

# THE WOBBLY HUB AND DOUBLE SPOKES PROJECT

## INDIVIDUAL FUNDING: THE EXPERIENCES OF FAMILIES IN RURAL AREAS



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### INDIVIDUAL FUNDING IN BRIEF:

#### BENEFITS

- Individual funding (IF) increases therapy access

#### BARRIERS

- Inadequate information
- Lack of local service choice
- Higher costs
- Complexity of self managing funds

#### STRATEGIES

- Pooling funding
- Using local workers

### BUILDING CHOICE AND CONTROL

The Wobbly Hub research team has been gathering perspectives on therapy service access from rural and remote people with a disability and their carers over the past three years, and not surprisingly, the issue of individual funding (IF) has been raised.

There is a global movement for people with a disability to have choice and control over the supports that help them to be part of the community. IF is one response which supports the move from a service centred perspective to a person centred perspective. This model of funding uses a market approach based on supply and demand driven by consumer choice. The recently launched DisabilityCare Australia scheme embraces both person centred practice and IF, heralding a significant change in the way supports are provided in Australia.

“Individual funding is fantastic because you get access to services and it’s flexible. It means we’ve been able to travel to Sydney and we’ve been able to get services.”

- Carer, Western NSW

### RURAL INNOVATION AND POSSIBILITIES

We heard from families who had embraced IF and made it work well in rural areas. One suggested mechanism to get the best value for specialist input was developing partnerships between families and private practitioners. Together families and therapists can ensure a focus on local capacity building for their child’s school or child care centre through integration of therapists’ recommendations into the child’s daily contexts. Secondly, a group of families reported a cooperative effort to engage a remotely located therapist to visit their town and see several children in one visit so that the cost of travel was spread between individual families. We also heard about the use of local therapy support workers, who linked with remotely located therapists to facilitate the uptake and implementation of strategies, thereby spreading the reach of the persons IF dollars.

## RURAL INNOVATION AND POSSIBILITIES

### CONTINUED

A key component underpinning the innovative rural responses to the use of IF was the development of local engagement with those who live and work with the person with a disability. This community capacity building expands the opportunity for the provision of future supports from within the community. It represents an exciting potential for change in the rural disability sector, giving families and therapists the autonomy they require to be effective and most importantly, accessible.



## 'RURAL PROOFING' INDIVIDUAL FUNDING

“There’s no where else you can actually spend the money around here. [With IF] it won’t be a very long list of providers, not out here. You might get offered an extra session and you might get a bit more say in what you choose.”

- Carer, Western NSW

Awareness of the funding schemes and how they may be used was identified as problematic for both service providers and families. Access to adequate information is a key issue in uptake and usage of IF in rural areas. When government and service providers are promoting IF to rural communities, accessible information is an important consideration.

The small number of service providers in rural areas also raises concerns for an individual funding model which relies on consumer choice and control via a service provider market place. Families have reported a reluctance to engage with an IF scheme which they perceive as more complex and demanding when there is no real choice of accessible service providers. Families also report

that a small market can in fact lead to upward pressures on costs. In rural areas providers factor in additional time for travel and service delivery that they recoup from IF packages, without the economies of scale afforded by block funding.

The consideration of the particular needs of rural communities must be reflected in policy and service development to ensure the success of IF models which target therapy service delivery in rural areas.

*This is a summary of a recently published journal article in [Health and Social Care in the Community](#) (2013). Please access our website for more information [www.sydney.edu.au/health-sciences/research/wobbly-hub](http://www.sydney.edu.au/health-sciences/research/wobbly-hub).*

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