Issues with individualised funding from a workforce perspective

The Enhanced Individualised Funding (IF) of the Ministry of Health's "new model of disability support" and individualised funding packages of "Enabling Good Lives", are a good example of client-directed funding. They are good examples in that they demonstrate both the strengths and weaknesses of the model.

IF enables people with disabilities to gain a greater measure of personal independence and play a greater role in the communities in which they live. It represents a move beyond person-centred services to person-directed services. In practical terms IF means that some people with disabilities are able to hire, manage, pay, train and make their own contracts with their support workers or choose to manage aspects of this process. The research seems to support the proposal that IF provides better outcomes for people with disabilities. For example Fisher et al found that all respondents in their 2011 research "said that individual funding had improved their control, choice, independence and self-determination in their lives"[1].

The real problem with IF is not with the concept or the ambition, but with the lack of consideration of the workforce required to provide independence for the person with disabilities. There are a number of issues, which this paper addresses.

Skills, knowledge and experience

With IF there is a quite appropriate emphasis on the relationship between the person with disabilities and the support worker. The person (and possibly their family) have much greater control over who is hired as the support worker. As a family member in Fisher's research stated:

> *The support people he has, we have picked them because of some part of their character that our son is going to relate to and feel at ease with*.

While this is a real advantage of IF, it can carry with it some assumptions about who might be best able to do the work e.g. neighbours, friends and family. These attitudes are also likely to be coloured by the understanding that home-based paid care work is 'women's work'.

> *The pay and value attached to home-based paid care workers suffers from association with work done at home by family members, especially women: work that 'counts for nothing'*[2].

All of this diminishes the level of skill, knowledge and experience necessary to provide effective care

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[1] Karen R. Fisher, Ryan Gleeson, Robyn Edwards, Christiane Purcal, Tomasz Sitek, Brooke Dinning, Carmel Laragy, Lele D'Aegher and Denise Thompson, *Effectiveness of individual funding approaches for disability support,* Department of Families, Housing, Community Services and Indigenous Affairs, 2010 p. viii

[2] Briar, C., Liddell, E. and Tolich, M. (2014) 'Still working for love? Recognising skills and responsibilities of home-based care workers'. Quality in Ageing and Older Adults 15; 3. p. 9 http://www.emeraldinsight.com/doi/abs/10.1108/QAOA-04-2014-0006?journalCode=qaoa

and support. The work by Anne Junor and others suggests that disability support work requires high-level skills are required beyond instrumental or bodily care. Junor looks at the other skills required in what could be called a 'social' model of care:

> *…the skills required by this 'social' model include interactive or emotion management skills, cognitive skills of shaping awareness, skills used to shape long-term support relationships, and co-ordinating skills. These skills appear to be underspecified in qualifications and job descriptions. Firstly they need to be recognised as skills, not as 'natural' attributes, and secondly there is a need to recognise how they develop to higher levels in the workplace, through a progressively deepening capacity for reflective problem-solving in shared activities*[3].

In the case of providing support to learning or intellectually disabled people there are even higher levels of skill required in order to enable supported decision-making including enabling people to take risks. Bonardi describes this as follows:

> *To be confident supporters of risk taking, people who provide supports must possess skills beyond basic risk identification and developing a risk plan. They must have developed skills in:*
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> - *Multidisciplinary interactions, including a common understanding of risk and the ability to effectively empower, challenge, and support people.*
> - *Negotiation, including the ability to clearly state positions and goals, identify boundaries (i.e. clear issues of person safety), and be prepared to 'agree to disagree'.*
> - *Facilitation, using empowerment strategies in order to encourage people "to have more say over their lives, but also to assume responsibility for their decisions in relation to risk."*[4]

All of these are advanced skills, well beyond the basics of personal care, which require training, appropriate remuneration and career paths for the workforce.

Training and qualifications

There is a growing realisation that better training and higher level qualifications are required for the care and support workforce. The Careerforce website states:

> *Across New Zealand over 12,000 support and care workers are undertaking workplace training annually. This is small percentage of the estimated number of non-regulated workers in the health, mental health, aged care, public health and disability services sector.*

Careerforce and Health Workforce NZ are working with providers and unions to develop a workforce action plan that will focus on the development of what they call the health and disability

[3] Anne Junor, Ian Hampson, and Kay Robyn Ogle 'Vocabularies of Skills: The Case of Care and Support Workers', in S. Bolton and M. Houlihan (eds) *Work Matters*, Palgrave, London, 2009

[4] Bonardi, p.65

Kaiāwhina/non-regulated workforce. While this is welcome it is long overdue.

There are real risks that the IF model will diminish rather than increase access to training for workers in the sector. In the study by Fisher et al some Australian providers expressed concern that where workers were employed by only one family over an extended period they experienced a lack of training opportunities[5]. The same study found that just under a third of providers in Australia (at the time most IF services in Australia were delivered through providers) reported that individualised funding had little success in increasing the availability of qualified support workers, 39 percent found it to be mixed or moderately successful and around a third found it to be successful or very successful.

While Fisher et al surveyed providers and spoke to disabled people and their families, they did not talk to workers or their unions, a reflection of priorities in the sector both here and internationally.

Wages and conditions

With increasing demand for IF there is likely to be increasing pressure on wages. People with disabilities who are managing their own arrangements under IF are going to want to employ people with whom they can develop long term supportive relationships, and Fisher et al concluded that the level of remuneration affects the availability of qualified support workers[6]. Those who could afford it often paid above award wages while those who were purely dependent on public funding sometimes struggled to pay decent wages. This was especially the case where support was organised by the person with a disability or their family.

Fisher et al also found that overall providers reported success in implementing policies to protect the conditions of support workers. However, once again they failed to get feedback directly from workers or their unions.

When the IF pilots were first being developed in New Zealand the PSA and the SFWU met with the Ministry of Health and some providers to discuss the possibility of a multi-employer collective agreement for IF employers. While a multi-employer collective employment agreement was finalised and posted on the MOH website, it was clear from the outset that calculations were being done on the basis of the minimum wage and that there was going to be inadequate funding for costs such as travel expenses. We are uncertain if this has changed, but given the level of skills required and the importance of the relationship between the person with disabilities and their support worker decent levels of remuneration are required and they should be applied consistently so that everyone should have the same opportunity to achieve the best quality of support possible.

Aside from remuneration, the other main employment issues for support workers under IF are job security and hours of work. The work by Fisher et al suggests that many of the people with disabilities and their families interviewed for the study employed quality workers who had been with them for a long time. This is to be welcomed, but there is still a vulnerability when the support worker is so dependent on the relationship with the employer. If the relationship breaks down the

[5] Fisher et al p. 43
[6] Ibid. p. 43

support worker (under the NZ model) would be without a job. An employment framework needs to be developed that would provide the workers with some security.

With regards to hours of work, we are uncertain as to what arrangements are operating in New Zealand IF employment. The nature of the work and the potential for on-demand support means that 'zero-hours' contracts could be the reality for many support workers under IF. This is unacceptable and needs to be addressed.

Working in isolation and health and safety

A very recent study from the UK by Liz Cairncroft and Andrew Crick has highlighted the risks of working alone in support of people with disabilities. They focus on 'personal assistants' or PAs, who are defined as:

> *… someone working with people who need social care, either because of their age or disability, to enable them to live as independently as possible. A personal assistant (PA) is usually employed by people who are directing their own care through a direct payment or individual budget from the local authority, or are funding their own support. Sometimes PAs work directly for the person they are supporting, and sometimes are employed through an agency*[7].

As they point out:

> *Some of the issues around abuse and violence against PAs are common to other groups of lone workers but some are specific to PAs, in particular, for those who are self-employed. PAs face unique risks and challenges associated with their isolation and vulnerability, working often in people's own homes (not unlike the risks and challenges of their employers). Like their employer, PAs are also potentially vulnerable in one-to-one situations, lacking back-up if needed and without a witness if something happens. The often close working relationship between employer and PA can create situations where boundaries may blur and either side could potentially take advantage of the other, including financial abuse*[8].

We note that instead of addressing real issues of health and safety as identified by Cairncroft and Crick, the government is instead attempting to side-step them by recreating the existing exemption from health and safety duties for home occupiers in relation to residential work. As framed in the Health and Safety Reform Bill it means that those employed or engaged to carry out domestic work for the occupier of a home will not be workers for the purpose of the Bill and a home will not be a workplace. This affects the whole of the home support sector, not just IF,

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[7] Liz Cairncroft and Andrew Crick, *Research on abuse and violence against the social care workforce: focus on personal assistants,* Skills for Care, Leeds 2014 p. 12 http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Research-Reports/Violence-and-abuse-2014/Research-on-abuse-and-violence---PAs-301014-FINAL.pdf

[8] Ibid p.iv

but workers employed directly by a disabled person will be particularly vulnerable due to their isolation.

The authors point that working alone also means that many PAs are cut off from support in all its forms: training, supervision, mentoring, counselling and peer support. These are real issues that need to be addressed in a systematic way if IF is to be sustainable.

Workforce development

The fragmentation of responsibility under IF will also make it harder to put in place a systemic approach to workforce development. The sections above give some indication of the challenges ahead, but there needs to be a way of ensuring that there is a strategic approach to the workforce and systems in place so that they have access to quality training and a career.

Who is the employer?

Under the New Zealand model of IF, many disabled people will directly employ their support staff. There is no doubt that many will be good employers, but generally small employers struggle with the capacity and capability to deal with employment matters well. From a worker perspective it is best that support workers under IF were to be employed by providers. This would provide them with greater employment security and probably make it easier to ensure regular hours.

If the option for the disabled person to be the employer stays as part of the IF model in this country then the government will have to put in place measures that provide workers with the security of tenure and hours of work that they need.