There is growing interest among senior’s advocates for direct individualized funding to be a key component in a transformed elder care system. Directly-funded home care is an option that many elders need and want.

In most home care programs, people receiving support have little say about who or when staff come into their home. Many elders have expressed frustration with not being able to influence the way their personal supports are provided. It is also not unusual for home care recipients to have several different workers coming in and out of their home.

Direct funding provides government funds directly to the person needing support or to the family. The person/family can then choose who will provide support to them as well as when and how that assistance will be utilized. The recipient of direct funding can self-manage (hire, provide direction, deal with payroll) or they can assign those roles to another person or an agency. Direct funding also expands workforce capacity since people can hire neighbours and others in their network.

People with disabilities and their allies have long been advocates for direct funding. All provinces now have some form of direct funding for people with physical or developmental disabilities. Few of these programs are comprehensive and most do not fulfill all the support needs of disabled citizens. Nevertheless, with forty years’ experience with direct individualized funding, much has been learned that could benefit home care for elders.

Research shows many positive outcomes of direct funding, including enhanced choice and control. Recipients appreciate the flexibility of direct funding and the ability to direct and influence their attendants or support workers. There is also evidence that direct funding enables people to increase their independence. People who use direct individualized funding are very satisfied with the support and the process. The costs of direct funding are similar to more conventional programs, but with better outcomes.

The most effective direct funding programs also provide some form of supportive technical assistance that helps the person to plan, manage workers, and
build more informal support. The Individualized Funding Resource Centre in British Columbia, for example, provides education, payroll services, facilitator recruitment, and other supportive assistance. In some jurisdictions the lack of supportive technical assistance can be a barrier to successful implementation.

Direct funding is much less common in elder care. In a review of direct funding across Canada, Christine Kelly and her colleagues identified twenty different programs, all of which were designed primarily for people with disabilities. These direct funding programs serve less than ten percent of home care clients, except for Newfoundland and Labrador, where 40 percent of home care clients receive direct funding. Given that this includes all ages, there are few elders in Canada who are benefiting from direct funding.

Ontario has three direct funding programs. Passport provides direct funding to people with developmental disabilities and their families. Direct Funding: Self-Managed Attendant Services is an innovative program enabling adults with physical disabilities to become employers of their own attendants. The Ontario Ministry of Health has a direct funding home care program called Family Managed Care. The program is not widely available as the criteria make it challenging for typical home care recipients to access it. This program currently serves primarily children with complex needs but could be expanded to benefit far more elders.

The UK has had a Direct Payments program for home care for more than twenty years. Elders and people with disabilities can apply to their local area authorities who are funded by the National Health Service. Direct payments can be used to employ a personal assistant or to assist caregivers who need their own support. Adoption of this program by elders was slow at first, likely reflecting the long-standing dependence on more formal and institutional approaches. Families can utilize Direct Payments to hire a family member under strict guidelines and principles.

The Money Follows the Person program in the US, while strictly not direct funding, provides similar choice and control to the person requiring support. The program funds people who want to leave a nursing home and move to the community. Federal funds to the state provide the resources for this to happen. In a summary of the research, Seniors for Social Action Ontario has shown that thousands of people have benefitted from this initiative.

It is time for elder care in Ontario to build on years of success and learnings from direct funding projects across Canada and around the world.
Directly-funded home care has the potential to benefit thousands of vulnerable elders while providing much needed support to caregivers. By expanding choice and control for people needing support it would help transform Ontario’s elder care system.

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**References**

i Individualized Funding Coalition for Ontario. Research on Individualized funding. (2000) [https://individualizedfunding.ca/resources/individualized-funding/](https://individualizedfunding.ca/resources/individualized-funding/)


iii Individualized Funding Resource Centre. [IFRC Society](https://www.sfrcc.ca)

iv Kelly, C., Dansereau, L., Balkaran, K., Tingey, E., Aubrecht, K., Hande, M.J., & Williams, A. (2020). *Directly-Funded Care Programs in Canada.* Centre on Aging, University of Manitoba, Winnipeg, Manitoba [https://doi.org/10.34991/847b-5q61](https://doi.org/10.34991/847b-5q61)


vi SSAO Research Report – Money Follows the Person. (2021) [50033d_7826a920fc3a4a668547de4de334c94c.pdf](filesusr.com)