

Awakening the latent
entrepreneur or fulfilling
society's responsibility:
individualisation of
funding for support
services for people with
disability

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Abstract

The push towards the individualisation of funding for support services for people with disability has been seen by many governments and disability rights advocacy groups as the obvious next step in recognition of rights for people with disability. Such individualisation, however, may be indicative of neoliberal changes to popular conceptions of the welfare state in general.

This thesis explores different groups' understanding of, and reasons for supporting, such policies. Such an exploration is based on a view that such support would necessitate a different understanding of the social model of disability, which has formed the basis for the disability rights movements and disability support service provision. Respondents from government agencies and disability advocacy groups, as well as people with disability, were interviewed. An analysis of the discursive elements they employed in discussing their views of the policy was then undertaken, aimed at uncovering contemporary understandings of the social model of disability and the issues surrounding individualisation of funding.

Through such an analysis, it was found that the majority of respondents presented a mixed understanding of the issues explored, albeit one that leans to side of social-democratic principles and social responsibility. Further analysis lead to a characterisation of the idea as a complex configuration of different systems of thought influencing stakeholders' views.

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Introduction

State provision of care services for people with disability has, in most post-war welfare states, taken the form of direct service provision (Harris 1999: 917). Over the past two decades, however, there has been a gradual shift in Australia, and in many other such welfare states, away from this model (Laragy 2002: 263-264). More recent models focus on providing individuals with disability with a budget or pool of funding out of which they are able to make decisions about, and even purchase, their own services (Scourfield 2007: 107-109; Fisher et al. 2007: 23).

Such policies have been adopted in different ways, and under different names, in different jurisdictions, for examples 'Direct Payments' and 'self-directed support' in the UK (City of Edinburgh Council 2007: 2) and 'Person Centred budgets' in The Netherlands (Paulus et al. 2003: 285). Although they have been adopted most widely and promoted most heavily in the United Kingdom, the underlying change of providing the individual in need with control over the services they receive has had a significant impact on Australian policy in the past two decades (Fisher 2009). Currently, almost all Australian States and Territories provide some sort of individualised funding or self-management option for people with disability and in 2004-2005 18% of service users in Australia reported receiving such services through 'individualised funding' (Fisher et al. 2007: 4). It is important to note, however, that most Australian models are considered less 'individualised' or 'direct' than those in the UK due to the requirement in most such models that an intermediary - usually a service provider – mediate receipt of payments and/or help with administration, rather than providing funding directly to the service user (Fisher et al. 2007: 22; Laragy 2002: 264).

As noted by Fisher (2009) in a recent review, there is very little research about the experience and effects of individualised funding published in and/or about Australia. Although research regarding particular individualised funding programs does exist (see Fisher 2009), the majority of such research is

focused on the practical implementation of specific programs rather than the wider implications of such a policy shift. In contrast, the research discussed in this thesis focuses on the way various stakeholders in Australia relate to this shift – focusing on the broader themes of disability rights and their relationship to welfare services in general.

Several theorists studying individualised funding in the UK have identified almost unanimous support for the shift among all major stakeholders: disability rights advocates, government agencies and people with disability receiving services (Morris 1997: 54-55; Spandler 2004: 192). The views presented in a recent Commonwealth government strategy consultation report suggest that such support is prevalent in Australia as well (National People with Disabilities and Carer Council 2009). Supporters argue that individualised funding provides users with control over the support they receive and helps meet their needs more completely (Morris 1997: 54-55; Priestley et al. 2007: 1190; Spandler 2004: 189-192). At the same time, theorists like Newman (2008: 549) and Ferguson (2007: 389) see such changes as privatisation of welfare services and a transfer of risk from government onto the individual – shifts based on what Larner (2000: 7) argues are fundamental neoliberal values. These competing explanations for the individualisation of services, one which argues that it is based on social-democratic principles, and one which argues that it embodies neoliberal values, warrant further examination. Such an examination will be the focus of this thesis.

Following Dean (1999: 35-38), and subsequently Foucault, I will conduct an ‘analytics of government’ – investigating and problematising current popular concepts in disability services and attempting to diminish the ways in which their progressive nature can be taken for granted and seen as inherently emancipatory. As Dean (1999: 35-38) explains, the importance of conducting an analytics of government is not for the immediate purpose of formulating and suggesting a future ‘beyond government’ or even how to minimise domination in society. It is also, as he points out (Dean, 1999,

p.36), not an entirely “value-neutral social science”. Following Weber (1972:152 in Dean, 1999, p.36), Dean argues that it presents a critique in the service of “Moral forces”, aiming to expose the ways in which forms of government and self-government are contingent, as well as the apparent and not-so-apparent dangers in this (and any) political project. The ultimate purpose of such an analysis, Dean (1999: 36) argues, is enabling a robust and realistic debate about the best methods of reaching personal and social goals.

The purpose of analysing the development and change in government and self-government of people with disability, therefore, is not to strip away government rhetoric from ultimate truth. Rather, it is an attempt to pick apart and dissect the different aspects of such forms of government in order to more clearly see how they work and how they can affect the lives of people with disability and the wider community.

Chapter 1 will discuss the history and theory of disability in developed welfare states in general and in Australia in particular. The chapter will also include an outline of the different models of thinking about disability and the effect that they have had on support services for people with disability. The chapter will also include a more detailed outline of the idea of ‘individualisation of funding’, its different incarnations and its relation to different models of disability discussed in the chapter.

In **chapter 2** I will explore the literature regarding the development of disability policy and its relation to welfare policy in general, both internationally and in the Australian context. From this literature it emerges that at the same time that calls for rights-based disability policy were intensifying, popular dissatisfaction with ‘heavy handed’ and ‘inflexible’ provision of welfare services that does not recognise the needs of the individual was leading to new concepts and language regarding welfare (Harris 1999: 190). A focus on personal choice and the preferences of the individual over equity and universality have lead some theorists to argue that ‘Neoliberalism’ has coopted the rights discourse

promoted by movements fighting for recognition of their different needs and rights, including the disability rights movement (Scourfield 2007: 108; Harris 1999: 928). Based on this, it seems that a major reason for the widespread support for individualised funding is a co-option of the discourse of disability by neoliberal thought, promoted by governments eager to minimise government responsibility and risk.

Through interviews (see **chapter 3**) with respondents from 3 separate, yet related stakeholder groups (representatives of government agencies, representatives of disability advocacy groups and people living with disability), I will present a critical exploration of the language and concepts used by stakeholders to discuss individualised funding and disability rights.

An analysis of these interviews in **chapter 4** suggests that the assumption of neoliberal discursive cooption is too simplistic an explanation for the widespread support for stakeholders for this policy: A similarly social-democratic attitude to disability rights and disability policy is evident across the different respondent groups. This attitude, however, was not unanimous and complete, and elements of a neoliberal attitude were present in many responses, pointing to a more complex set of discursive influences and motivations.

In **chapter 5** I explore several theoretical frameworks that could help explain the changes occurring in disability policy and disability rights in a more nuanced way. Importantly, it emerged that support for the individualisation of funding is not related to one system or even set of systems of thought, and is instead the product of clashing systems, and elements of systems that come together in a mixed way to affect the views of stakeholders. The majority of stakeholders exhibited stronger social democratic influences, yet neo-liberal elements were apparent among many respondents.

1. Context: Disability Models and Disability Support Services

Many theorists agree that recognition of the rights people with disability has progressed in the last 35-40 years, especially in Anglophone welfare states like the United Kingdom, United States and Australia (see Barnes 2007:204 for a discussion of such developments in international and British contexts and Humpage 2007:217-218 for a discussion of these issues in the Australian context). Since the 1970s, people with disabilities have also been gaining awareness of their position in society and making claims for rights to equal treatment and truly equal opportunities (Barnes 2007: 205-207). As will be discussed in the following sections, major developments in disability services have been affected by changes in conceptions of people with disability and their part in society.

In the following chapter, I will outline the major changes that have occurred in disability service policy, especially in the past 40 years in developed welfare states, and particularly in the Australian context. This will be presented as part of a discussion on the bases for, and effects of, the different models of thinking about disability that have guided disability policy in these years and their relation to different models of disability support service provision. In addition to this, I will discuss the idea of 'individualisation of services', its relation to the previously discussed models and shifts, and different policies based on the idea.

Early models of disability and support services

According to Clapton and Fitzgerald (1997: 1), the religious model of disability formed the basis for the treatment and consideration of people with disability in most 'Western Judeo-Christian societies' in pre-modern times. According to this model, people with disability were either seen as representatives of sin and branded 'unholy' or reflections of 'suffering Christ' and held up as 'angelic', the root cause of their situation was invariably seen as divine. Support, when provided, was given generally by religious

communities, as acts of mercy and “Christian duty to needy strangers” based on charity (Clapton and Fitzgerald 1997: 1).

Humpage (2007: 217) notes that this model was displaced in most developed ‘western’ countries during the enlightenment period with a medical model focused on the treatment of the individual’s disability through scientific, medical means. Crow (1996: 57) defines the medical model of disability as viewing the person’s functional limitations as the root cause of any disadvantage they experience, assuming that the disability can only be cured or rectified through treatment of the impairment. Clapton and Fitzgerald (1997: 2) characterise the medical model as seeing disability as a “power-neutral, objectively observable attribute or characteristic of an ‘afflicted’ person.”

Based on such a model, according to Oliver (2004: 7), services for people with disability were focused on treatment in the medical paradigm, with intent to ‘cure’ the impairment through the objectification and control of the body, the ideals of western medical thinking. Around the world, large institutions were developed to house people with disability in a medical setting, with the goal of using expert scientific knowledge to correct their bodily impairment (Humpage 2007:218; see Yeatman 2009:27-28 for a discussion of institutions in Australia).

The Social model

A rejection of the medical model and its control developed through intellectual and disability rights movements in the 1960s and 1970s, mainly in the UK and the USA. Shakespeare (1993: 250) notes that this movement came to claim the intellectual independence and civic autonomy of people with disability, and to fight for the equalisation of status of people with disability to those without disability.

Some theorists, for example Shakespeare (1993: 259) and Yeatman (2009: 26), have also closely associated the claims of what came to be seen as the disability rights movement with the post-

materialist claims of 'New Social Movements' that developed in the 1960s and 1970s, such as the 2nd wave feminist movement, the environmental movement and the gay rights movement, all focused on recognition and respect of difference rather than specifically material redistribution.

Hunt (1966: 146) provided an early articulation of this rejection of the medical model, arguing that "the problem of the disability lies not only in the impairment of function and its effects on us individually, but also, more importantly, in the area of our relationship with 'normal' people." Hunt's view was instrumental in the development of the social model of disability as the theoretical and political framework for such claims in the 1970s and 1980s (Barnes 2007: 204-205). The model criticised the medical model, arguing that disability is caused by social forces and a lack of recognition of the needs of people with disability (Oliver 2004: 7; Barnes 2007: 204-205). Shakespeare (1993: 252) argues that, subsequently, society has a responsibility to correct the situation in order to enable people with disability to participate equally. The fundamental principles of the social model of disability were articulated by the UK Union of the Physically Impaired Against Segregation in 1976 in its definition of the term 'disability': "...the disadvantage of restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (UPIAS 1976: 4). 'Disability' was positioned as distinct from what they termed 'impairment': "lacking part of a limb, or having a defective limb, or mechanism of the body" (UPIAS 1976: 3).

In the 1980s and 1990s, the social model of disability came to be, at least in principle, the basis for disability policy in many developed welfare states, including Australia (Humpage 2007: 218). It's ascendancy can be seen in the preamble to the United Nations 'Standard Rules on the Equalization of Opportunities for Persons with Disabilities', adopted in 1993: "The term 'handicap' means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It

describes the encounter between the person with a disability and the environment.” (United Nations General Assembly 1993:18)¹. Humpage (2007: 218) notes that the 1994 Australian Commonwealth Disability Strategy was developed based on similar principles. Barnes (2007: 208) and Mansell (2006: 2) have also cited similar policies developed on this basis in the UK and United States.

Mansell (2006: 2-3) argues that one of the most significant changes emanating from this conception of disability was the strong process of removal of people with disability from the large medical institutions and their placement in small scale housing in the community. This, Barnes (2007: 206-207) argues, was aimed at ending the ‘segregation’ of people with disability from people without disability and promoting the ability of people with disability to participate in the community. In a review of the state of the process of deinstitutionalisation around the world, Mansell (2006: 2-3) states that, as of 2006, this process is well underway in most developed countries, and has been completed in several. Provision systems for support services for people with disability in recent times in Australia have focused on personalisation, case-management and community living, though final decisions regarding service provider and type of service provided are still in the hands of official administrators (Laragy 2002: 263).

Individualisation of funding

Individualisation of funding for disability support services is seen by supporters and some theorists as directly emanating from the social model of disability (and the disability rights movement surrounding it), and as better addressing the needs and preferences of people with disability than direct service provision (Morris 1997: 56-57; Pearson 2000: 461). ‘Individualisation of funding’² is a term used

¹ The same distinction made in the literature above between the terms ‘disability’ and ‘impairment’, is made in this document between the terms ‘handicap’ and ‘disability’. Due to the fact that the bulk of the literature discussing the social model of disability follows the former distinction, I will do so as well.

² It is important to note that I have used the term ‘individualisation of funding’ widely in this thesis because I found it to be the most descriptive and representative of the overall theme. As discussed in this thesis, because I found it to be the most descriptive and representative of the overall theme, I have used it consistently throughout. As discussed in the introduction, such different jurisdictions are likely to use different terminology to describe similar policies or incarnations of such policies.

to denote a change in the methods of provision of support services for people with disability. A person with disability receiving individualised funding would have their needs assessed by a representative of a government agency, and then be provided with access to the funding that government can provide to meet their support needs. The individual would then be able to choose the service provider and/or services they need and prefer (Priestley et al. 2007: 1190; Laragy 2002: 264).

Many different jurisdictions around the world provide different levels of individualisation of funding. These range from *Direct Payments*³ in the UK, which provides users with direct transfer payments equal to the value of their needs as assessed, with which they can negotiate and purchase the support services from any service provider, to the *Attendant Care Program* in New South Wales (Australia) which provides the individual with a choice of several licensed service providers, yet provides the funding directly to the service provider rather than the user (For an overview of different methods of individualised funding in Australia see Laragy 2002: 264; For an overview of the NSW Attendant Care Program see DADHC 2009; For an overview of Direct Payments in the UK see Priestley et al. 2007: 1190). Other programs around Australia noted as also providing individualised funding options include the Western Australian '*Local Area Coordination*' program, through which service users' individual needs are assessed and service plans are designed cooperatively with the service user (Disability Services Commission (Western Australia) 2009) and '*Direct Payments*' in Victoria, in which individuals may control the funding allotted for their support package through a financial intermediary (Dimitriadis et al. 2007: 2).

As Scourfield (2007: 109) notes, a major way in which individualised funding is viewed as emanating from the social model of disability, is in its focus on what are seen as 'democratic' principles in service

³ Much of the literature on which I base this research is from the UK due to the abundance of literature exploring the issue of individualised funding and its relation to welfare services in general in the British context. As mentioned in the introduction, Fisher (2009) claims that such research is scarce in Australia.

planning and in integration into the community of people who had been previously removed from it. Morris (1997: 59) adds that individualised funding follows the social model of disability closely in its goal of redistributing power away from bureaucratic organisations and towards clients. As will be discussed in greater detail in the next chapter, many supporters of individualisation of funding argue that non-individualised methods of funding for provision, although an improvement on institutional living and the strict medical model, are still paternalistic and undemocratic (see Pearson 2000: 461; Spandler 2004: 192).

In the next chapters I will discuss what some theorists regard as a relation of individualised funding to neoliberal thought and a shift in the conception of the social model of disability. I will outline the framework that will form a possible explanation for the widespread support that the individualisation of payments receives from progressive circles and explore its possibilities and assumptions.

2. Theory

Among many organisations representing people with disabilities around the world, the move towards individualised funding for support services in several developed countries has not only been welcomed warmly, but has also been seen as a major goal of organized action for many years (For an example of right-based academic support see Morris 1997:58; For discussions of support in Australia see Jenkinson 2007; For support in the UK see Stainton and Boyce 2004:443-444). As discussed in the previous chapter, this policy direction is seen by many as a development of the decades-long struggle for greater independence for people with disability based on the social model of disability (Morris 1997: 56-57; Pearson 2000: 461). However, while many stakeholders have welcomed the shift, some scholars exploring the restructuring of welfare states have argued that it can also be seen as the privatisation of welfare services and as indicative of a broader shift in popular conceptions of citizenship and individual rights (e.g. Scourfield 2007: 108; Pearson 2000: 459-460; Spandler 2004: 196).

In this chapter I will discuss the theoretical frameworks which inform the debates regarding the different elements of my exploration of this widespread support, and the relationships between those elements. I will relate the previous chapter's discussion of the social model of disability and its relation to individualisation of funding to wider debates regarding welfare policy, and I will discuss theories of the relationship between conceptions of disability rights and resistance towards traditional, 'paternalistic' methods of support provision.

In order to enable a deeper exploration of this rejection, I will discuss the relationship of such ideas to neoliberalism and the discursive frameworks supporting individualisation. This will be done internationally, with a particular focus on the Australian context. At the end of the chapter I will discuss the framework that I have developed to more closely explore this issue.

The social model of disability and disability rights

The social model of disability, based on ideas of personal and social emancipation developed in the 1970s and articulated explicitly in the early 1980s (Barnes 2007: 205; Oliver 2004: 7), locates the problem of disability within the realm of social relations rather than within the individual (French 1993: 17). The model makes a distinction between the *'impairment'*, the physical problem faced by the individual, and the *'disability'* – the social factors blocking a person's full integration into society and maintaining their dependence (Galvin 2004; C. Barnes 1998: 65). The social model of disability was developed as a challenge to the medical model of disability that was, up until the 1970s accepted as the 'common sense' model for understanding the experience of disability (Crow 1996: 57). As Crow explains, the medical model viewed the physical impairment of the individual as the root cause of all challenges and disadvantages faced by the individual with a disability. This understanding placed the issue of disability squarely in the realm of medical knowledge and practice, assuming that the only rectification for such disadvantage could come from treatment of the impairment.

Shakespeare (1993: 252) suggests that this shift led to a greater focus on the responsibility of government and society towards people with disability. The social model of disability, especially in relation to the provision of support services, can thus be seen as being underpinned by social-democratic principles⁴, focusing on the responsibility of society towards the individual – a conception of justice through redistribution of material and social resources aimed at promoting the well-being of those who would otherwise have difficulty ensuring this on their own (Drake 2001: 25).

Seen through the lens of the social model of disability, many theorists view individualisation of funding as tackling the true sources of disadvantage in the experience of disability (Morris 1997: 54;

⁴ The term 'social-democratic' is widely used in research of welfare states in different ways. In this research I do not use it in the same way that Esping Andersen (1990: 27-28) does - referring to the regime of welfare state characteristic of post-war Scandinavian states. Instead, I use the term to denote principles of social responsibility and material redistribution, based on a basic definition of the concept of 'social democracy' in Drake 2001:25.

Barnes 2007: 211). This is done by providing people with a disability with the resources to ensure their ability to perform activities as others do. However, it can also be seen as affording them a position that would allow them a level of individuality and flexibility that most people take for granted; that is, the ability to decide for themselves the activities they will participate in (as enabled through the assistance purchased with individualised funding) and to have control, like any other consumer, over the services they receive. It is this practical flexibility and the social and personal empowerment (equalization of status) that accompanies it that have proven so appealing to people with disability (Jenkinson 2007).

Dependence, welfare services and resistance

Fraser and Gordon (1994) point out the propensity of the term “dependence”, especially in American cultural history, to denote a feminized, weak and ‘deviant’ status. This can be seen, as opposed to the ‘normal’, ‘independent’ identity, as a strong spur for the creation of the *Independent Living* movement in the United States in the 1970s. Barnes (2007: 209) associates the development and popularization of the social model of disability with the emergence of the *Independent Living* movement aimed at changing the institutional nature of service provision for people with disabilities. Barnes notes two basic assumptions which, he claims, differentiate the independent living movement from other ways of meeting the support needs of people with disabilities:

1. *Human beings, regardless of the nature, complexity and/or severity of [their] impairment, are of equal worth, and have the right to participate in all areas of mainstream community life; and*
2. *Whatever the character and severity of an impairment, individuals should be empowered to make choices and exercise control in their everyday lives*

(Barnes 2007, p.209)

Importantly, Barnes (2007: 209) argues that these ideas are politically-neutral, in that they can appeal to either side of the political fence.

Harris (1999: 918) characterises post-war welfare services in the UK, based very much on the medical model of disability, as valuing 'expert knowledge' over individual experience, and thus subordinating citizens without such knowledge to "bureau-professional regimes". He argues that this created a power imbalance between individuals in need of (and receipt of) support and the medical professionals that provided these services, with the professionals being accountable to the state rather than to the individual. Echoing Fraser and Gordon's (1994: 312) discussion of the concept of dependence as related to "subjection to an external ruling power", Morris (1997: 59) argues that this power imbalance was a central basis for the conception of people with disabilities as 'childlike' and 'dependent'.

Several theorists, most notably Oliver (1990: 118) and Shakespeare (1993: 249, 257), have connected such criticism of 'welfarist' service provision as paternalistic and unrepresentative to post-materialist 'New Social Movements', focused on the recognition of post-materialist 'voice' and 'identity' above material redistribution. Very much based on this framework, Shakespeare (1993: 256) notes that the claims of oppression made by people with disability are "couched in terms of paternalistic support and charity" and associates this with the need for better representation of the 'voices' of service users in service planning and decision-making (Shakespeare 1993: 259). Dean (1999: 153) notes that welfare states' governments' lack of consideration for differences between people and communities in service provision had lead to claims that such governments are unresponsive and unaccountable.

Yeatman (1990: 36) notes the significance of the administrative decision-making to the actual lives of individuals, arguing that this has been overlooked in theories of democracy focusing on the legislative and executive arms of government. She argues that "a great deal of decision-making goes on within the

administration of policies and programs that is undertaken by the staff at all levels of the administrative state” and that the ‘discretionary’ decision-making powers given to these administrators through a delegation of state power have been utilised in an undemocratic way – unrepresentative and unilateral (Yeatman 1990: 39-40). She claims (Yeatman 1990: 36) that the solution promoted by the ‘New Right’ in the UK to such unrepresentativeness in administration is a paring back of the welfare state and responsabilisation of the individual to ensure their own well-being.

The resistance to such forms of control has led to calls by theorists, disability advocates and politicians for what they see as a reconfiguration of the power relations governing the experiences of disability support service users. Spandler (2004: 192), for example, notes the perceived need in the UK for “disabled people [to] wrest control of services away from local authorities and into their own hands.” Theorists like Stainton (2002: 757) called for a transfer of power away from a bureaucracy of medical professionals who provide services to people with a disability based on their understanding of the person’s needs and the abilities of the system. Instead, such theorists supported policies framed around facilitating the individual to decide for themselves exactly the type, level and provider of services they want (Morris 1997: 59; Barnes 2007: 211). Morris (1997: 59) argues that past approaches - embodying popular conceptions - were that people with a disability could not ‘look after themselves’ in the physical sense but also in the intellectual sense. Morris argues, however, that providing people with a disability with the practical ability for self-governance helps establish their status as equal citizens.

Individualised funding and Neoliberalism

Despite this widespread support from many people with disability and theorists, other scholars have provided analyses that problematise this view of the individualisation of funding as a natural progression of human rights (e.g. Spandler 2004: 196-197; Pearson 2000: 459-460). Spandler (2004: 196) has

characterised the equalization of the status of people with a disability to that of all others through enabling their integration into society as consumers as indicative of what Larner (2000: 11) characterised as the attempt to further cement neoliberal principles into the private sphere. This is done by controlling the 'universe of political discourse' in which individuals' identities are constructed (Jensen 1991: 43).

Dean (1999: 149), in his discussion of critiques of the 'paternalistic' welfare state and the expert knowledge used to distribute welfare resources, claims that a central outcome of such critiques is the demand to make the application of such expert knowledge contingent on the choice of the individual receiving the support. Dean argues that such a change reconfigures the services provided as part of the welfare state as markets in services "over which the consumer is sovereign" (Dean 1999: 154).

It is necessary, here, to note Dean's assertion (1999: 149) that advanced liberal forms of government work through the freedom and agency of individuals as well as overt and covert methods of surveillance and 'regulation of agency'. Further, Rose (2006: 41) argues that 'advanced liberal rule'⁵ seeks to govern its citizens "...through their freedom" by reconstructing them as, above all, "seeking to maximize their own well-being" and as "aspiring to self-fulfilment and self-actualisation."

Through this, and following Larner (2000), we come to understand the significance of the framing of empowerment and 'full citizenship' as based on principles of independence, entrepreneurship and risk-taking. Scourfield (2007: 116) argues that the responsibilities (that go along with the rights) transferred onto people with a disability through individualised funding do not amount to a transfer of power, but rather an opportunity to "release...the 'inner manager' or awaken the latent entrepreneur." Through these concepts he highlights that the responsibilities that accompany the rights that individualised

⁵ See Clarke et al (2007: 19) for a discussion of the debate between theorists who choose to use the term 'advanced liberal rule' and those who prefer to use 'neoliberalism'. Here I will generally use the term 'neoliberalism'.

funding affords people with disabilities, revolve around the ideal of self-management. He argues that they have, at their core, a narrow conception of the 'complete citizen' - a conception that sees the individual's managerial skills and entrepreneurial drive as the root of their individuality and values them above all else (Scourfield 2007: 116).

This shift in conceptions of the individual 'complete citizen' and their reported importance to the idea of the individualisation of funding raises significant questions about its compatibility with the social model of disability. As discussed earlier, the traditional concept of the social model of disability is based on social-democratic principles of responsibility of society towards the individual and assistance based on need. The characterisation of individualised funding by theorists like Morris (1997: 56-57) and Pearson (2004: 461) as directly emanating from the social model of disability would, thus, it seems, necessitate a significant shift in conception of the social model of disability.

The perception of the social model of disability as helping to articulate the individuality of people with disability is a shift of focus from equality of opportunity to individualism. It is a shift away from the expression of the ability of the collective to correct the socially disabling conditions it has created, and onto the ability of the individual with disability themselves to correct those problems if given a chance. It is important to clarify that this does not completely change the social model of disability, as the importance of enabling people with disability to better express their individuality, as Brisenden (1998: 21) notes, has been an important part of the social model and of rejections of the medical model of disability. It does, however, represent a shift of focus that would enable proponents of Neoliberalism to use it as an example of the emancipatory nature of individualism.

Neoliberal governmentality

This ideal of a self-managing society is at the heart of the idea of governmentality. Governmentality, as explained by Dean (1999: 19-20), means not simply governing through the exertion of power over a

populace, but viewing members of the populace as “resources to be fostered, to be used and to be optimized” – according to the neoliberal viewpoint, this means fostering independence and self-reliance above social responsibility and community. Governmentality is concerned with the methods by which individuals govern their own conduct and the ways in which different powers affect the principles, based on which individuals will do so (Dean 1999: 18).

One explanation, then, for the practical shift towards individualised funding (and away from state provision of services) is a re-envisioning of the concept of citizenship: reframing the citizen as an independent, entrepreneurial and self-interested agent able to make autonomous choices in relation to all of the factors that affect their life.

Central to this reconstruction of the idea of the ‘active citizen’ is the marketisation of many aspects of life that would previously have been considered outside of the realm of the market. Larner (2000: 11) notes that this is done through the embedding of market principles, such as strict cost-benefit considerations and commodification of all goods and services, in all aspects of human interaction. Larner argues that agencies providing welfare services in such an atmosphere are not managed directly from above, but through ‘objective’ technologies of management such as budget disciplines and audits.

Barbara Cruikshank (1993) takes this further in her analysis of public programs in California based on principles of self-esteem, arguing that they are indicative of the neo-liberal attitude to negative social trends. She argues that neo-liberal solutions to such problems as poverty, unemployment and child abuse are based not on improving socio-structural factors in the lives of the people affected by them, but on individual aspects of their personalities and attitudes. It could be argued that the language of empowerment and responsibility (Scourfield 2007) that is so central to the promotion and adoption of individualised funding is an example of the instilling of such ideas in the public consciousness – the idea

that people who do not take complete responsibility for their own care (and the risks that come with it) are not as empowered or 'equal' as those who do.

This shift can be seen in Australia as well, through Dean's (1995: 567) review of the changes to the income support system in the mid 1990s. Dean argues that the shift towards promoting 'activity' and 'participation' above 'income maintenance' can show how policies aimed at alleviating poverty and ensuring needs are met can be "practices of self formation...that seek to define the proper and legitimate orientation and conduct of those who claim support" (Dean 1995: 567, 577). He notes that such practices propose a division of the population into "those who are capable of managing risk and those whose riskiness requires management" and sees them as "the enterprisation of public benefits" (Dean 1995: 580).

Lemke (2001: 201) and Rose and Miller (1992: 28) argue that the promotion of the 'active citizen' and the marketisation of welfare is leading to a diminishing of the popular commitment to *social responsibility* for those who, for one reason or another, require assistance in order to live fulfilling lives. The results of excluding such individuals from the popular conception of 'complete citizen' are twofold, according to Lemke (Lemke 2001: 201): firstly, it can be seen as encouraging the diminution of social services and government assistance in the name of fostering independence; and secondly, it can be seen as marginalising such groups due to their not fulfilling the criteria for citizenship.

Rose and Miller (1992: 24-25) associate social responsibility and mutualisation of risk with what they term 'welfarism', as seen in the British post-war welfare state. Government attempts to fight negative social trends and improve the life-style and life-chances of all citizens in post-war Britain were done in the name of encouraging national growth and wellbeing (Rose and Miller 1992: 24). However, the practical difficulties of an extremely bureaucratic system, which was in itself a technology of rule through expert knowledge, combined with broader changes in ideas about government intervention

diminished the popularity of welfarism as a whole (Harris 1999: 918). Harris (1999: 918) and Rose (1996: 294) point out the success of Neoliberalism in associating material redistribution with inefficient mechanisms of government created due to these issues. Rose (1996: 294) also points out the success of Neoliberalism in associating itself with rejection of the technologies of rule through expert knowledge which it associated with welfarism. Ferguson (2007: 389) exemplifies this in his claim that preference for ‘personalisation’ in social services based on a rejection of ‘paternalism’ is wholly congruent with themes of ‘responsibilisation’ and the privatisation of risk.

Neoliberal shifts in Australia

Similar issues have been identified by several theorists in Australian social policy, especially in the practical and discursive shifts of the past 25 years (Beeson and Firth 1998; Shaver 2002; Hartman 2005). These issues paint a picture of a neoliberal shift in conceptions of citizenship that closely parallels that happening in the UK.

Dean’s (1995: 567, 577-581) discussion of the shift towards ‘active citizenry’ in the 1990s is indicative of a wider shift toward a neoliberal political rationality during the government of Paul Keating noted by Beeson and Firth (1998: 224-225, 228-229) and embodied in the ‘Karpin report’ (1995) . Beeson and Firth note that the Karpin report, aimed at providing a “comprehensive blueprint for promoting the agenda of increased international competitiveness, especially at the micro level”, promoted the embedding of ‘enterprising attitudes and values’ among the Australian populace, by ensuring that “the culture of enterprise would be threaded through the entire socialisation process” (Beeson and Firth 1998: 225).

In her analysis of the conception of citizenship associated with the Australian welfare state in the 1990s and 2000s, Shaver (2002: 335) notes that such conceptions focus less on inherent *membership* of a social community and more on participation in it. This distinction echoes the discussion of

Neoliberalism (or “advanced liberalism”) as promoting the ‘responsibilisation’ of the individual through the promotion of self-reliance, self-management and entrepreneurialism (Larner 2000: 11; McDonnell and O’Donovan 2008: 5; Scourfield 2007: 118).

Hartman (2005: 63) notes the change in conceptions of welfare and citizenship in Australia, arguing that changes in the 2000s have shifted the basis for these conceptions from ‘entitlement’ to ‘contract’ between the individual and government. McDonald and Marston (2002: 6-7) exemplify such changes in the establishment of the ‘Job Network’ by the Howard Government in 1998. They argue that requiring the individual to enter into a contractual, quasi-market-based relationship with a non-governmental service provider is a way to instil market principles and values into the individual and to create a more indirect relationship between the individual and the government.

Discourse of individualisation

A telling symptom, as well as an enabling factor, of such change in relation to disability services are the language and associated discursive frameworks that are used to describe ideals and rights associated with people with disabilities. Words and concepts like *empowerment*, *Personalisation and Choice* are at the heart of much of the political and academic discourse regarding recent changes in disability services policies, yet, like the ‘social model of disability’, they are not uncontested concepts.

Rose and Miller (1992: 7-8) argue that language used in political discourse cannot simply be seen as rhetoric. Rather, it should be seen as “a kind of intellectual machinery or apparatus for rendering reality thinkable in such a way that it is amenable to political deliberations.” They argue that Neoliberalism does not represent just the presentation of a claim for a non-interventionist state, but rather a reformulation of the basic political discourse that makes deliberations regarding welfare, economy and society ‘thinkable’ (Rose and Miller 1992: 31).

An example of this is clear in Ferguson's (2007) review of the increasing salience and popularity of the term 'personalisation' in discussion of British welfare service provision. Ferguson (2007: 390) argues that the term has gained popularity due to concerns with paternalism in social work, and it presents hope for services that more closely meet the needs of all recipients. He also points out (2007: 392) that the term has become associated with privatisation of services and that policies focused on personalization of services are seen by some proponents as the logical development of neoliberal policies of insertion of market principles into more areas of government.

Conceptions of individuality and choice

One of the terms that is particularly oft used (and oft contested) in relation to individualisation of funding is 'individuality'. Yeatman (2009: 26, 82) argues that the consumer conception of welfare service users is based on an understanding of "individuality as will" – an emphasis on the agency of the user. Such an understanding, she argues, is the locus of the connection, and the seeming consensus, between the neoliberal promotion of consumer rights and the disability rights movement (among other social service recipient advocacy movements). Yeatman (2009: 78), following Cowden and Singh (2007: 12-13), suggests that this is a method of promoting the concept of an 'enabling state', aimed at aiding private citizens to manage their own affairs rather than embodying "public responsibility", through co-option of the rhetoric of movements fighting for the rights of marginalised segments of society.

Yeatman (2009: 26) contrasts this concept of '*individuality as will*' or "...the freedom of the will to express itself and to be carried out in appropriate action" with '*Individuality as the expression of the self*' or "the choice of the freedom understood as the freedom of the subject to express her [sic] sense of self such as it is articulated, listened to and appropriately regarded within the relationships in which the subject finds herself [sic]."

Following this, a seemingly semantic distinction can be made between two different framings of support for individualised funding and services, which will be important in this research (outlined in the following chapter) to exploring underlying principles in arguments of different stakeholders - that of (1) *entrepreneurial* versus (2) *needs-based* individuality:

- 1) Individualisation of services as supporting the individual's right to actively choose the services they receive based on their own preferences (with the related rejection of coercive government management of services); and
- 2) Individualisation of services as ensuring that the regime of services received by individuals is of sufficient flexibility as to fit the individual needs of the service user.

Several theorists have posited that versions of *entrepreneurial individuality* have been utilised in shifting popular conceptions of social services, and individualised funding in particular. Spandler (2004: 191) and Harris (1999: 921) argued that the Thatcherite 'New Right' in the UK co-opted existing popular dissatisfaction with the way social services were provided and administered. Spandler (2004: 191) claims that professionals in the social services were seen as ignoring individual needs, and consequently individual rights. Harris (1999: 922-924) argues that the New Right used such interest in ensuring the meeting of individual needs and preferences in order to popularise a wider and more fundamental concept of choice. This cooption can also be seen in Dean's (1999: 36-37) assertion that the concept of 'empowerment' can be used by proponents of many directions of political action owing to its strong emancipatory connotations.

Conclusion

The above theories of disability rights, individualisation, neoliberalism and governmentality are aimed at providing both background to and a theoretical framework for my exploration in this study. It is

evident that there is an abundance of literature to support the idea that government support for individualisation of support services funding for people with disability is emblematic of a neoliberal governmental project (though not necessarily a formulated project) aimed at reconfiguring a conception of the person-citizen-consumer.

Much of the above literature suggests that the widespread support among different stakeholders for the shift in disability support service provision towards individualisation of funding and services indicates that such a project is strongly effective – that the co-option of the rights discourse of the disability rights movement by advocates of neoliberal individualisation and consumer rights is well under way.

In the next chapter I will outline and discuss the methodology I have used to examine this issue further, including both practical and theoretical issues which have affected my ability to provide an analysis that is both valid and reliable. The chapter will include an overview of issues surrounding the interviews conducted – the different respondent groups, recruitment of participants, the interview guides, and the ethical issues that needed to be addressed in order to conduct this research. I will also discuss the framework used to analyse the data, as well as the scope and limitations of this research, in order to better demarcate the subject of the research.

3. Methodology

Introduction

Based on the issues raised in the previous chapter, it seems that individualisation of funding enjoys widespread support from different stakeholders and theorists. It is also evident that some theorists have serious concerns regarding the reasons for such support and the meaning behind these reasons. Due to this, it was important to analyse the reasons for such support among stakeholders of these policies.

Much of the literature regarding this issue suggested that the support is indicative of a fundamental change (or a process of change) in the popular understanding of the rights of welfare recipients and the responsibility of government and society towards the individual. It is thus possible that such a change is associated with a spread of the neoliberal conception of the 'complete' individual as active, entrepreneurial and individualistic (as discussed in Larner 2000: 15; Rose 1996: 34).

Dean's (1999: 19-20) interpretation of Foucault's concept of governmentality proposes a populace that is 'optimised' by government through their own views and actions, yet not aware of such 'optimisation'. Dean, however, also argues that this 'optimisation' is not so much a conscious undertaking as it is indicative of the state of power relations between political actors and competing ideals (Dean 1999: 27-28). Following Dean, the intention of this analysis is not simply to portray the views of relevant stakeholders, but to investigate their understanding of central concepts in the debate over disability rights and support service provision.

The interviews discussed below form the basis for the analysis that I use to conduct the exploration discussed above. They were conducted for the purpose of teasing out the meaning attributed by the different respondents to important concepts through an analysis of the contextual use of keywords – a

critical analysis of the discourse surrounding and governing the development and implementation of disability support services policy (Fairclough 2001: 229-230).

In the following sections, I will outline the different steps that were taken in my exploration as well as the practical and theoretical considerations that were necessary in order to ensure that the results obtained are as valid and reliable as possible. I will outline the different groups of participants interviewed and the importance of each group as well as the differences between them. I will detail the practical steps taken in recruiting participants, arranging and conducting the interviews and formulating the interview guides that formed the bases of the interviews. Furthermore, I will also outline the ethical concerns that arose from these practical steps and ways in which those concerns were addressed. In addition to these, I will detail the methods employed in the analysis of the interviews conducted, outline the scope of the research and discuss the limitations of the research stemming from practical difficulties.

Purpose and interviewee groups

For the purpose of investigating the meanings and contexts of current concepts associated with the development of individualised funding, interviews were conducted with stakeholders of the policies from three separate groups. These three groups represent the three main interested parties involved in the development of, as well as public debate regarding, disability policy in Australia. Interviews were conducted with:

1. Representatives of Australian state and federal government departments involved in the development of policy regarding, and/or delivery of, support service provision for people with disability.
2. Representatives of disability advocacy organisations campaigning for the rights and interests of people with disability.

3. Individuals who identify as living with a disability.

Government agencies develop policy regarding the effective use of government funds for the purposes of providing assistance to people with disability. They are responsible for implementing the legislation and policies decided by parliament and the ministry and are, hence, the representatives of government in this triad. It is extremely important to my investigation to ascertain the principles that guide their operation, both explicitly and implicitly. They are likely to affect, as well as be affected by, the complex arrangement of different stakeholders, though they are in the privileged position of 'gatekeepers' to the funding that is at the centre of this debate (Harris 1999: 916; Humpage 2007: 217). Representatives of government agencies all agreed to present the views of their agency, rather than their own personal views on the issues raised in the interviews.

Disability rights advocacy organisations represent the interests of people with disability, as decided by their membership and leadership, by advocating for these agreed interests to both decision-makers and the wider public – they lobby politicians and the executive public service in order to affect both legislation and policy. At the same time, they promote the issues to the wider public in order to develop public sentiment that will act as a spur for action on government's behalf (see Tom Shakespeare's discussion of the advocacy work of disability organisations in Shakespeare 1993, p.259). Such movements act as something of a translator of the needs, preferences and ideals of people with disability - and especially those of their own membership - into language and concepts that are practical for governments and can be incorporated into policy considerations (as well as vice versa, due to the fact that a person with disability campaigning for their rights will be much more likely to have contact with them than with government representatives). It is, accordingly, important, for the purpose of this exploration, to understand the concepts and principles which guide their work. Representatives of

advocacy groups agreed to present the views of their organisation, rather than their own personal views in relation to the issues raised in the interviews.

Individuals living with disability are the immediate beneficiaries, and, as argued by different actors in the disability rights movement (e.g. French 1993: 19; Crow 1996: 69), the immediate victims, of policy governing the provision of support. Their daily life is directly affected by the support they can or cannot receive. Due to this, they are likely to have an intimate understanding of the consequences and their relationship with the discursive concepts used to promote them. However, not being immune to the effects of discourse, their understanding of their positions and the effect of policies on such positions may be affected by such discourse. Individuals interviewed presented their own personal views on the issues raised in the interviews and did not represent any organisation or agency they may have been involved in.

Interviews

Individual interviews were conducted with **nine** separate participants – **four** representatives of relevant government agencies, **three** representatives of disability advocacy organisations and **two** individuals who identified as living with disability. See Appendix 1. Respondents for short descriptions of the respondents and/or the organisations they represented.

Eight of the interviews were conducted over the telephone and one was conducted face-to-face in the offices of the representative's organisation (approval for the use of the office was granted by official sources in the organisation). Where logistically practical, interviewees were presented with a choice of face-to-face or phone interview and most were done over the phone according to the interviewee's preference. Interviews lasted between 22 and 45 minutes, depending on the relevance of questions to the interviewee and the interviewee's available time.

Interviews were conducted in a semi-structured style that allowed the interviewer and interviewee to discuss any relevant issues that arose, while ensuring that the discussion touched on some specifically important themes, which also helped develop and steer the discussion.

All interviews were recorded via digital voice recorder, with the agreement of the interviewee, and transcribed for analysis. In order to ensure that the transcripts correctly captured the spirit of participants' views and terminology, participants were provided with copies of transcripts of their interviews and were requested to provide any comments or corrections. Voice recordings of interviews have also been made available to participants for the purpose of ensuring complete transparency.

Recruitment of interviewees

Representatives of government agencies were recruited through formal e-mails sent to their agencies. Letters were sent to 'contact' e-mail addresses listed on agency websites with introductory information about the project and requests to identify a relevant representative, as well as for permission to conduct an interview with them. When interest was shown and a representative identified, official letters were sent to identified representatives including the official request for an interview, Participant Information Statement and consent form. Further contact was then made for the purpose of organising the interview. Letters were sent to 18 relevant agencies, two from each state, territory and commonwealth government. Interviews were conducted with representatives of all agencies who agreed to such interviews.

Representatives of disability advocacy organisations were recruited through methods similar to those used to recruit representatives of government agencies. Initial introductory e-mails, similar to those sent to government agencies, were sent to 'contact' e-mail addresses listed on organisation websites and further information was sent to agencies that showed interest. E-mails were sent to 12

individual disability advocacy organisations (no peak bodies) in all states and territories in Australia. Interviews were conducted with representatives of all organisations who agreed to such interviews.

Individuals living with a disability were recruited through contact with disability advocacy organisations. Representatives of organisations who agreed to interviews were provided with letters that they were then asked to pass on to members of their organisation or people they knew who identified as living with a disability. Information packs including the Participant Information Statement were sent to individuals with disability who responded to the letters.

Apart from the two individuals living with disability interviewed by request, two other interviewees identified as living with a disability - both of these were representatives of disability advocacy groups. Although interviews with such respondents may have touched on their experiences as living with disability and the relation of such experiences to their work in disability rights advocacy, their interviews followed the disability advocacy group interview guide closely and thus they are classed as representatives of disability advocacy groups rather than individuals with disability.

Interview guides

Interviews followed three distinct, yet similarly-themed, interview guides – one for each interviewee group (see Appendices 2-4). The reason for the different interview guides was to:

- a) ensure the relevance of questions to respondents. As mentioned above - although similarly affected by each other, the different groups had different foci and different levels of explicitness in their ideological positions; and
- b) ensure that language and concepts used are understood by respondents – in order to enable the participation of individuals with disability who do not have an intimate and detailed understanding of specialised social policy concepts.

As far as possible, concepts and keywords discussed in the interviews were not defined, but left to the interviewee to explain. This was done due to the discursive nature of the analysis, in order to minimise the chances of contamination of interviewees' responses with the definitions provided by the interviewer. As Taylor (2001 in Yates et al. 2001) points out, the importance of minimising the input of the researcher into the discursive understanding of the interviewee is, in large part, to ensure the reliability of the research and its replicability by other researchers. Where necessary, it was explained to interviewees that their own definition of contested or unclear concepts is of importance to the research.

As discussed in previous chapters, due to differences in terminology between jurisdictions, organisations and areas, it was necessary to use slightly different terminology to refer to, what is usually called in this thesis, 'individualised funding'. Several interviewees preferred terminology such as 'self-directed supports', 'self-managed funding' or 'direct payments'. In situations where this was necessary, the researcher discussed the terminology with the interviewee and ensured that the terms were being used interchangeably to refer to the same set of policies.

Ethical concerns

The data gathering portion of this project, namely the interviews conducted with different sources, was granted approval by the Sydney University Human Research Ethics Committee. Several ethical concerns, however, existed and needed to be addressed, mainly concerning the different interviewee groups and the relation of the researcher to them.

Interviewing individuals with disability raises certain ethical concerns over power imbalance between the researcher and the interviewees and subject(s) as well as the 'ownership' of the issue of disability studies: such issues have been raised many times in disability studies, problematising the role

of people without disability⁶ conducting research into the issue of disability rights. Oliver (1992) argues for the importance of “emancipatory research” and researchers either “...join[ing] with disabled people and us[ing] their expertise and skills to in their struggle against oppression or...continu[ing] to use these skills in ways which disabled people find oppressive.”

Shakespeare (2009: 7), however, argues against the use of disability studies as “activism by other means” and for the importance of reliable research and open debate within the field. This research follows Shakespeare’s commitment to the importance of ensuring that the issues faced by people with disability are addressed and that the views of people with disability are considered, without compromising the reliability of the research and its findings.

Another concern that needed to be addressed was the, possibly unequal, power relations between the researcher and representatives of government agencies which were interviewed as well as a possible conflict of interest with one government agency. I am employed by a consulting company which had been contracted by the government agency, after the beginning of work on this research, to evaluate different aspects of their program for the implementation of individual funding in disability support services. Immediately upon learning of the contracted project, I requested to not be included in the team working on this evaluation and notified my employer that no information gained in (or about) either project will be pass on or used in the other. I also included a disclosure statement of this possible conflict of interest in the Participant Information Statement to ensure that the representative of the agency in question, as well as other respondents, were aware of it.

It has been argued, however, that ‘interviewing up’ – researchers interviewing respondents in a position of greater power than them – can lead to the researcher’s intimidation, whether intentional or unintentional, and thus to diminished tenacity in investigation (Desmond 2004: 265-266). Desmond

⁶ I do not have a substantial disability which would lead me to identify as a ‘person with disability’

(2004: 265) argues, that this could especially be the case in a situation where the interviewee is in a similar field to the researcher. Smith (2006: 652), following Oakley (1981), argues that there is no inherent problem with researchers interviewing 'elites', but rather "an assortment of potential problems which *all* interviewers *may* encounter" [emphasis in original] and that, although it is important for researchers to reflect on their power relations with their interviewees and ensure that any issues are addressed, "the goal of perfection is unobtainable". I take this view of my interviews with 'elites' and have attempted to address all concerns of intimidation as well as conflicts of interest.

Finally, it is of the utmost importance that the interviewee, regardless of their disability (or other) status, understand the role (and responsibilities) of the researcher. In order to ensure this, all interviewees were provided with a Participant Information Statement, outlining the research, their role in it and the responsibilities of the researcher to them. All interviewees were asked to provide express consent for participation in the research and were also provided with a copy of the interview guide prior to the interview.

Scope of the research

It must be noted that my findings cannot be generalised to the complete array of issues affecting the support provided to *all* people with disability. In order to enable such unqualified generalisability it would be necessary to interview a representative sample of all of the stakeholders either living with or involved in the development of policy regarding each of the different types of disability requiring care. The category of 'people with disability requiring support' is extremely varied, with different types of disability creating a very different experience of disability for the individual and very different support needs, considerations and preferences (French 1993: 23). The most obvious example of this is the difference between people with physical disability, those with sensory disability and those with intellectual disability. However, as French (1993: 21) points out, there is even extreme variation among

people with physical disabilities (e.g. quadriplegics due to accidents in childhood, children born with degenerative diseases who have lost the use of their legs), as well as obvious demographic differences between different people with similar impairments and medical paths (e.g. socio-economic status, Cultural And Linguistic Diversity status, family size). All of these issues affect the support needs of the individual living with disability and the policy aimed at providing the support. However, research that took due consideration of such differences was beyond the scope of this project. In order to discuss issues that are relevant to as many as possible people with disability and recipients of government services in general, I only interviewed adults with a physical disability who were able to conduct interviews without the need for an interpreter.

Limitations

As mentioned above, for various practical reasons it was not possible to conduct the interviews and analysis with the optimum sample and in optimum conditions. Such problems are most pronounced in the interviews conducted with individuals living with a disability. Recruiting people with disability directly raises both ethical and practical concerns: although people with significant disabilities may be evident in many public places, it could be considered disrespectful, and a breach of their personal privacy to approach them directly in order to speak about their disability, simply based on visual cues. It was not practical to advertise for participants in a place public enough to reach many people with disability. In addition to this, I had difficulty identifying active web-based discussion forums for people with disability.

Due to such problems, it was necessary to utilize the connections of advocacy groups in order to recruit participants. 'Self selection bias' is likely to occur in such a situation meaning that individuals involved in disability advocacy organisations are likely to be somewhat more well-versed in the issues surrounding disability rights and support service provision policies (Gray, Williamson and Karp 2007:

114). Such knowledge, and the likely strong views related to it, may not be a representative sample of the Australian, and world-wide, population of people living with disability. Furthermore, Collier and Mahoney (1996: 59-60) argue that such bias is likely to occur in any research that requires intervention from the participant –participants will be more likely to agree to take part in the research if they have an interest in, and views regarding, the topic being researched.

I believe, however, that this should not have a significant impact on the reliability of the information gained from the individuals interviewed due to the fact that the information gained from such respondents already cannot be readily generalised to the greater population. This is due to the sample size used, *in proportion to the wider population*, being extremely small – much smaller than for the rest of the respondent groups (due to the large size of the relevant population). The intention of introducing these interviews despite the unrepresentative sample is to ensure that the voices of people with disability themselves are included. This is in keeping with the disability rights focus of the research discussed above (see ‘Ethical concerns’ section).

The sample of government agencies, however, is quite representative for a small-scale study, providing the views of relevant agencies from 4 of the 9 state, territory and federal governments and representing both levels of government.

Analysis

Interviews conducted were recorded and transcribed. Transcribed interviews were entered into a purpose-designed Microsoft Access database, coded and analysed guided by a discourse analysis framework developed based on the literature review and theory discussed in previous chapters. The framework presented a guide for analysis, but was quite malleable and much of the coding was developed *in vivo*. The developed framework focused on the following issues:

- Positive contextual use of terminology relating to personal agency, especially terms like ‘choice’, ‘control’ and ‘flexibility’ in relation to the major concept of ‘empowerment’.
- Similar use of such terms relating to personal agency in discussion of the Social Model of Disability.
- An ‘entrepreneurial’ concept of individuality – focused on the agency and choice of the individual (see section **Conceptions of individuality and choice**)
- Resistance to government (‘bureaucrat’) or expert control and an emphasis on the preference for self-control and/or self-reliance. Contextually, it is also important to discuss, in such cases, who the interviewee is rejecting (if specified) and what (if any) alternative is presented.
- The relation of individualised funding to the process of the equalisation of the status of people with disability to that of people without. Contextually, in such situations, it is important to discuss the status that is being gained and where (and whether) it is located on a linear continuum of status.
- A negative view of dependency, exemplified through the use of terms relating to dependency (including ‘dependence’ and ‘reliance’) in an inherently negative context, and/or the use of antonymous terms such as ‘independence’ and ‘self-reliance’ in an inherently positive context.

The discourse analysis is thus iterative and focuses on the contextual use of different keywords and concepts discussed in the theory chapter while not completely quantifying such data (Yates, Wetherell and Taylor 2001: 38). The intention in this sort of analysis was, as explained in relation to the interview methods, to uncover the conception interviewees, as representatives of different populations of stakeholders for these policies, have of the different keywords and concepts discussed. Through such conceptions it will be possible to view the relations between the different interviewees’ understanding of the reasons behind and the consequences of individualised funding policies.

Conclusion

As noted above, this study is an exploratory one, attempting to extrapolate findings from, admittedly, incomplete data, with the intention of enabling a more robust debate on the issue of individualisation of funding. In such an exploration, as Collier and Mahoney (1996: 57) argue, it is especially important to present the reader with as complete a picture as possible of the methodology employed by the researcher in order to help them evaluate the validity of the research findings. This chapter has been such a presentation.

The following chapter presents the analysis of the interview data gathered using the methods discussed here. The intention of the chapter is to explore the similarities and the differences in the meaning respondents attributed to individualisation of funding and the different concepts involved in its promotion and implementation. In the subsequent 'discussion' and 'conclusion' chapters I will look at how the findings from the analysis chapter can and do relate to the different ideas regarding individualised funding and neoliberal governmentality in the current literature.

4. Analysis

In the following sections I will discuss discursive themes that emerged from the interviews conducted with all three respondent groups. In the first section I will present the overall themes – similarities as well as differences – identified among the different respondent groups. In subsequent sections I will discuss themes specific to each respondent group, backed-up by quotes from respondent interviews. As explained in the methodology section, I will analyse and discuss such themes using a discourse analysis framework based on existing literature regarding issues surrounding individualised funding, the social model of disability and neo-liberal conceptions of consumer rights. This chapter will focus on identification of such issues and an attempt to generalise and show their relevance to the overall discussion, before a more detailed discussion of their meaning which will be presented in the next section.

Overall themes

From the analysis carried out, one major issue is evident: that the idea of a neoliberal governmental project cannot be seen as a straightforward explanation for the widespread support among stakeholders for individualised services. Based on this, it seems that the issue is not as simple as a shift from old welfare discourses to Neoliberalism.

Only one of the four government agency representatives repeatedly exhibited what I have characterised in previous sections as a neoliberal conception of disability rights, discussing the ‘empowerment’ of people with disability mainly through the enhancement of their ability to act in their own interests as responsible and entrepreneurial citizens. Other agency representatives exhibited, at most, an ambiguous view of the issue, with the majority emphasising the view of government as responsible for *meeting the needs* of people with disability completely. Individualisation of funding and support services were framed by these respondents as helping government meet the individual needs of

different people with disability more completely. All three representatives of disability advocacy groups, as well as one of two individuals living with disability interviewed, presented a similar framing of the responsibility of government towards people with disability.

The general conception of 'empowerment', for most respondents, represented a slightly more neoliberal understanding of the issue, with the majority of respondents associating empowerment of people with disability with self-determination, autonomy and individualism. Most such respondents, however, did not seem to view such issues as the focus of the mechanism of empowerment or purpose of empowerment. These respondents were more likely to focus on the importance of empowerment as helping to equalise the legal and social status of people with disability to those of people without disability. Their understanding of 'equalisation', generally, was as a process of diminishing the social and physical barriers to 'complete participation' in society that people with disability face and seemed to focus on the equalisation of outcomes more than simply equalisation of opportunities. Furthermore, most respondents did not display the explicit rejection of 'paternalistic' social service administration that would be expected, at least from respondents who do not represent a government agency directly involved in such administration (see Ferguson 2007: 389).

A strong emerging theme is thus, in fact, the lack of a single unifying theme to explain the widespread support among the different stakeholder groups. Respondents' understanding of disability rights issues and the social model of disability, or at least their discursive framework indicating their understanding of these issues, is closer to what I have previously characterised as the traditional, social-democratic conception of the social mode of disability. However, despite this general direction, there were some indications that this understanding is not complete or unanimous. Neoliberal concepts and discursive elements (especially individual action and self-reliance as empowerment) were evident in the words of many respondents.

It has become evident that there is not even a clear *distinction* in understanding of disability rights and the social model of disability between the different stakeholder groups. Representatives of government agencies, who might have been expected to use strongly neoliberal discursive elements, presented a mixed, though mostly social-democratic, view of the issue. Only one such respondent presented a reasonably consistent neoliberal conception of the issues. Individuals interviewed also presented mixed views, with strongly differing levels of focus on self-reliance and self-determination.

The quotes below are used to exemplify the assertions made in this section regarding the views expressed and the concepts used by respondents. They are, thus, the most relevant and illustrative statements discussing the issue in question. For the sake of brevity, I will not present *all* relevant statements. However, when the issue in question is the scarcity of certain concepts or ideas in a respondent's (or group of respondents') discussion of an issue, the lack of relevance of presented quotes may be important as an indicator of such scarcity. Some quotes have undergone very minor editing for the sake of readability.

Disability Advocacy groups

Representatives of disability advocacy groups presented quite a consistently social-democratic view of disability rights. They placed a strong emphasis on the equalisation of the status of people with disability to that of the wider community and on government responsibility for enabling this, showing a generally traditional conception of the social model of disability. In fact, even in situations where they focused on choice and self-determination, this was only in relation to the practical benefits of individualised funding. The following examples show this group as the most consistently social democratic in their conception of these issues of all three respondent groups.

One of the key issues explored in the interviews with representatives of disability advocacy groups is that of their understanding of the concept of 'empowerment' of people with disabilities. As mentioned in previous chapters Dean (1999: 36-37) argues that 'empowerment' is a problematic concept due to its ability to promote different political directions utilising its emancipatory connotations.

In discussing the empowerment of people with disability, all three representatives of disability advocacy groups raised the issue of the equalisation of people with disabilities with people without disability, both in terms of social status and in terms of opportunities. As mentioned by one respondent:

"...I guess the importance of empowering people with disabilities is about...bringing people with disabilities up to the same level as everyone else..."

Advocacy group representative 3

Other respondents also mentioned similar ideas of equalisation as a focus of empowerment and the importance of assistance to enabling such equalisation. This can be seen from the follow two quotes:

"I see empowerment as the means of providing everyone in society to be able to participate as full participating and equal members of the society – the bigger societies, the local communities, everything else."

Advocacy group representative 1

"I guess the idea is that it brings equality into the framework so that people can become equal citizens... it might mean that they need a voice-over or...particular computer equipment, or it may mean that they need to use other sorts of technology to enable them to do the same job someone would do

that doesn't necessarily need that equipment. The person with a disability has the skills but then they just need an extra little bit of support to help them do that."

Advocacy group representative 2

The focus of this type of equalisation, especially as mentioned in the second quote focusing on assistance enabling equalisation, is more similar to that of the traditional social model of disability than to the neo-liberal legal equality based around the concept of equal choice and right to consume freely (Rose and Miller 1992: 33-34).

It is also important to note that such respondents, in their discussions of the concept of empowerment of people with disability, did not mention empowerment *against* experts and/or representatives of bureaucracy as would be expected in a neo-liberal conception of empowerment of service recipients. In his discussion of the 'New Right' and popular rejection of British state social work, Harris (1999: 921) point out the New Right's success in portraying welfarism's 'expert' control as "heavy-handed statism, bureaucracy and insensitivity to individual needs." In a similar vein, Mcaughlin (2008: 3-4) identifies the 'New Right' distinction between the *passivity* of reliance on 'experts' and the *activity* of personal choice and market-based action. The lack of such notions in respondents' discussions of empowerment is telling.

Respondents' mentioning issues of choice, autonomy and individualism in discussions of empowerment, on the other hand, could be seen as aligning them more closely with neo-liberal conceptions of citizenship and rights. All 3 respondents repeatedly portrayed individualised funding as enabling greater control over the recipient's life and providing greater flexibility and choice. Such responses, however, were inextricably linked to discussions of the effects and importance of

individualised funding, and were not apparent in more abstract discussions of the concept of 'empowerment':

"Well, if people are getting the supports that they need... they can feel greater personal empowerment, because they've got more control over their lives, they've got more choices in that they're able to do more things... so I would say that on the whole, it should be very positive."

Advocacy group representative 1

Another indicator of the fact that disability advocacy organisations have a mostly traditional view of the social model of disability is the further emphasis such respondents put on the responsibility of government towards people with disability. One respondent associated the responsibility of government towards people with disability to that of their responsibility towards all people in need of assistance in order to ensure "opportunities and access":

"...government and society are, I guess, in some way responsible for...ensuring the opportunities and the access of people who are not at the same level...but I think that goes across not just disability but, you know, I'd say the same for people who are homeless, people who are in poverty"

Advocacy group representative 3

Another respondent presented a model of justice similar to that espoused by John Rawls (1971; as discussed in Drake 2001:60,64 and Stainton 2002:753-754) in relation to the role of government, as a representative of society and the guardian of public funds, in assisting citizens:

“you know we’re all parts of the whole – well, we need all these parts to make a whole, and none of us know, at any time in our lives, when we might need that helping hand – so it’s a right, I think, of every member of society, and a responsibility that we do play our part and help each other.”

Advocacy group representative 1

Such an understanding of the responsibility of government, especially when presented without a reciprocal responsibility of the individual to ‘better’ themselves contrasts with the neo-liberal conceptualisation of welfare recipients as seen in the ‘underclass thesis’ (Jayasuriya 2002: 309; Martin 2004: 81). Martin (2004: 79-80) characterises the ‘Underclass thesis’ as constructing welfare recipients as being at risk of developing, or already suffering from, dependency on assistance – perpetuating their exclusion and disadvantage. The idea, Martin claims, has been used to justify intervention into the lives and practices of welfare recipients and service users, promoting contractualisation and ‘mutual obligation’ in order to minimise the support people receive and to promote paid employment (Martin 2004: 79).

In discussion of the importance of equity in the provision of support services and opportunities for different people with disability, representatives of disability advocacy groups also problematised various possible implementations of individual funding policies. As can be seen in the two quotes below, the respondents showed an attitude towards individualisation of funding that is not unconditional or uncritical:

“I think it’s extremely important...and ‘why’ is because, I think, if we don’t give the equality of opportunity and support to diverse disability groups, we create a hierarchy of disability.”

Advocacy group representative 3

“...unless there is some equity and the needs of all people who have these critical needs are met there could well be resentment by some people.”

Advocacy group representative 1

Related to these is a very telling statement from one representative, recognising much of the attitude expressed in the literature regarding the neoliberal values associated with individualised funding, while rejecting them:

“individualised funding is often seen as being a very right wing thing, ‘oh yes, free market, give people the money and they’ll go out and do whatever they need and the responsibility is all with them, and I guess I think that a lot [our agency’s] stuff is actually from the perspective of actually a more left-wing view which is that when individuals have control of their lives they’re going to be a better participant and citizen in the community...but that...having control of their lives through individualised funding doesn’t negate the responsibility for all of the other things that government needs to do to enable people with disabilities to be full citizens in their society.”

Advocacy group representative 3

Ensuring that the needs of all people with disability are met is, thus, a central tenet of such respondents’ understanding of disability support policies. Taken together, such statements suggest a continuing commitment from respondents towards egalitarian principles and a traditional conception of the social model of disability as described by Barnes – the idea that it is the responsibility of society

(and subsequently, government) to adapt to the needs of people with disability in order to ensure their ability to participate as completely and naturally as possible in all aspects of society (Barnes 1998: 76-79).

Government Agencies

Representatives of government agencies, contrary to the expectation discussed previously, generally exhibited a mixed attitude towards disability rights and welfare services, however one that leans to the side of social-democracy. Like the representatives of advocacy groups, representatives of government agencies viewed the empowerment gained from individualised funding as directly related to issues of choice, flexibility and self-determination. Representatives of government agencies, however, generally saw such issues as much more central to the overall concept of empowerment. In reflecting on how their agency's policies 'empowered' users, respondents noted:

“...we are seeing...disability services...empowering people and it's very much about having the person at the centre. The person and what...their goals, dreams and aspirations are is very much at the forefront of planning for services and supports. The planning process itself needs to be self-directed so that the person and/or their network is very much in the driver's seat around what's wanted [and] the development of the plan.”

Government agency representative 3

“...a lot of it comes back to people with disability having choice about the ability to participate in normal life and basically choice about how they live.”

Government agency representative 1

This focus on 'self-determination' and 'choice' over 'meeting needs' or 'fitting the support to the individual' can be seen as indicating that such government agencies view instilling ability, activeness and self-reliance into service recipients as central to their operation (Rose and Miller 1992: 31). Such values and intentions have been associated with Neoliberalism through governmentality – the push towards the 'responsibilisation' of the individual actor and occasioning a shift in their understanding of the 'complete' and 'equal' citizen (Galvin 2004: 346, 352; Rose 1996: 335; Dean 1999: 33-34). We could also possibly relate such ideas to Yeatman's (1990: 36) discussion of the UK 'New Right' solution to the undemocratic nature of administrative bureaucracy: privatisation of the welfare services in order to allow the individual complete control over them.

This was, however, not the main way in which such respondents framed their understanding of disability rights issues in general and the responsibility of government towards the individual with disability. In response to a question regarding their understanding of, and their agency's policies following of, the social model of disability (see question 3 in Appendix 2. Interview guide for representatives of government Agencies), several respondents cited United Nations and other official statements of human rights ("*UN convention on the rights of people with disability*"; "*United Nations charter of human rights*" and "*[respondent's state] charter of human rights*") as drivers of their agency's policy, articulating a view of disability services centred around concepts of human rights.

Despite drawing on similar human rights frameworks, no general consensus emerges in relation to the social model of disability. Two respondents presented a distinctly traditional understanding of the social model of disability:

"the social model of disability, from one end of it, it's to empower the person with the disability, from the other side of it – it's about creating and increasing the awareness in the community about how

community can actually...or does...create barriers or put up, particularly service issues, that just...make it impossible for people with a disability to participate.”

Government agency representative 4

One agency exhibited a somewhat ambiguous understanding of the social model of disability, only stating (without clarification):

“...peak bodies and stakeholders and advocacy groups at the moment...hundreds of them... I think that their ability to support people with disability to articulate the fact that they should be able to...have the same life and access as everyone else, will be important in making that cultural change occur.”

Government agency representative 1

When probed regarding general considerations of their organisation in considering individualised funding options, the representative argued that due to their agency’s position (see Appendix 1. Respondents), such considerations were not completely relevant to them, but that:

“[relevant minister] is very keen on the idea of...people...having choice”

Government agency representative 1

The final respondent exhibited an understanding of the social model of disability as focused on self determination and self-reliance, clearly articulating the shift discussed in previous chapters:

“...a move away from the traditional ‘good old welfare state’ to a non-welfare approach. A move away from the...supply to demand-driven all of that builds in to that social model of disability and placing the person central...

...the welfare state that everybody’s a victim and “here we are”, you know, “all victims, and we’ll do to you...we’ll help you...” as opposed to “ok, we’ll empower you, we’ll give you the capacity to...have a voice and to articulate clearly what you need and what your needs are.”

Government agency representative 2

In discussion of their overall approach to support services, representatives of all four agencies repeatedly mentioned the centrality of a ‘person-centred’ approach. Respondents typically used this phrase when discussing the planning and provision of support, for example:

“having the payment is just one of a number of characteristics of individualised support, but we tend to focus on it a lot...and we kind of think...’yeah, it’s probably as...important, but is it more important than a person-centred plan?’”

Government agency representative 2

“The focus is very much on person-centred planning and so with that we actually teach that to [employees] which are...the front face of the [agency].”

Government agency representative 4

The term 'person-centred' did not appear in the interview guide and was not used independently by the interviewer, suggesting that its frequent use by respondents warrants further investigation. A review of contexts of the use of the term by respondents in interviews yields no immediately obvious themes – respondents used the term several times as 'short-hand' to describe the overall policies being discussed when no more descriptive terms were immediately available. The same respondents, however, also used the term to discuss the underlying values of their agency's policies regarding support service provision.

The respondent characterised above as displaying the more self-determination and self-reliance focused understanding of the social model of disability used the term more often than others, and was more likely to use it to refer to underlying values of support service provision systems. The respondent also repeatedly used the term to refer to the change of attitude that is necessary in the operation of non-government support service providers in order to enable them to effectively provide increasingly individualised services. The term could be related to Yeatman's (1990: 36) discussion of the rejection of unrepresentative administrative decision-making and the relation of such rejection to privatisation of welfare services. The increased use of the term could be explained through Scourfield's (2007: 112) assertion that the term is at the centre of "strategies of user involvement [that] draw heavily on consumer models" employed by New Labour in the United Kingdom as part of their project of 'modernisation' of British social services. The idea, according to Scourfield (2007: 112), is to promote the 'marketisation' and 'managerialisation' of social services as a method of empowerment of consumers over 'bureaucrats'. Also in relation to the UK context, McLaughlin (2008: 4) makes an association between the shift towards 'customer-centredness' in social services and increasing 'commodification' of welfare. McLaughlin argues that the shift in the conception on social services from "welfare agencies run by professionals, allegedly too much in their own interests" to "customer-centred organization[s] run by

professional managers” is indicative of the shift towards a view of the service recipient as a ‘customer’ or ‘consumer’. Such a shift, he argues, frames welfare as a commodity that can be bought and sold.

Individuals with disability

Investigating the views of the recipients of disability support services, for whom, and about who, other respondents spoke, is especially important to this analysis. Such an investigation focuses on ascertaining the penetration of discursive trends into the consciousness of the support recipients.

Due to the small number of respondents (two), however, it is not possible to reach clear and explicitly generalisable conclusions. As discussed in the methodology section – it was possible to glean several insights into the effects of official discourse on the subjects of policy, focusing on important issues raised by the respondents. It is also important to note that both respondents currently receive different forms of individualised funding.

Both respondents interviewed expressed strong rights-based support for individualised funding policies, and criticised a lack of action on governments’ behalf on these issues, especially in relation to levels of funding. They, however, framed such support in different ways. One respondent articulated a generally traditional view of the social model of disability and disability rights in general, framing the benefits of individualisation as meeting the individual needs of people with disability. The other respondent presented a strong neoliberal lean in their views of disability rights and welfare provision, framing individualisation of funding as strong resistance to government control and ‘managerialism’. This respondent, in fact, expressed more strongly neoliberal views on these issues than those expressed by most representatives of government agencies.

A concept mentioned repeatedly by both respondents in relation to different questions is that of the importance of equalisation of the status of people with disability with that of people without disability, both in terms of their social status and in terms of the legal status of their rights.

In terms of legal status, both respondents stressed the importance of 'natural entitlement' and legislatively ensured rights:

"...there's just no legislation backing us up, saying that we have the right to live in the community and the government should back us up – the issue is that we do not have a choice – if something happens to my mother tomorrow, I don't have a choice, I go to a nursing home – I have no right to remain in my home because I have nothing backing me up whatsoever to say that I need that funding."

Individual 2

"natural entitlement to support for...personal assistance for daily living...and...natural entitlement to acknowledging that they are a typical member of our society..."

Individual 1

Both respondents also mentioned the importance of more fundamental and structural equalisation:

"I'm a member of society – I have equal rights, and I find that really hard – they come to me and say, "well...that's just the way it is" – and I say, that's not the way it should be, it shouldn't be – "I should count myself lucky" – I am a human being I have the same human rights as everybody else..."

Individual 2

“I think that if people were actually treated as individuals, rather than boxed into a collective group, and were given the tools for them to reach their full potential, they’d be able to do whatever they want to do, and that’s the same for people who are able-bodied as well.”

Individual 1

The second of the quotes presented above is indicative of the attitude of one of the respondents who, in contrast to the other respondent, expressed a strong attitude of resistance to government control and intervention in their life and choices:

“we should not be case managed – it’s another level of social organisation, and I don’t see that it’s relevant for all people – I’m quite capable of directing my own life...”

...we value that people, if provided with the education and the information, are able to make those choices that are relevant to them because they are in need and they know what it is that they need in order to live an independent life.”

Individual 1

Both respondents, especially in discussion of the individualised funding packages they receive, presented similar views of the benefits and importance of individualised funding in general. To differing extents and extremes, they both emphasised the importance of personal choice and entrepreneurialism that, they argued, comes with individualised funding:

“I can see exactly what’s coming in, what I spend, deal with the accountants...yeah...it’s no different to if I was going out and running my own business – it’s very empowering because I have control of it – I see what’s coming in , what’s going out”

Individual 2

“Give the person choice – let them make up their mind, let them become the market drivers, not the service providers.”

Individual 1

Both respondents noted the lack of funding available for support services in general as indicative of a lack of rights for people with disability. For example, in discussing funding agreements, one respondent mentioned caveats in legislation:

“‘dependent on funding available’ or ‘dependent on resources’! ...and, of course, the politicians go ‘oh, we haven’t got the resources- there’s an economic crisis’...

...we get sick because we don’t have enough funding to employ [trained support workers]...in [state], here, there’s not even a resource centre that trains people – people are just hired off the street...”

Individual 2

Both respondents also presented a strong view regarding the level of individualisation that is considered ‘true’ individualisation. The respondent earlier identified as presenting a more individualist and neoliberal approach to the issue promoted a more expressly extreme level of individualisation as the “real” individualisation, however the other respondent also discussed the need for giving service recipients as much autonomy as possible:

“Here they call it ‘individualised support packages’, but they’re not really, it’s an allocation of money that’s being bloody well given to the service provider.”

Individual 1

“...when the elections come around they say ‘oh, we’ll give you a bit more money’ and because people with disabilities are so oppressed, and...their rights are so trampled on, and so grateful for any little extra that they might get, they just fall for it, they don’t stand up for their rights.”

Individual 2

Despite some similarities, there was a distinct underlying difference between the respondents in their understanding of government’s role in providing services. This difference may actually be indicative of differences in explicit political ideology rather than of values affected by discursive changes. This is a weakness of the data due to the small sample size – making trend identification difficult and statistical noise more significant. Elliot (1996: 65-66) asserts that, although small sample size does not diminish the significance of data in critical discourse analysis due to ability of “large variations in linguistic patterning [to] emerge from a small number of people”, the key criterion in sampling is representativeness.

The distinct views of the respondents are, however, not generalisable as representing the views of all people with disability in Australia. This is due to small sample size in this respondent group, coupled with the fact that - as discussed in the methodology section - the respondents in this group were not necessarily representative of the wide range of individuals living with disability in Australia due to both having strong views of the rights of people with disability as a political issue.

The analysis of the different views of these two politically polarised respondents is, however, important due to their strong support for individualised funding and their strong consciousness of disability rights issues. Despite not necessarily enabling the generalisation of discursive findings in the analysis of their interviews, these divided respondents suggest that there are distinctly different reasons for support for individualised funding policies which are central to this discussion (see Spandler 2004: 190; Pearson 2000: 460-461; Yeatman 2009: 26).

In the next chapter I will explore the implications of the findings from this chapter through different theoretical frameworks. I will examine the different underlying reasons for support for individualisation of funding, as exemplified in the views of the two individuals interviewed, as well as other possible explanations for the overall popularity of individualised funding.

5. Discussion of findings

It was suggested in previous chapters that a strong neoliberal attitude, closely resembling the concept of *entrepreneurial individuality* (as discussed in chapter 2) would be identified most strongly among representatives of government agencies, and less so among other respondents (although still existent and even emergent). Such a distribution of attitudes, it was suggested, would indicate that a co-option like that discussed by Yeatman (2009: 76-78) and others (e.g. Scourfield 2007: 113; Spandler 2004: 191) is occurring and that neoliberal governmentality may be an explanation for the similarities among different stakeholders.

In the previous chapter I found an overall scarcity of strong neoliberal attitudes (especially importantly, among representatives of government agencies) and similarly low levels of such attitudes among representatives of government agencies and individuals living with disability. I did, however, find unanimously strong support for individualisation of funding.

What are we to make, then, of the difference between this finding and the suggestion mentioned above? How else could we explain the widespread support for individualisation of funding across the different stakeholder groups? In the following section I will discuss several different theoretical understandings of individualisation of support services and funding for people with disability that may help us understand the reasons for this similarity in attitudes towards, and conceptions of, such individualisation.

Residual and emergent systems of thought

An empirical examination of the views of service users and providers in the UK conducted by Clarke and others from 2003-2005 (as discussed in Clarke et al. 2007, p.158-159 and Clarke 2007, p.243-244) may help shed some light on the issue. The study examined the emergence of the “hyphenated” and

“hybrid” ‘consumer-citizen’ in the United Kingdom through individualisation and marketisation of government services under ‘New Labour’. Clarke et al note that participants accessing services did not conceive of themselves (nor did service providers conceive of users) as ‘consumers’ and both groups have a complicated and sceptical relationship with the idea of choice and consumer rights as the foci of the reform of welfare services (Clarke et al. 2007: 154).

Clarke et al discuss these results using Williams’ (1977: 121-127) idea of ‘epochal’ as opposed to ‘authentic historical’ analyses of social conditions. ‘Epochal analyses’, according to Williams, focus only on the dominant system or process of thought and organisation in a society, and when discussing different systems, see them as points connected by a linear path of transition from one dominant system to the next. In ‘authentic historical’ analyses, he argues, “it is necessary at every point to recognize the complex interrelations between movements and tendencies both within and beyond a specific and effective dominant system”. Williams (1977: 121-123) separates such systems into ‘dominant’, ‘residual’, and ‘emergent’ – representing, respectively, the currently dominant system, older systems still affecting cultural conceptions “as an element of the present”, and new systems currently emerging as “substantially alternative or oppositional to [the dominant system]”.

Clarke et al (2007: 154) criticise as “simplistic” the view of current conceptions of the service user (consumer-citizen) as being simply a transition from the system privileging professional management above all to the system privileging the individual above all. They argue that respondents drew upon a complex arrangement of ‘residual’ and ‘emergent’ systems to distance themselves from the concept of service user as ‘consumer’. These systems manifested themselves in the interviews and surveys as what Clarke calls ‘discursive resources’ (Clarke et al. 2007: 36).

Clarke (2007: 241-242) develops the idea further, arguing that the framework of political thought which views the binary transition from citizen to consumer as emblematic of the binary shift from social

democratic welfare state to Neoliberalism is simplistic and does not adequately convey the complexity of subjects' understanding of the policies entailed in the process. He argues that such materialist, economic concerns do not address the true concerns of members of post-materialist New Social Movements. Clarke, however, later points out that 'Third Way' politics does address (or "co-opt") post-materialist concerns of representation and identity and channels them into support for consumer-focused and individualist policies (Clarke 2007: 246).

Williams' concept of the 'authentic historical analysis' helps us better understand the relevance of Clarke's arguments to our issue: it may be argued that even these 'Third Way'⁷ ideas cannot fully integrate or co-opt the ideas of the disability rights movement into individualist policies due to the fact that the systems of thought that inform those ideas are not uniformly individualistic. This is especially true due to the residual system that is the traditional conception of the social model of disability, which is based on the social-democratic ideal of the responsibility of society towards its members. It seems, based on the findings outlined in the previous chapter, that these ideals have remained important, and even central, to stakeholders' understanding of the social model of disability and policies based upon it.

An example of such a way of thinking can be seen in the fact that disability rights, especially for individuals, were found to be not simply a post-materialist concern with recognition of (and respect for) their identity. These respondents saw the right to material support – adequate and unqualified funding – as central to the fulfilment of the rights of people with disability. Furthermore, as discussed, the support expressed by these respondents for individualised services was not uncritical or without reservations.

⁷ As discussed in Clarke et al (2007: 13): although related to, and indebted to, Anthony Giddens' (1994, 1999) philosophy of 'The Third Way', the 'Third Way' promoted by the Government of Tony Blair in the UK (1997-2007) was a selective adaptation of principles of Giddens' original concept. Here I, following Clarke, refer to Blair's version rather than Giddens'.

Democratisation of administration - against a Provider vs. User binary

Another outlook which could help shed light on the complexity of respondents' understanding of disability rights and the social model of disability is that presented by Yeatman in her discussion of individualisation of services as the transfer of power from service providers to service users (Yeatman 2009: 75). Yeatman argues that a triad of forces governs the provision of services to the service user: policy-provider-client. This framework, she argues, enables a better understanding of the complex power-sharing relations among the different arms of the triad. The binary 'Provider vs. User' configuration that is inherent in the other understanding of these power relations, she claims, implies a zero-sum relationship between the different arms, simplifies the relationship and aims to produce an unequivocal framework where no such framework exists.

An example of this can be found in Yeatman's (1990: 36) discussion of different solutions to the unrepresentative and undemocratic nature of bureaucratic administrative decision-making. As mentioned in previous chapters, Yeatman (1990: 36) identifies the UK 'New Right' solution to such problems as privatisation of services. She does, however, also present another solution, which she calls the 'democratisation of the administrative state' - governance that relies on a partnership between administrative staff and service users (Yeatman 1990: 39). Yeatman (1990: 39) characterises this approach as requiring, among other shifts, "[consultation of] users' groups, especially at the point of service delivery - including service users in the planning, design and delivery of services."

Similarly, in her rejection of arguments regarding the relation of individualisation of funding to privatisation, Morris (1997: 59) argues that: "to support a system in which the individual who needs the help has the power to determine how the help is delivered is not to support an individualist right-wing agenda. Rather, it is about promoting collective responsibility for protecting individual rights."

Both Yeatman (1990: 36) and Morris (1997: 59) associate calls for such shifts with rejection of paternalistic and bureaucratic administration, which, as mentioned in the analysis chapter, was not as evident in the interviews as was expected based on the literature. It is, however, likely that this is a strong emerging system implicit in the social-democratic attitude of many respondents.

Notwithstanding these points, both Clarke and Yeatman still argue that there is a governmental project shifting both public understanding and policy towards a more individualistic conception of personhood. Clarke et al (2007: 24-25) argue that there is a “consumerist imperative” in public service reform, at least in the UK ,and that discursive elements do play a central part in enabling this shift. Clarke elsewhere argues that Neoliberalism “rarely announces itself” and often aligns itself with other voices and discursive practices “that are native to the intellectual area that it is attempting to colonise” (Clarke 2007: 246). Yeatman (2009: 75-76) argues that it is easy to see how “highly-principled advocacy of individualised funding could come together with the opportunism of government departments in offloading historically acquired responsibilities in this context...” Quoting Scourfield (2007: 113-114), she also claims that “Government has effectively sat its ‘market-consumer’ discourse on the disabled movement’s ‘social rights discourse’, producing a powerful hybridisation...”

Conclusion

The discussion above offers several explanations for the complex configuration of ideas that I have uncovered in the analysis of the interviews conducted as part of this study. Clarke et al (2007; 2007) and Yeatman (2009) provide us with more realistic bases for such an explanation with their separate critiques of simplistic binary thinking in relation to shifts in power relations governing service users’ experiences. Both Clarke and Yeatman, however, add themselves to the chorus of academic voices connecting individualisation of services with discursive changes aimed at promoting a neoliberal attitude towards welfare. In the following and final chapter, I will argue that this is not at all incongruous with my

findings, suggesting that the complex view of these shifts that they promote should be used to assess the shifts currently happening in Australia.

6. Conclusion

In the previous chapters I examined possible explanations for the widespread support for individualisation of funding for support services for people with disability among all major stakeholders of the policy. Much of the literature discussing this shift, especially in relation to the British context, focuses on discursive cooption and neoliberal governmentality leading to a shift in the popular conception of the basis of disability rights (e.g. Ferguson 2007: 400-401; Scourfield 2007: 116; Harris 1999: 923).

Based on the literature discussed in the theory chapter, I suggested that such a shift is occurring, and would be evident, in Australia as well. Developing a framework of distinction between the 'traditional' and 'neoliberal' conceptions of welfare services, disability rights and the social model of disability in particular, I analysed the views of different stakeholder groups in order to find the discursive underpinnings of their views regarding these shifts. The framework based on which I performed this analysis included expectations regarding the contextual use of certain key terms and concepts among the different respondents, especially representatives of government agencies. These expectations included a focus on choice and self-determination as pathways to 'empowerment'; a strong rejection of 'statist' and 'inflexible' government administered welfare services; and a conception of the social model of disability that is strongly focused on the agency of the individual rather than the responsibility of the collective.

Through interviews with representatives of government agencies involved in policy formulation and decision-making regarding the administration and provision of disability support services, with representatives of disability advocacy organisations and with people with disability receiving services, I found that these elements were not dominant, and that the suggested shift was not sufficient to explain the widespread support across the different stakeholder groups. Representatives of government

agencies, expected to exhibit the strongest 'neoliberal' conception of disability rights and welfare, presented a generally social-democratic understanding of the concept - one focused on the responsibility of the society towards the individual. Representatives of advocacy organisation and individuals with disability, both exhibited mostly similar social-democratic understandings of the concepts.

It is important to note, however, that some elements of the 'neoliberal' conception were evident in all three respondent groups. Representatives of disability advocacy groups, for example, did exhibit a focus on self-determination and choice in their discussion of the benefits of individualised funding. Representatives of government agencies also mentioned similar issues in their discussion of disability rights in general. Through this we can see that respondents' conception of disability rights, although leaning towards the social-democratic as discussed above, is mixed and may be influenced by several different directions of thought.

In my discussion of these findings I raised two related theoretical frameworks which could help us understand what this mixed conception says about the reasons for the overwhelming popularity of individualised funding. Williams' (Williams 1977: 121-127) criticism of 'epochal' analyses of social conditions, focusing only on the dominant systems of thought and conceiving of shifts in such systems as linear shifts from one dominant system to the next, can help us understand the shift that is no doubt happening. The popularity of individualisation of funding, it seems, is indicative of competing systems of thought regarding disability services, disability rights in general and, in fact, the basic conception of the individual living in society.

As Clarke et al (2007: 154) have suggested in relation to service providers and administrators in the UK, it is quite possible that administrators and decision-makers in government agencies, and all other stakeholders, in fact, are affected by several systems of thought that are contesting the dominant

position, with each introducing different elements into their views. Yeatman's (1990: 39) concept of the 'democratisation of the administrative state' and its relation to both traditional concepts of social-democratic responsibility of society towards individual (see Yeatman 1990: 54) and New Social Movement concerns with recognition of difference and democratic representation (see Yeatman 1990: 49) seem to be one of these. Another possible system affecting the views of stakeholders is that suggested by several theorists (e.g. Scourfield 2007; Ferguson 2007; Spandler 2004) as well as both Yeatman (2009: 76) and Clarke (2007, p.246 and Clarke et al. 2007, p.24-25) – a neoliberal governmental project aimed at instilling values of entrepreneurialism and individualism in society.

From the generally social-democratic direction of the views of the majority of respondents, from all different stakeholder groups, it seems that the idea of democratisation of administration with a focus on the responsibility of society towards the individual is the stronger system. As mentioned above, however, several discursive elements indicative of neoliberal governmentality are also evident in the views of many stakeholders. This does not mean that the views of respondents are simply a 'tug-of-war' between two systems of thought – they are a heterogeneous mix of elements from several systems. The 'democratisation of administration' is in itself a mixture of elements from several different systems of thought (see Yeatman 1990: 36, 39, 54), and so is Neoliberalism (see Larner 2000: 5-6).

It is evident that support for individualisation of services is not necessarily based on either of these systems of thought, but rather both, and in a mixed way. Through exploring the meaning behind stakeholder views regarding the individualisation of funding for support services for people with disability, I have uncovered different systems of thought, and elements of those systems of thought that affect the direction of shifts in disability service provision, disability services in general, and the welfare state as a whole.

Although I have noted several problems with neoliberal conceptions of welfare services and service users, I believe that a strict analysis of the advantages and disadvantages of each of the tendencies I have outlined is beyond the scope of this research. The findings of this research, do, however, suggest a need in both academic analysis and policy literature to recognise the complex and often contradictory array of discursive resources drawn on in order to justify and explain transformations in specific policy areas and broader welfare state restructuring. The findings reinforce the analysis presented by both Yeatman (2009: 76) and Clarke et al (2007: 18-20), asserting that policy changes are emerging out of a hybridisation of meanings about relationships between states and citizens and that ongoing commitment to rights sits sometimes uncomfortably, but nonetheless alongside of, ideas about individualisation and choice.

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Appendix 1. Respondents

Representatives of Government Agencies

Government agency representative 1 – representative of an agency that does not directly fund or provide services for people with disabilities, but is involved in the Council of Australian Governments with a focus on policy directly affecting people with disability.

Government agency representative 2 – representative of the lead disability agency in the government, an agency which is strongly involved in both funding and provision of services for people with disability. The representative is involved in the planning, trialling and implementation of individualised funding options across the agency.

Government agency representative 3 – Employed as senior project officer in the lead disability agency in the government, an agency which is strongly involved in both funding and provision of services for people with disability. The agency provides several individualised funding options and is currently in the process of exploring and implementing others.

Government agency representative 4 – representative of the lead disability agency in the government, an agency which is strongly involved in both funding and provision of services for people with disability. The agency has provided many individualised funding options for years and is currently in the process of exploring and implementing others.

Representatives of Disability Advocacy Groups

Advocacy group representative 1 – employed as a senior personal advocate and project manager in a state-based disability advocacy group with links to a national organisation.

Advocacy group representative 2 – Employed as a senior systemic advocate at the same organisation as representative 1. Identifies as living with disability.

Advocacy group representative 3 – Executive Officer of a small national organisation with links to an international organisation. Has worked with different systems of funding from the community services perspective and through working for government. Identifies as living with disability.

Individuals living with disability

Individual 1 – Living with disability as the result of a degenerative condition. Has lived and received individualised funding in two different states and is currently employed as a researcher in a university.

Individual 2 – Living with disability as the result of an accident at the age of 17. Is employed as an administrator at a disability employment network and is receiving an individualised funding package.

Appendix 2. Interview guide for representatives of government Agencies

1. *In what way has your agency been involved in the process of individualisation of funding and do you see it as important to your future policy development? Why?*
2. *How can disability services 'empower' users?*
3. *Are your agency's policies based on the social model of disability? In what way?*
4. *What are the main considerations of your agency in considering or implementing Individualised funding options?*

Appendix 3. Interview guide for representatives of disability advocacy organisations

- 1. How are people with disabilities 'empowered'? Is it important to 'empower' PWDs? If so, why?*
- 2. What is the importance of 'individualisation of funding' for people with disability? Is it important? If so, why?*
- 3. What is the role of disability services policy in changing the way society views people with disability?*
- 4. How and why are government and society responsible for the wellbeing of people with disability? To what extent? Are people with disability reciprocally responsible?*
- 5. Do personal empowerment, as in ability to **do** different things, and social empowerment, as in an elevated social standing, always go together? What are the best ways of enabling/facilitating/encouraging each one?*
- 6. How important is equality in the opportunities and support given to different people with disability? Why? What effect do you think Individualised funding has on this?*

Appendix 4. Interview guide for individuals living with disability

- 1. Can people with disability do anything? Is anything holding them back? If so, what?*
- 2. What is the role of the community in helping you do things that you could not do without help? Why? It's sometimes been argued that people who receive such benefits have a responsibility to society in return. Do you feel that you have such a responsibility*
- 3. What does 'empowerment' mean to you? What does it mean to have 'individual funding'? Are those two concepts good? If so, why?*
- 4. Would managing your own services be 'empowering' to you? Why? [if individual is currently managing their own funding/services then the question was asked in present tense and question 5 was asked as well]*
- 5. Have you noticed any changes in the way you view yourself, or in the way others view you since you've been receiving DPs/Individualised funding?*
- 6. Over the years, have your views on the rights of people with disability changed? How? Why?*