

***INDIVIDUALIZED
FUNDING:
A NEW VISION***

**A REPORT PREPARED BY
THE INDIVIDUALIZED FUNDING COALITION FOR ONTARIO
JULY, 1999**

The Symposium was successfully brought together in October of 1998. 135 participants gathered in Geneva Park, Ontario for this event. This report outlines the major themes, outcomes and recommendations of the Individualized Funding – Positioning for Change Symposium.

An Invitational Symposium to Change the Way in which Supports are provided in Ontario.

Presented by:

- **The Individualized Funding Coalition for Ontario**
- **The Ad Hoc Group on Individualized Funding**

Sponsored By:

- **Christian Horizons**
- **Ontario Association for Community Living**
- **Ontario Federation for Cerebral Palsy**
- **Ontario Ministry of Community and Social Services**
- **Toronto Association for Community Living**

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Individualized Funding: A New Vision

INTRODUCTION: EQUITABLE SUPPORT FOR PERSONS WITH DISABILITIES.....	1
DEMAND-SIDE FUNDING.....	2
1998 INDIVIDUALIZED FUNDING SYMPOSIUM, “POSITIONING FOR CHANGE”	5
<i>Major Symposium Themes:</i>	8
Human Rights.....	6
Self-determination	6
Community Participation.....	7
Individual Orientation	7
Reciprocal Accountability	8
Competing Interests?	8
<i>Symposium Outcomes</i>	12
CONCLUSION: TRANSITION AND TRANSFORMATION	10
WHAT IS INDIVIDUALIZED FUNDING?	12
BENEFITS OF INDIVIDUALIZED FUNDING	13
QUESTIONS AND ANSWERS ABOUT INDIVIDUALIZED FUNDING	14

Introduction: Equitable Support For Persons With Disabilities

In the recent past, genuine efforts have been made by government and service providers to support community living options for persons with physical, intellectual and emotional disabilities. Despite these efforts, however, a report funded by the Ministry of Community and Social Services in 1994 identified an ongoing perpetuation of institutional values and behaviours, even outside of institutional walls. The report described this situation as:

... the unintended result of the transfer of institutional patterns of service development and delivery to community programs.^{1[1]}

Traditionally, support programs have been designed for the sole purpose of providing disabled citizens with a set of particular services offered in particular ways through funded agencies or residential facilities. Paternalistic at heart, this approach failed to take serious note of the change in legal status for persons with disabilities enshrined in the Canadian Charter of Rights and Freedoms, as well as in the Ontario Human Rights Code. This outdated model, sometimes described as a "supply-side" approach, is premised upon the flawed perception that consumers of services cannot be relied upon to predict their own needs, manage their own affairs and/or recruit appropriate support.

For individuals with intellectual, cognitive, emotional and physical disabilities, these structures of service development and delivery, in combination with long-standing patterns of prejudice and discrimination in society, have contributed to the entrenchment of unhealthy levels of social isolation, segregation of work and leisure activity, and arbitrary limitations on the scope and opportunity for active living.

This report offers a way through these difficulties – a model designed to support persons with disabilities to live with dignity and autonomy in integrated communities.

^{1[1]} Ministry of Community and Social Services, *Shifting Power and Control: Moving from Programs to Supports*, 1994.

Demand-Side Funding

The concept of "demand-side funding" presents a compelling alternative to the manner in which supports for persons with disabilities have traditionally been structured. Elegant in its simplicity, it not only safeguards against the stultifying and limiting effects of institutional values and behaviours, but also actively fosters creative and cost-effective responses to many of the challenges of building inclusive communities.

In 1994, a review of social service models in Canada strongly endorsed a move to "demand-side funding". The report stated:

[Demand-side funding] has proven to be an effective means of making social services more responsive and accountable to consumer demand. It introduces market forces and related efficiencies, lacking at present, into the social service sector. It is a means of containing costs in the sense that funds are allocated to actual requirements of individuals and over-serving is avoided. Demand-side funding has the advantage of providing enormous social and economic flexibility to the individuals being funded.^{2[2]}

The concept of "demand-side funding" presents a compelling alternative to the manner in which supports for persons with disabilities have traditionally been structured.

The term "individualized funding" describes any demand-side funding scheme tailored to individual need and managed, either directly or indirectly, according to the individual consumer's preferences and priorities on matters of price, schedule, location, quality, etc. It is a system that allows for creative responses to gaps or inadequacies in existing service arrangements and encourages the development of personal and community responsibility, planning and accountability.

Individualized funding allows the *consumer* to become an *employer* who has full control over the delivery of services provided by his/her employees, whether they be professionals, unionized staff, or self-chosen and self-trained friends and acquaintances. In this unique role of consumer/employer, a person with a disability can design and oversee arrangements most appropriate to his or her needs or delegate this responsibility to a person or agency of his or her personal choice. When necessary, person-centred planning teams can support both roles (consumer/employer) through assisted decision-making arrangements.

Individualized funding arrangements respond accurately to individual requirements and adapt quickly as these requirements change. Such arrangements allow maximum flexibility, and can be shaped in the manner most appropriate to community and individual circumstances.

^{2[2]} Rioux, M. and Crawford, C. *The Canadian Disability Resource Program: Offsetting Costs of Disability and Assuring Access to Disability-Related Supports*, 1994, an Occasional Paper from the Roeher Institute.

As well as creating job opportunities within communities, an individualized approach significantly reduces expenditures on facilities and administrative overhead associated with costly institutional placements. Moreover, individualized funding represents a form of purchasing power that can generate a greater supply of local services^{3[3]}, thus improving community capacity for the inclusion of persons with disabilities.

Individualized funding is consistent with the principles of self-determination and autonomy that are at the heart of human rights protections for persons with disabilities.

Individualized funding establishes clear accountability links with service providers and by its very nature, promotes the development of fully responsive and accessible human and social service facilities. Mechanisms of formal accountability for *quality* of service and the *manner* in which service is delivered are largely absent in more institutional approaches to service delivery. This qualitative accountability must not be overlooked in our emphasis upon financial and administrative accountability.

Most importantly, individualized funding is consistent with the principles of self-determination and autonomy that are at the heart of human rights protections for persons with disabilities.

Individualized funding does *not* mean that the individual with a disability must take full responsibility for administration or management traditionally taken by an employer. People with intellectual disabilities may not have the legal "*capacity*" or the personal desire to do so. The challenge is to insure that, as full citizens, people with intellectual disabilities have the *authority* to manage, to delegate responsibility, and to be or become the central figures in their own lives. Particular responsibilities can be delegated to an agency, which would then be accountable to the individual and her/his support team. In order to ensure success, a range of management options and administrative choices are essential. When an individual and her/his support team delegate particular responsibilities to an agency, the agency will understand that if it does not do the job in the manner that the individual wants, s/he will transfer to another agency, or make an alternate arrangement. The funds belong to the consumer, to spend as s/he sees fit.

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The following analogy may be helpful in illuminating the important difference between a transfer of *responsibility* and a transfer of *authority*: the individual receiving individualized funds is like a traveller calling a limousine to go to the airport. The traveller specifies the time of the flight and the terminal of departure. The traveller retains the right to tell the driver if he is going too fast, or if there is a particular route that he should take for some reason, or if there are stops s/he wants to make along the way. The

^{3[3]} Torjman, S. *Dollars for Services: aka Individualized Funding*, Caledon Institute of Social Policy, November, 1996, available at <http://www.caledoninst.org/full68.htm>. Torjman notes that:

Persons with disabilities often find it difficult to obtain personal supports. For one thing, these simply do not exist in some communities. Even when they are available in some form, they are always in short supply relative to the high demand.

traveller can tell the driver if s/he is too hot or too cold, or if s/he prefers to ride in a non-smoking car. The traveller/consumer does not, however, have to assume the responsibility for licensing the vehicle, insuring or maintaining it, hiring and training the driver, managing the dispatch function, etc. S/he does not have to drive the car.

Over the past 20 years, a number of pilot initiatives for individualized funding of disability-related supports have been developed across Canada. These include:

- deinstitutionalization initiatives in several provinces and territories under the National Strategy for the Integration of Persons with Disabilities,
- the Choices Project in Ontario,
- the Direct Funding Pilot Project in Ontario,
- Alberta's Community Inclusion Supports: Individual Funding Program,
- Manitoba's In the Company of Friends program,
- Ontario's Special Services at Home program, operating in Ontario since 1983. This highly successful program in which family relationships, community integration, individual skills and behavioral development all showed favourable outcomes in the project evaluation.

In most provinces, at least partial measures are in place to assist persons with disabilities and their families to plan for individual service needs and to allow persons who receive supports to make decisions about "who, what, where and when".

1998 Individualized Funding Symposium, “Positioning for Change”

In October 1998, 135 people from communities across Ontario, representing individuals, families, advocacy and service organizations, organized labour, government and academia met for three days to discuss the concepts, practicalities and challenges of individualized funding. Entitled *Positioning for Change*, this event featured facilitated discussions shaped around five distinct "building blocks" seen as necessary for successful outcomes:

- ***Person-centred planning*** – A process is required to develop, manage and sustain a process that is oriented towards self-determined personal growth and development of the previously institutionalized individual. This is seen as an essential component of transition.
- ***Personal Support Relationships*** – Personal relationships are the first defence of the vulnerable individual living in a world that is not always friendly or accepting. Support in developing personal friendship networks and support relationships is essential if individuals and families are to build bridges to opportunities in the community.
- ***Individualization of funds*** – When individuals are able to exercise greater control over their funding for purchase of disability-related supports, a number of positive outcomes result: individual self-esteem grows, greater flexibility and responsiveness is introduced into the support system, individuals have greater opportunity to pursue and achieve personal goals, health status improves and individuals are more likely to have educational and employment-related opportunities.
- ***Management supports*** – Accounting, bookkeeping, banking, personnel and other services that are responsive and accountable to individuals with disabilities will result in effectively managed plans and arrangements.
- ***Community development and Transitional Support*** – Experience has shown that a community development process is needed to address the social isolation that individuals and families face. Part of this process is the development of community/government partnerships at the provincial and local/area levels. Processes for providing transitional support will be a product of these new and renewed partnerships.

During discussions, it became clear that these building blocks are foundational, not sequential in nature – all must be in place in order to realize the goal of creating inclusive communities that provide citizenship opportunities to all members. The conference focused on models for putting all of these building blocks into place and on the policy and program issues that must be addressed in doing so.

Speakers and panel participants included parent activists, labour representatives, government spokespersons and experts in the fields of human rights and public policy. Stimulating and thought-provoking small group discussions added substance and specificity to the universal and overarching framework presented by the speakers. While the building blocks provided a structure for discussion, themes emerging from these discussions elaborated upon that structure, setting out a clear agenda and action plan for reform.

Major Symposium Themes:

Seen through the lens of human rights, segregation and stigmatization of people with disabilities is a deep wound, not only to people with disabilities themselves, but to society as a whole. This wound can only heal through policy commitments, public education and community development.

Human Rights

A defining feature of this symposium was its consistent framing of issues within a human rights context. The symposium coincided with the 50th anniversary of the International Declaration of Human Rights, and the significance of this was not lost upon symposium participants. The support that a person with a disability may require in

order to participate fully in the social, economic, creative and spiritual opportunities of his or her community was understood as both a legal and a moral imperative. Seen through the lens of human rights, segregation and stigmatization of people with disabilities is a deep wound, not only to people with disabilities themselves, but to society as a whole. This wound can only heal through policy commitments, public education and community development.

In practical terms, the human rights focus demands particular changes at both policy and program levels. Approaches that relegate people with disabilities to an unequal social status, or that make well-being dependent upon the goodwill of others are no longer acceptable. When a person's entitlement is determined by his/her status as a human being, measurements of entitlement based on functional deficiencies reveal themselves to be contrary to the principles of human rights. Policies and institutions that reflect these outmoded approaches must give way, with adequate transitional planning, to a process that entitles every disabled person to be supported in a manner that recognizes his or her unique interests, preferences, capabilities and aspirations.

Self-determination

The right to control what happens in your life – where and with whom you live, where and how you work, with whom you spend social and leisure time, what courses you sign up for at school, where and with whom you worship – these fundamental choices are the

building blocks of self-esteem and citizenship, the cornerstones of self-definition and self-determination.

People with disabilities, no less than any other person, need and want more choices in their lives – choices not offered by institutions and services that define possibilities within very narrow bounds, limiting aspirations and undermining confidence.

Self-determination is the single most decisive factor in a person's sense of happiness, contentment, well-being and fulfillment as a human being. While we are all limited to some extent by the cultural and economic climate in which our life events unfold, nevertheless, we have and take for granted these basic self-defining options. People who live in institutions can never take these freedoms for granted. People with disabilities, no less than any other person, need and want

more choices in their lives – choices not offered by institutions and services that define possibilities within very narrow bounds, limiting aspirations and undermining confidence.

Likewise, workers who labour in institutional settings are limited and dehumanized by those very same settings. In many institutions, workers are discouraged from simply developing a caring, mutual human relationship with residents, but instead are expected to maintain professional distance while directing residents towards measurable goals or behaviour changes. This objectification of people with disabilities is mutually dehumanizing. Workers who find institutional and bureaucratic policies overly restrictive and unnatural are often the most enthusiastic supporters of individualized funding and team support planning. Self-determination for them involves the freedom to simply *be* with a person, focusing upon human relationship rather than behavioural change.

Community Participation

Discrimination is a reality. Community acceptance of and support for the vision of daily life that includes people with intellectual and/or physical disabilities everywhere all the time cannot be taken for granted. The challenge of securing the "buy-in" of friends, neighbours, professionals, educators and others to this vision is not a foregone success. When some community members are not protected – when some are excluded or shunned on the basis of characteristics that make them different from the mainstream – the community fails in its responsibility to be the 'first line of protection' for its vulnerable citizens.

With adequate community education and preparation, discriminatory attitudes and behaviours begin to give way to more positive, accepting, caring and supportive communities.

However, experience in many communities has shown that knowledge about and exposure to people with disabilities breaks down attitudinal barriers and encourages development of genuine relationships. With adequate community education and preparation, participants attested that, in their experience, discriminatory attitudes and behaviours begin to give way to more positive, accepting, caring and supportive communities that fulfill their protective and supportive responsibility toward all members.

Many stakeholders will need to be trained and educated towards acceptance of and buy-in to the paradigm shift: parents, employers, caregivers, agency staff and management, social workers, government workers and the community at large. Without a major investment of thoughtful effort, time and dollars, stigma, discrimination and habitual patterns of thinking will persist and undermine chances of success.

Individual Orientation

Within a human rights framework, support for people with disabilities is not tied to buildings or agencies, but to individual people who need support in order to live their daily lives within the community. Services, buildings and agencies that intend to continue to provide support for people with disabilities may have to make major organizational, structural, cultural, programme and policy changes in order to be viable or competitive in a market in which the consumer has the dollars and can choose where and from whom s/he purchases needed services.

While this may appear to work to the disadvantage of consumers living in remote or under-served communities where the population cannot support a large, competitive service infrastructure, it could also work to consumers' advantage, in that they can legitimately demand accessible housing and facilities in their local communities. They can hire 'non-professionals' to meet their daily needs and support them in the pursuit of their interests. Local people with needed talents, orientation and skills can hire themselves out on a fee-for-service basis or be part of a consumer-oriented service brokerage system.

Reciprocal Accountability

Discussions of management support and accountability for expenditures provoked much thought and discussion. However, participants agreed that, when the baseline is the human rights of the individual requiring support, accountability issues are placed in an entirely new frame of reference, i.e., agencies are accountable to the individual for providing acceptable services.

Participants agreed that it is a relatively straightforward matter to establish guidelines and reporting protocols for persons receiving individualized funds. Similarly, agencies and individuals seeking to provide paid supports in a free marketplace are de facto in a position of accountability vis-à-vis the consumers of such services. Individuals receiving support should be no more or less accountable to the funder than agencies are under the present system.

Valid labour and management interests must be addressed. However, these interests must not be secured at the cost of the freedom and self-determination of persons with disabilities.

Perhaps most important and complex is a fundamental issue of accountability – one that is less financial and more philosophical in nature – arising from the broader question of who in society is responsible and accountable to persons with disabilities whose citizenship rights have been undermined in the past.

Competing Interests?

Symposium discussions identified potential sources of friction between advocates of the new person-centred vision and players in the current service system, on both labour and management sides. Notable

within this context, however, was a genuine commitment on all sides to seek co-operative, collaborative solutions that address the legitimate concerns of all stakeholders. Valid labour interests of wage levels, working conditions and job security, as well as management interests in maintaining the stable income upon which their economic viability depends, must be addressed. However, parties unanimously agreed that these interests must not be secured at the cost of the freedom and self-determination of persons with disabilities. Wages and benefits offered by individuals must be on a par with those previously determined through collective bargaining. The key is *adequate funding* for people with disabilities to hire individuals and/or agency services at a rate of pay that is fair and respectful of their personal skills and attributes.

As one symposium speaker emphasized, both the disability rights movement and the labour movement stem from the same Universal Declaration of Human Rights.

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Symposium Outcomes

By facing squarely the potential pitfalls and challenges of moving to a province-wide individualized funding approach, symposium participants developed a shared vision of the future and a clearer sense of the *strengths* they have upon which to build this vision.

- *Focus* – An individualized approach ensures that funding for disability supports is appropriate, flexible and portable – supporting each person's human rights and his/her entitlement to growth and development in inclusive communities, with real choices, natural friendships, support networks and the freedom to live where and with whom s/he chooses.
- *Solidarity* – Human rights are indivisible. The rights of support workers to fair and equitable employment conditions are neither more fundamental nor secondary to the rights of persons with disabilities to live with dignity, freedom and autonomy.
- *Enthusiasm* – In communities across the country, pilot projects have demonstrated the many benefits of an individualized funding approach. People involved at every level of these projects – families, support workers, community leaders, agency management, government representatives, and others – are excited about the growth and discoveries coming from these successful projects and are looking forward to the opportunity to participate in making the shift here in Ontario.
- *Commitment and Resolve* – A groundswell of support is building in Ontario for a concerted move toward individualized funding. Symposium participants and the broader community of coalition members and partners are committed to seeing this new process operationalized on a province-wide scale and are resolved to work hand-in-hand with government as it proceeds with detailed questions of eligibility, reporting and audit mechanisms.
- *Confidence* – Over the three days of the symposium, participants tackled tough issues and worked through to positions of clarity and solidarity. They are confident that with collaborative transitional planning, the prospects are excellent for creating a province that truly respects the human rights of its most vulnerable citizens.
- *Readiness* – Participants are clear in their conviction that further studies and pilots are unnecessary. They know that there is a great deal of work to be done in transitional adjustments and community development. They are eager to get on with that work, in partnership with government and local service providers.

Conclusion: Transition and Transformation

Thorough testing and analysis of individualized funding has been completed. The individualized approach is not only viable, but also economically sound and politically desirable. What is required now is a transitional strategy – the implementation of a coordinated and comprehensive process for moving ahead to individualized funding of disability-related supports.

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Transitional issues will require careful attention. Between a situation of institutional/agency-controlled or "supply-side" funding – and individualized or "demand-side" funding, a bridge must be carefully built. In order to provide safety and equity for vulnerable people, controls and safeguards must be implemented. In order to provide a smooth transition for

staff and agency management, clarity and strategic thinking will be required. In order to provide inclusion for all, principles of fairness and equity must be widely understood and embraced by every participant in the transition process.

Coalition members and partners have already begun to mobilize support in their home communities. Others are researching models used in other provinces and jurisdictions, engaging local service providers in the assessment of their current practices, developing innovative labour relations models, forging liaisons with civil service employees, and strengthening their own organizational and communications strategies. Coalition members eagerly await a green light from government to permit transition to go full steam ahead. While government has given indications of willingness to consider change, there has as yet been no definitive, tangible commitment of political will and direction.

A commitment to equitable support for individuals with disabilities requires fundamental changes in the way government resources are allocated and in the way human energy is deployed. Resources need to be invested at the front end of the process in order to assist local communities, families and other stakeholders to grasp the fundamental concepts of individualized

funding, to learn its new strategies and methods, to understand its full benefits and potential and to

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buy in to the considerable effort needed to change public attitudes. Policies, funding channels and mechanisms need to be deeply re-designed and re-crafted to reflect our new understanding of the benefits of demand-side funding, not only for people with disabilities, but for society as a whole.

Transformation of society is the ultimate goal – transformation of the way people with disabilities are seen and understood, supported and included as full citizens and valued members of society.

In 1982, the government of Ontario launched this new vision with the introduction of the

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Special Services at Home program. This successful initiative has been the catalyst for mobilizing communities that are now positioned for a full commitment to individualized funding for all people with intellectual and other disabilities. Ontario is ready to build upon a well-established tradition of introducing new, creative and innovative ways of efficiently providing for the needs of people with disabilities. Proceeding with transitional planning towards fully implemented systems of individualized funding provides us with the opportunity to do so.

Appendices

What is Individualized Funding?

Individualized funding refers to any system in which dollars are provided to disabled consumers for the direct purchase of needed personal supports. These include a range of disability-related goods and services, such as technical aids and equipment, attendant care, homemaker assistance and respite services.

Establishing eligibility for payment is generally a non-medical process involving an interview. As an example, the highly successful Direct Funding Program for people with physical disabilities in Ontario employs no formal functional assessments of physical capacity – instead placing the individual applicant and his or her articulation of needs at the centre of a thorough process of peer review.

Appropriate payment is allocated for each component of established need, including social, recreational and occupational needs as well as physical supports, and a total amount determined. The individual, with the input of his/her personal support team when appropriate, then purchases the required equipment and/or personal supports according to his or her own preferences.

No two consumers will ever have exactly the same profile. Thus, levels of support are determined on an individualized basis. By definition, individualized funding requires differential – as distinct from discriminatory – treatment. As we have learned through the Supreme Court's Charter interpretations, as well as from Human Rights Boards of Inquiry, treating people the same when they *should* be treated differently in order to be equal, is in itself discriminatory. Individualized funding seeks to achieve an equitable result through personalized arrangements that respond directly to the differences inherent in each individual's unique circumstances.^{4[4]}

The central elements of any individualized funding arrangements are:

- **Individualized** – tailored to the individual needs of a person with a disability, at a particular time of his or her life.
- **Direct** – funding flows directly to the individual or his/her designate, rather than flowing through an agency or institution. The spending of the support money is directed by the individual, not by the agency or support person. The individual may choose to have the funds paid directly to a transfer agency of his/her choice, but is free to change that arrangement if and when it no longer meets his/her needs.
- **Flexible** – funding adapts to changing needs of the individual.
- **Portable** – persons with disabilities may live, work and play where they choose. Funding is not tied to a specific residential facility, employment program, etc.
- **Adequate** – people with disabilities receive sufficient funds to purchase the supports that they need at a fair wage level or market price.
- **Guaranteed** – funding is non-discretionary and secure.
- **Accountable** – people who provide support are accountable to the person they support; people who receive funding are accountable to the funder.
- **Available** – support workers and/or services are drawn and cultivated from the labour pool of local communities.
- **Responsive** – support workers adapt or modify their support as directed by the individual receiving support.

^{4[4]} Torjman, S. *Dollars for Services: aka Individualized Funding*, Caledon Institute of Social Policy, November, 1996, available at <http://www.caledoninst.org/full68.htm>

Benefits of Individualized Funding

In *Dollars for Services: aka Individualized Funding*, Torjman describes some of the benefits of individualized funding as follows:

Individualized funding - the provision of dollars to allow people to buy goods and services - is one way to narrow the gap between the need for and supply of personal supports. By virtue of the fact that individuals are given purchasing power through the provision of direct dollars, they effectively create a demand for disability-related goods and services that can be met, in theory, through a market-based delivery system....

Traditional services are frequently unresponsive to individual needs. In addition to being unable to select their own services, consumers typically have little say in how these are provided. Services are often delivered at the wrong time, in the wrong place and by persons over which consumers have little control. One serious problem is the restriction on where certain supports may be made available. ...[S]ervices are required in schools, training programs, workplaces and recreation facilities. A person may need assistance at a place of work or at an educational institution rather than solely at his or her residence. ...

Individualized funding allows consumers to choose the services that best suit their needs and to determine when and where these are delivered.

Most consumers of personal supports are afraid to complain about a service that may not be appropriate. They fear personal reprisal or losing the assistance altogether. Individualized funding, however, effectively makes the individual not only the direct purchaser of goods and services but also the actual employer of the service provider. That position allows the individual to set out the terms under which the service is to be delivered and to change or terminate the contractual agreement if necessary. In fact, some recipients of individualized funding have been able to apply these employer skills more broadly and, in some cases, have set up their own business as a form of employment.

Other benefits of an individualized approach include:

- Social services become more responsive, more accountable and more efficient;
- Individuals gain both social and economic flexibility;
- Funds are allocated to actual personal requirements, not overhead and physical plant expenses, thereby avoiding waste of public funds;
- Jobs are created in communities of all sizes;
- Costly institutional placements are reduced or eliminated altogether;
- Individuals are enabled to live their lives in a way that is consistent with principles of self-determination, autonomy and human rights.

• **Questions and Answers about Individualized Funding**

Q: How can a person with an intellectual disability be an employer?

A: There are as many answers to this question as there are variations in individual situations. Some strategies include: supported decision-making; friendship circles; an ideal of interdependence rather than independence; having a plan in place that is sufficiently flexible that it works in situations that can't be predicted, yet reliably draws upon explicit values and principles.

Q: What happens if someone squanders the money?

A: In jurisdictions where mechanisms have been put in place to detect fraudulent or irresponsible use of funds, such occurrences have been found to be negligible. This is likely because no single person in a broad-based support circle has the authority to act alone.

Q: Do the other building blocks, i.e., a person-centred plan, personal support networks, management supports and community development have to be in place *before* an individual can receive individualized funding?

A: No. A person should receive individualized funding even if s/he is still living in an institution or in a supported care home. Some people might choose not to make drastic or radical changes in their living situation. Working towards community integration may be a short- or a long-term goal, or not a goal at all, depending upon the individual's personal desires, family circumstances and other related factors. Nevertheless, dollars directed towards the individual should be his or hers to disperse as s/he sees fit.

Q: So much depends on the "support circle". What happens if a circle does not happen naturally, or if it breaks down once established? Is there an official in charge to watch out for the well-being of the person?

A: Clearly, a values-based transitional person-centred plan must be in place before community integration will have a chance of success. The transition period must be long enough to ensure stability and the transition process must involve people with some track record demonstrating personal integrity, fairness and commitment.

Q: What about the individual who is self-destructive, anti-social, angry or rebellious? How will a support team manage maladaptive behaviours? What will make volunteers stay with the team in the face of hostility?

A: The answers in every case will be different, depending upon the individual's needs, goals and desires. Often, self-destructive or maladaptive behaviours will disappear when real choices and control are placed in the hands of the individual. If the desire of the team to help the person realize his/her goals and dreams is unquestionably sincere, ways can be found to deal with maladaptive behaviour with the full co-operation of the individual – ways that are respectful of his or her dignity and rights. He/she may have his/her own ideas of what would work under various circumstances.