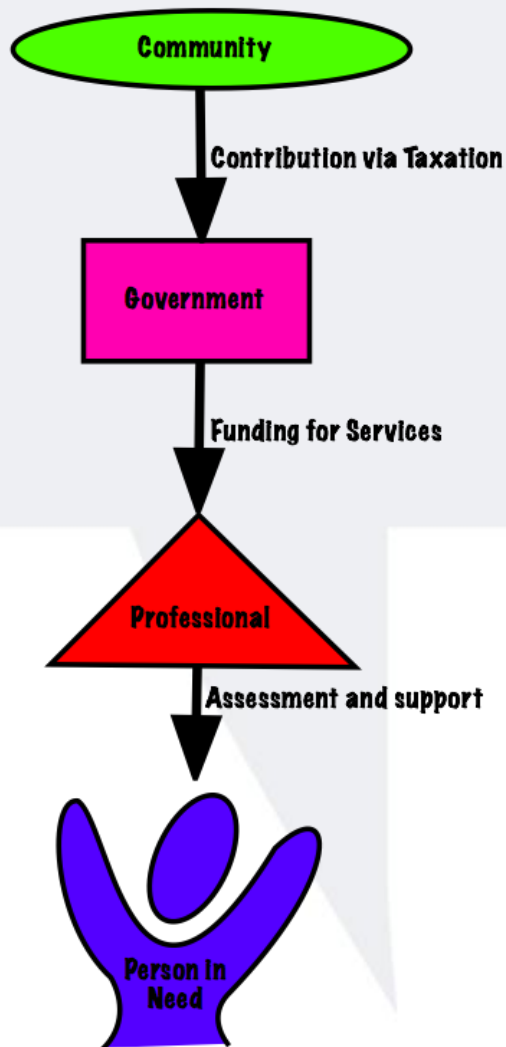
**‘ways to enhance choice, voice and control (and exit) so that people can live their lives rather than receive a service’**

# What do we mean when we say...?

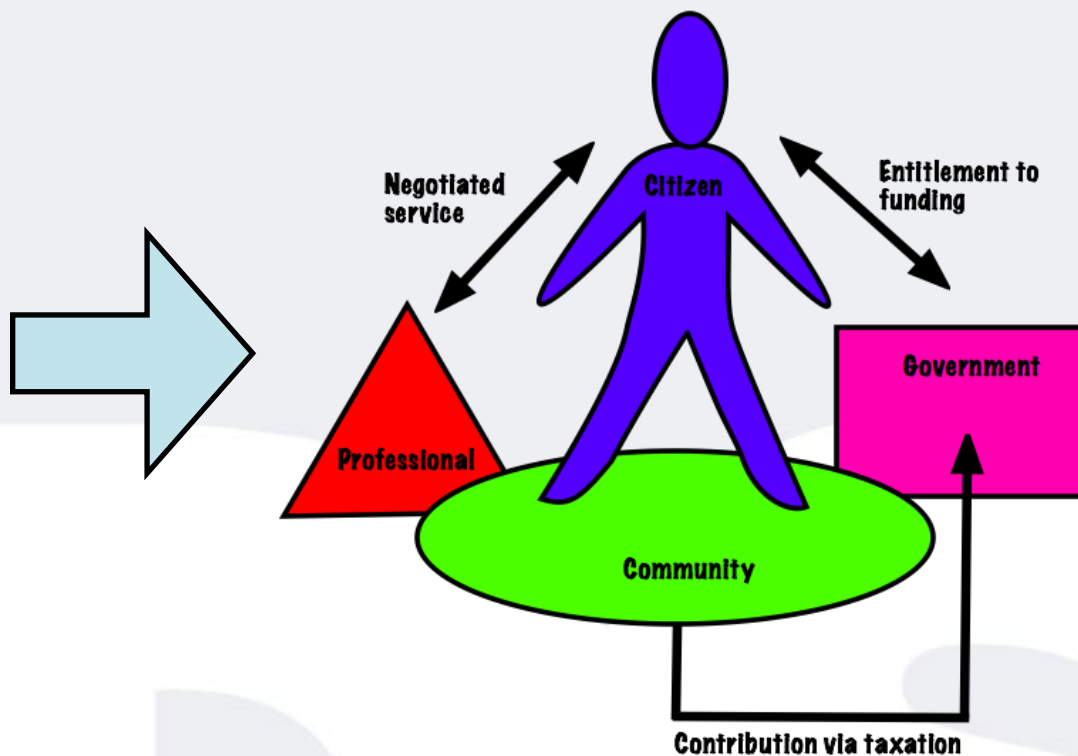


# Putting people at the centre

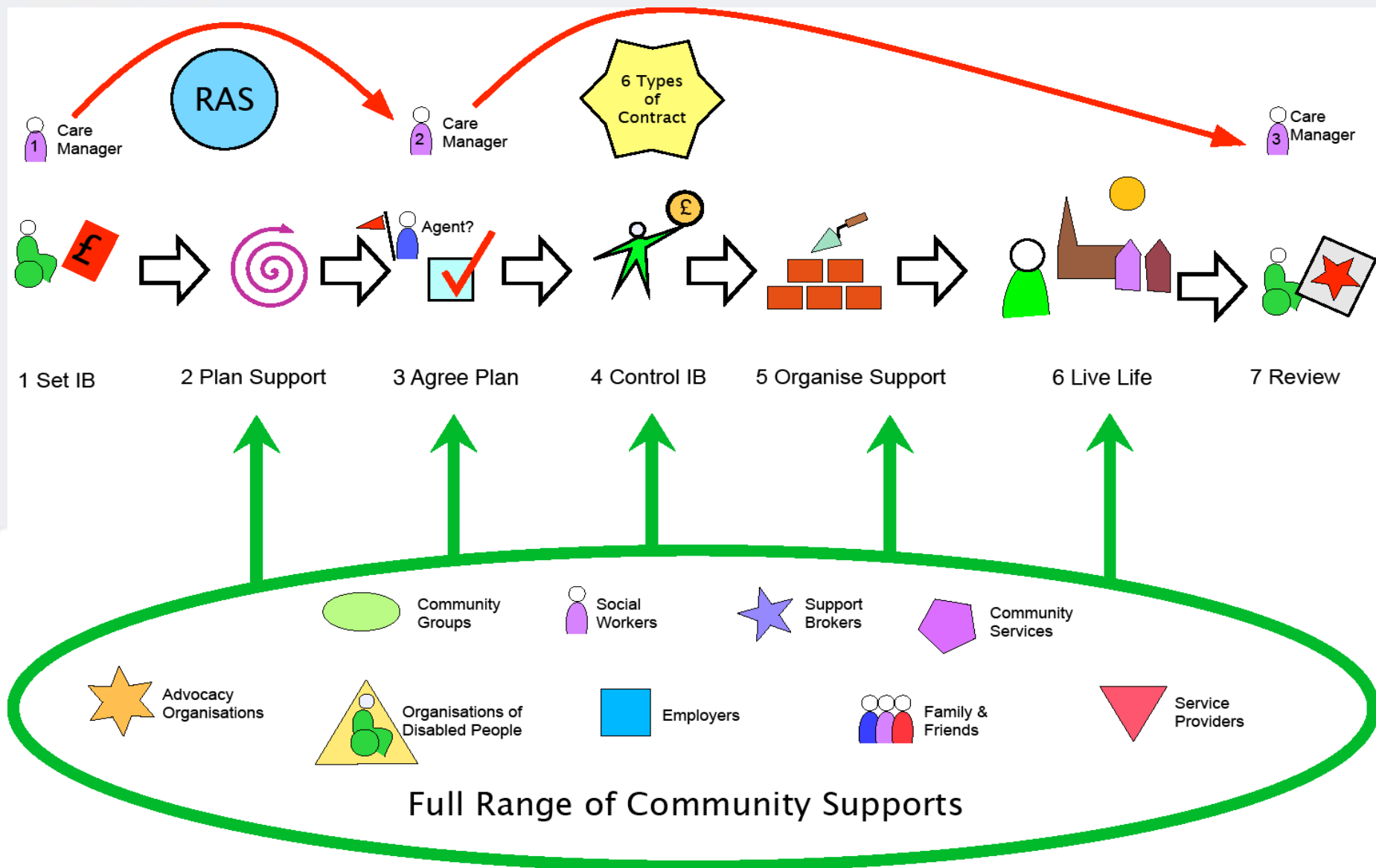
**NOW**



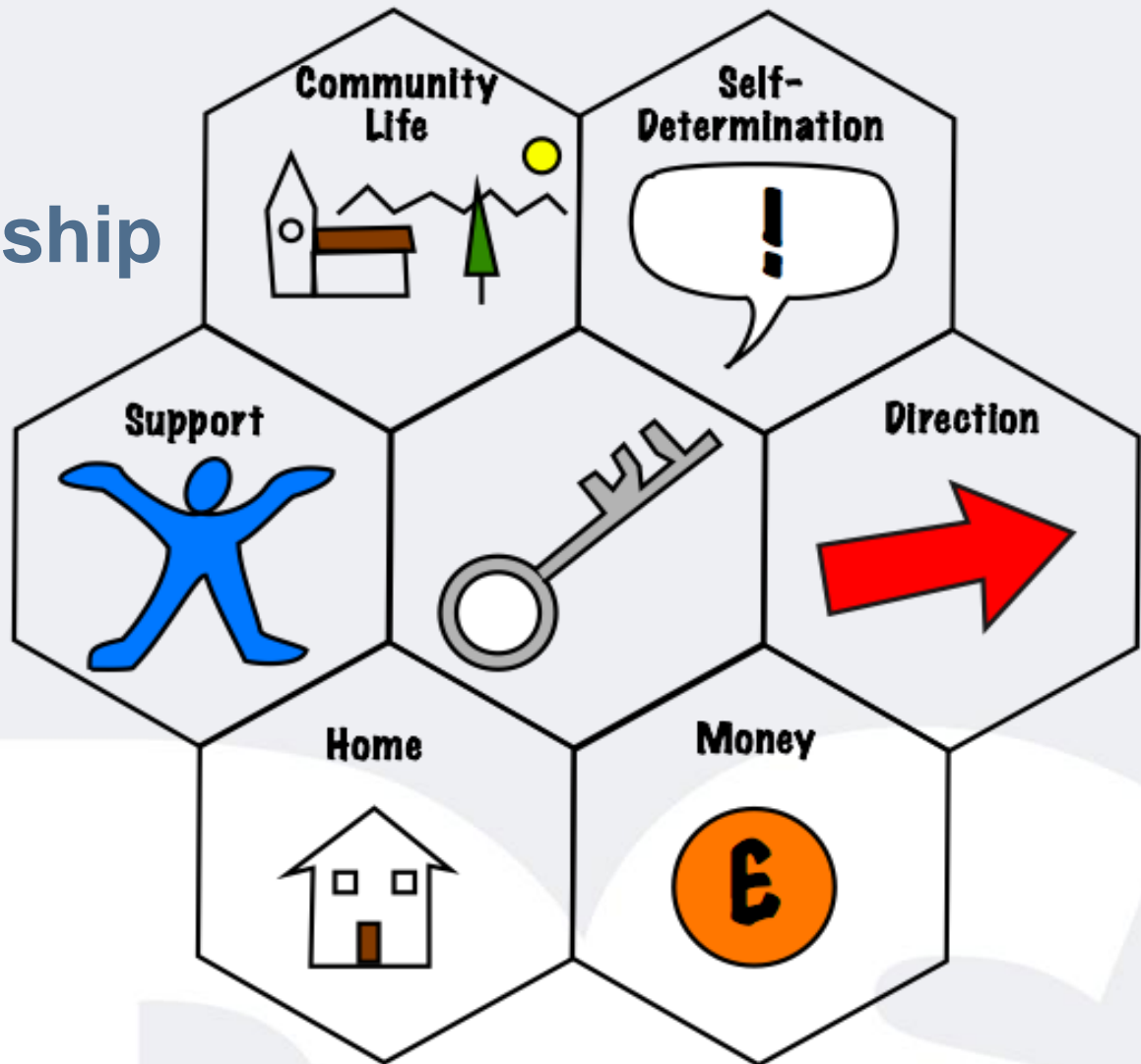
**SOON**



# How people will get the support they need...



# Destination Citizenship



- Having clear rights
- Being in control
- Having your own money
- Making a contribution

6 Keys to Citizenship



Where's the evidence, what type, and **how much**?

# Experience: Stories

*YouTube*

**Lots, goes way back...**

## “Grey” Literature

**Policy pilots  
and action  
research**

**Some, more recently**

## Academic

**Peer reviewed, first  
“tier” journals.  
(Longitudinal, RCT)**

**Not much**

# What do we know: lessons learned

- Personalisation, regardless of means (e.g. self managed and self directed options ) = better quality of life outcomes, but...
- this can be highly dependent on the quality and quantity of service navigating and decision making support available, and...
- the take up and reported benefits are not the same across **all** client groups (generally higher for younger, less complex needs)
- people typically put together the same formal social care package, then after a while begin to experiment with alternatives ('unbundling'), and,
- there are hints of efficiency gains, and most people don't waste or do stupid things.

# Unintended consequences

- Workforce regression: casualisation and de-professionalisation
  - personal assistants not connected to any organisation, indicate poor pay and conditions, very little personal and professional development, but higher job satisfaction?
- Service system viability
  - reliable evidence on cost implications and potential efficiency savings is not yet available.
  - higher transaction costs but can be offset by other efficiency gains
- Advantages and disadvantages for families and carers
  - Commodification of family relationships and natural supports

## Reminder : disability = Human Services

“There is concern that recent improvements in the training, qualifications and professional standing of social care staff will be lost... **Only 7%** of people surveyed who used direct payments to employ personal assistants (PAs) had paid for, or arranged for, **their staff to be trained**. The most common reason for PAs leaving jobs was **poor prospects for personal development**, partly because employers did not think it their role to offer further training and partly because they could not afford it. If PAs do become the dominant staff group in the care sector, we can expect problems over **lack of pay, status and career pathways and for the perception to take hold that "anyone can do this job"**. The **long-term deskilling of the workforce** will have consequences far beyond the narrow view of individual employer/ personal assistant relationships. Who will pay for a worker to develop expertise which the service-user employer may not need? Unless access to funds for training is changed, **freedom of choice for many may ultimately limit the choices of those who need specific skills in their support staff.**”

# **“What some people said about their services”**

can't always get the support they need.

lot of different ways of doing things in different parts of Australia.

not enough money available to meet people's needs.

there are long waiting lists

difficult to know where to go to get the services they need.

not enough information / and not enough choice

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Counts



**NDIS** | revolutionising disability services

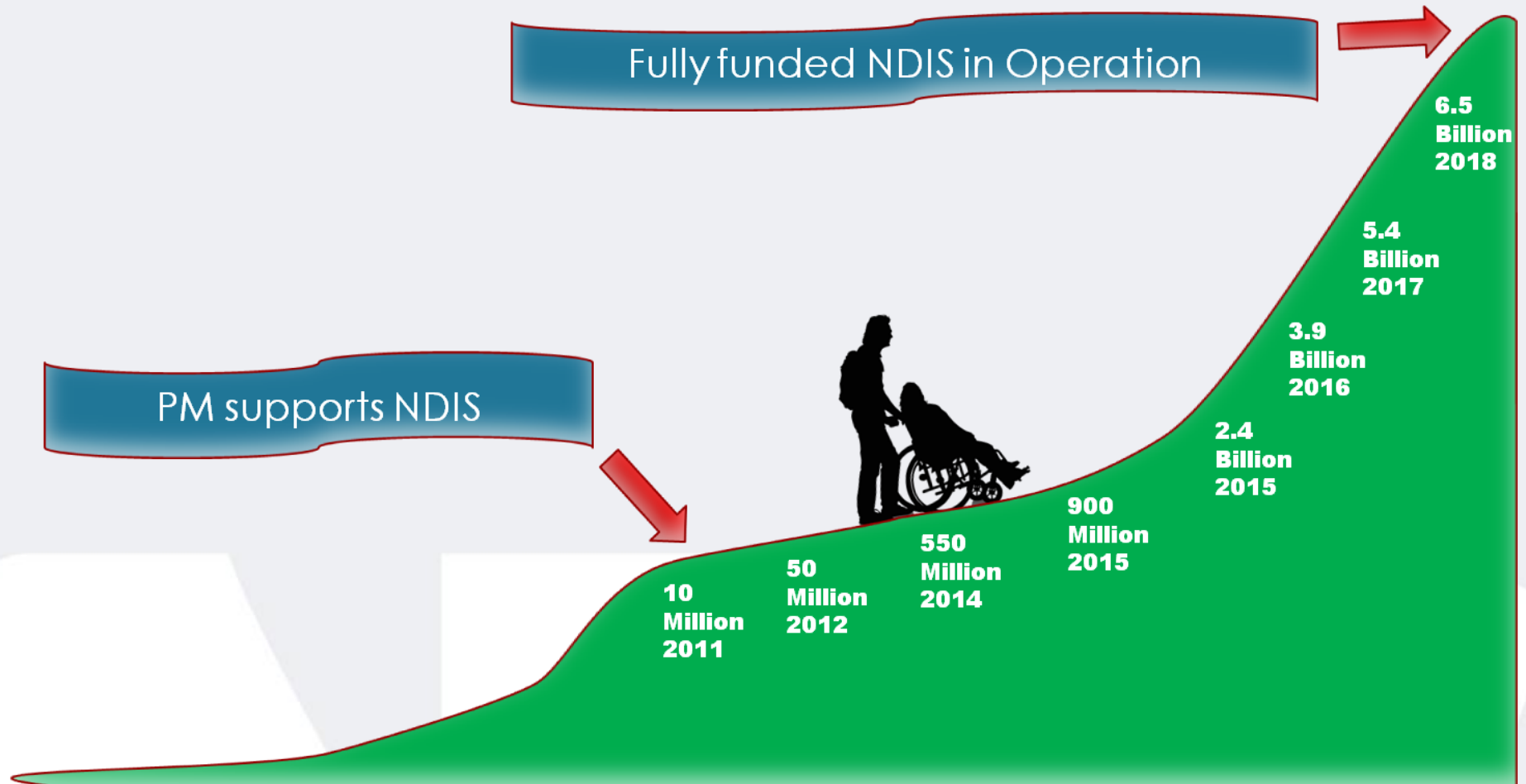


# Every Australian Counts

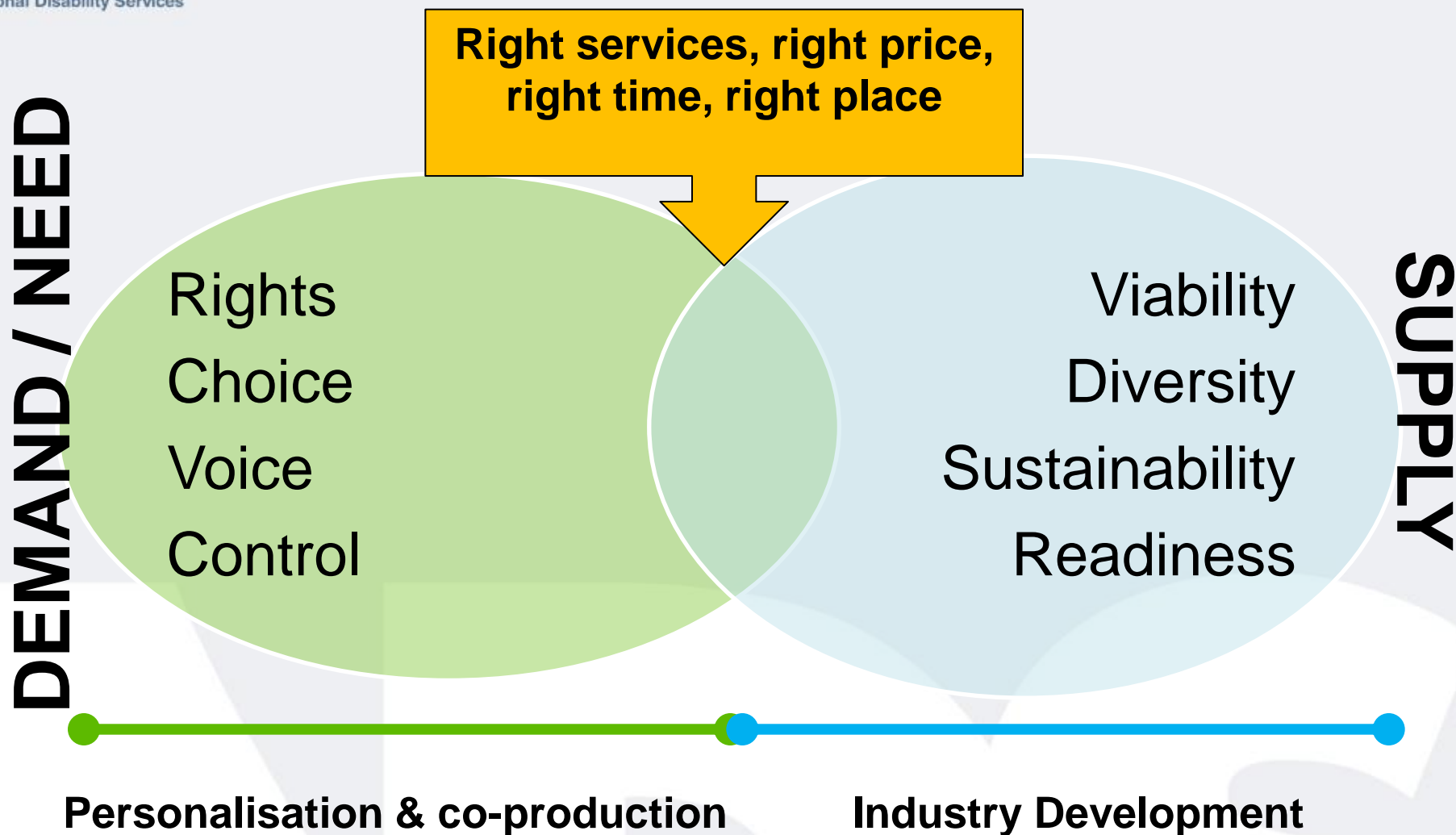




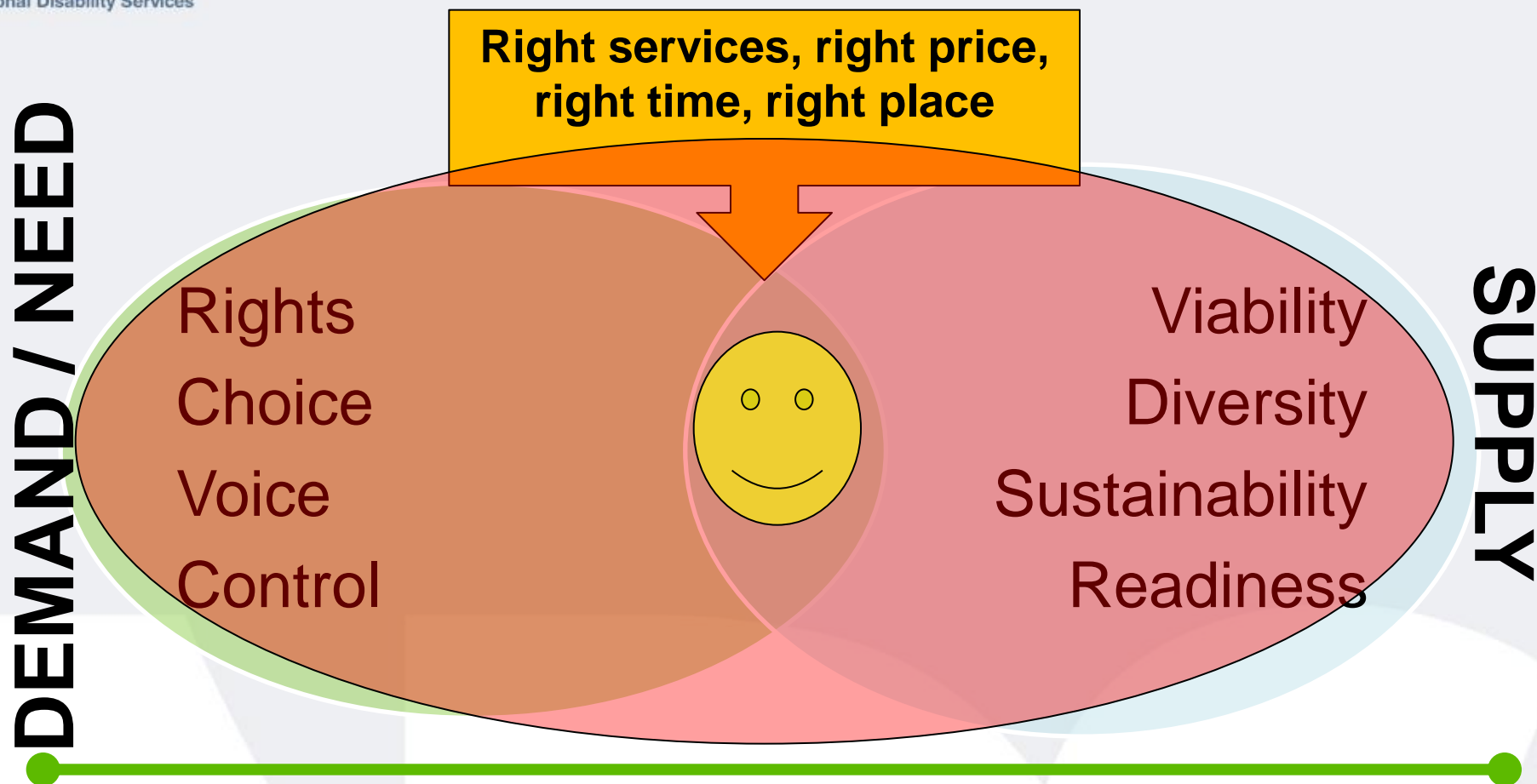
# National Disability Insurance Scheme



# Market design and facilitation



# Market design and facilitation



**Personalisation: the process by which services are tailored to the needs and preferences of citizens, including market design and industry development which facilitates choice voice and control.**



# Work in progress

Australia is an inclusive country where people with disability, their families and carers have the same opportunity to participate and contribute as other citizens

People with disability have access to information to make informed choices

A range of services that are responsive, innovative, high quality, financially sustainable and cost effective

A strong focus on supporting people with disability in the community

Genuine partnership between governments, non-government organisations, the community and people with disability, their families and carers

**People with disability at centre of service delivery**

**Understand and be responsive to the preferences of existing and potential consumers**

**People with disability are living the lives they choose**

**Have strong connections with local communities**  
**Work with family carers (where appropriate) as partners**

**People with disability receive support from a skilled workforce**

**Be an employer of choice**  
**Have access to an adequate supply of appropriately skilled workers**

**NGOs are efficiently operating in a competitive market**

**Know the costs of providing services and manage costs effectively**  
**Have sound risk management systems and policies**  
**Have effective operating systems**  
**Have the skills to manage change well**

**NGOs are effective and accountable**

**Be well-governed and have good leadership**  
**Be accountable to stakeholders**  
**Base service practice on evidence**  
**Measure and communicate the benefits provided**

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## Comment and Discussion

- How relevant is the social model of disability in a market for care and support:  
***caveat emptor?***
- To what extent are governments interested in a market facilitation role?
- Universality?



