



AASW
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**Australian Association
of Social Workers**

*Submission to the Australian Government
Productivity Commission*

*Introducing Competition and Informed User Choice into Human
Services: Reforms to Human Services Draft Report*

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© Australian Association of Social Workers
National Office – Melbourne
Level 7, 14–20 Blackwood Street
North Melbourne 3051
PO Box 2008
Royal Melbourne Hospital Vic 3050
T 02 6199 5000
F 02 6199 5099
E social.policy@asw.asn.au
www.aasw.asn.au

Enquiries regarding this submission can be directed to:

Angela Scarfe
AASW Social Policy & Advocacy

Dr Sebastian Cordoba
AASW Social Policy & Advocacy

Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 10,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work; and we advocate on matters of human rights, social inclusion, and discrimination.

The social work profession

The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of every member of society. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge. Social workers work with individuals, families, groups and communities. Professional social workers consider the relationship between biological, psychological, social, cultural and spiritual factors and how they impact on a client's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may impact on wellbeing, such as inequality, injustice and discrimination.

Our submission

The AASW welcomes the opportunity to comment on the Introducing competition and Informed User choice into Human Services: Reforms to Human Services Draft Report (the report). Although social workers operate across the whole of society our commitment to human rights requires that we pay attention to the needs of the most vulnerable. This requirement informs our responses to this report. Before describing our responses to the actual recommendations, it is worth detailing how this commitment frames our perspective on the concepts which underpin this report.

The objectives of the service system

We welcome the report's identification that the goals of the human services transcend the level of individual wellbeing and that they aim to benefit the community as a whole.¹ Nevertheless, our theoretical understanding of how that wellbeing is created at the community level differs from the one that the report implies. Social workers operate from the position that a society is more than an aggregation of individuals. A society also incorporates the cultural, social, economic and political processes and interactions. Community wellbeing is not achieved only through an atomistic approach to everyone's wellbeing, but also by intervening in those cultural, social and political processes to minimise structural sources of inequality.

¹ Productivity Commission. 2017. *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*. Canberra: Australian Government, p 54

Since its inception in the late 1800s the social work profession has operated at the interface between people and their environments by advocating for changes to social and economic policy. That work remains central to professional practice in the human services. Therefore, we re-iterate the importance of the broader social mission that several other organisations have already identified.²

The nature of human service organisations.

The organisational context in which social workers practise cannot be separated from the nature of the actual services that social workers provide. We endorse the report's recommendation that governments should focus on the capabilities of service providers,³ but in contrast to the report, we maintain that whether the organisation is classed as 'not-for-profit' is intrinsic to those capabilities. That is because the issue of whether the organisation achieves an operating surplus is less important than the issue of what happens to that surplus when it occurs.

The defining characteristic of a not-for-profit company is that an operating surplus cannot be distributed to its members. Instead it must be directed towards the goals for which the organisation was established.⁴ The potential for personal material gain to be achieved from the operations of a company has a profound and comprehensive influence on the culture and operations of that organisation.⁵ We endorse the four elements of effective service delivery that the report identified.⁶ Recent examples from residential out-of-home care for young people and residential aged care demonstrate that each element of effective service is compromised by the opportunity for personal gain from operating one of the services discussed in this report.

Informed user choice

We endorse the growing acceptance of the principle that people can exercise informed choice over the services that they will receive. Empowering people to exercise control in their lives is consistent with a rights-based approach to human wellbeing, and promotes the principle of self-determination that social work has long upheld.

Nevertheless, there are two general points that need to be made here. The first is that ensuring that individuals can exercise choice will not automatically overcome the structural causes of injustice. Such long-term change relies on the work towards broader social goals that has been described above.

The second is that the nexus between human rights and informed user choice is complex. On the one hand a commitment to promote the human rights of vulnerable people includes their right to define the services they want. On the other hand, our members have observed instances of elder abuse, family violence and child abuse in which the rights of vulnerable people can only be protected by curtailing the

² *ibid* p. 202

³ *ibid* p. 5

⁴ Australian Institute of Company Directors n.d. *Principles of Good Governance for Not-for-profit Organisations*

⁵ Garratt 2003 *The Fish Rots from the Head: The Crisis in our Boardrooms*. Profile Books

⁶ Productivity Commission 2017 *op. cit.* p. 5

choices of other, more powerful people who claim to be their agent.

These situations are more complex than the one that the report identified as unsuitable for user choice and control. Although we acknowledge that the report does not recommend user choice in these instances, each of these instances intersect with elements of the service system that the report discusses: end-of-life care; housing policy; and family and community services. In these instances, the rights of vulnerable people will be promoted by curtailing the control exercised by those who claim to be the agent of the vulnerable person.

Response

End-of-life care

Draft recommendation 4.1 and 4.2

The AASW endorses the proposition that people should be able to choose the form and setting of the physical and psychological care they receive in the final stage of their life. For many people, palliative care answers the psychological and emotional needs that are unique to the closing stage of their life, and enabling people to exercise choice in this matter will make a tangible difference to them and their family members.

We support the removal of barriers to palliative care, so that it is accessible regardless of whether people are in hospital, in a residential facility or living at home.

Social workers have many decades of experience in palliative care, in bereavement and grief, and in specialist mental health. Our members' experience is that people at the end of their lives, and their families, face complex and intertwined needs and that existing mental health concerns are exacerbated. Currently, there are structural barriers to the provision of specialist mental health services for people in residential aged care, and we also support the removal of these obstacles.

Social workers have specialist skills in identifying and responding to elder abuse. Ensuring processes for identifying and intervening in these situations will be a key aspect of the consumer safeguards that are recommended for maintaining quality of this care.

Draft recommendation 4.3 and 4.4

We endorse the proposals to increase the number of people who plan for their future health needs through advanced care planning. This is an appropriate inclusion to the interpersonal practice of social workers in chronic disease management, mental health, aged care and palliative care. We recommend that the Medicare item numbers under which Accredited Mental Health Social Workers currently undertake this work should be amended to include specialist end-of-life services.

Social housing

Recommendation 5.1

As early as 2008, we called for an urgent review of the Commonwealth Rent Assistance scheme to ensure that it was effective. We welcome reforms to financial support for low income people and people at risk of homelessness so that they have access to predictable, safe housing of adequate quality.

Recommendation 6.4

Not only is housing one of the basic human rights, safe predictable housing is also the foundation for economic, social and political participation.⁷ This means that the negative consequences of homelessness extend beyond the individual or family whose rights have been violated, and reverberate through their community and the whole society.

Many of the AASW's members are involved in the delivery or planning of housing support and homelessness services in a range of fields of practice. Social workers in other fields of practice that intersect with homelessness – mental health, family violence, or young people leaving state care – observe the destructive consequences of homelessness on other conditions. Because of the wide range of services they offer, social workers are in a unique position to identify emerging needs. For example, social workers in community health services were the first to identify the growing numbers of single older women at risk of homelessness. They realised that securing housing for this group of people was a necessary step in improving their mental health.

Therefore, we support the recommendation that there should be clearly defined, nationally consistent outcome frameworks and continuous improvement processes for housing services. These should complement the outcome frameworks that are developed for the services identified above to facilitate a holistic response to vulnerable people.

Family and community services

Recommendation 7.1

The recommendation that governments can analyse needs of the population based on demographic data, suggests inadequate understanding of the nature of community need. Our members' experience is that the exact nature of the community service needed in a location cannot be deduced from demographic data in the same way that need for physical infrastructure can. In the case of services such as schools, there is a clear relationship between the age of a population and the number of schools it will require. By contrast, there is not the same clear relationship with the type of community support services that those children, young people and their families will require. For example, in the instance of housing stress among older single women, the social workers identified this need only through empathic and detailed discussion with women presenting with other needs, such as anxiety and stress, and only

⁷ United Nations General Assembly n.d. 'International Covenant on Economic, Social and Cultural rights.' *General comment no 4 on the right to Adequate Housing.*

after a trusting relationship had been established. The underlying pattern emerged during staff meetings and was confirmed by detailed interrogation of data collected by local government.

The above example demonstrates that the process of identifying community characteristics and needs requires an existing baseline level of effective services; and relies on a nuanced understanding of the community. It should not be undertaken only by government, but requires input from staff working in community-based organisations and other representatives of that community. A rights-based approach dictates that the principles of self-determination apply at community level as well as for individuals.

Recommendation 7.2

We endorse the recommendation that provider selection be driven by the capability to achieve outcomes. Nevertheless, we repeat our introductory point that organisations that are structured to allow individual gain from providing services to vulnerable people have, by their nature, limited capacity to ensure the best possible outcomes for those vulnerable people.

Recommendations 7.3–7.7

We endorse the report's conclusion that there is room for considerable improvement to the current arrangements for family and community services.

Many of the processes described in these recommendations conform to the continuous improvement cycle that human service organisations recognise as integral to effective practice. So far, the obstacle to undertaking these tasks has been that they fall outside the services that governments have commissioned. Although we welcome the principle that these processes be incorporated into the services that government commissions, our experience of government contracting has not inspired confidence that these processes will be adequately supported. The change from block funding for services to activity-based funding contains a tangible and serious risk that service quality will be eroded in the medium term. The processes that are necessary for maintaining service quality, such as professional development and supervision, clinical governance and continuous quality improvement require sustained financial and operational support from government and management.

Although the report cautions that these reforms require a significant allocation of resources, we believe that this is a short-sighted view. Other studies have demonstrated that when they are effective, family support services prevent more serious problems from developing. They enable governments to avoid the spending that would otherwise be needed for services such as youth justice and drug and mental health. They should therefore be regarded as an investment.⁸

Even though the report's recommendations consider the process of outcomes-based commissioning in detail, our members have observed how easy it is for organisations to manipulate their intake criteria, their recording practices and their client feedback. Members have also been dismayed at examples of changes such as the introduction of marketing training for frontline staff to enrol clients into elevated

⁸ Toumbourou et al. 2017 *Strengthening Prevention and Early Intervention Services for Families into the Future*. Research, Geelong: Deakin University.

levels of service provision. Therefore, we caution that changes to activity-based funding also require increasingly sophisticated regulatory oversight of organisations, which can distract from the core activity of supporting vulnerable people.

Human services in remote Indigenous communities

Recommendations 8.4 and 8.5

We have already stated that we approach human services from a human rights perspective; and that this requires that people have a say in the services they receive. This principle takes on an added moral imperative when working with Aboriginal and- Torres Strait Islander peoples because of the destructive and oppressive role that government and non-government agencies have played in the past. The AASW has acknowledged the role that welfare professions previously played in implementing harmful government policies and is now dedicated to ensuring culturally safe and sensitive practice.⁹

Therefore, we endorse the proposals for engagement with Aboriginal and Torres Strait Islander people in service provision and governance. However, we believe that this imperative operates at a level more fundamental than the recommendations in the report. Culturally appropriate service provision commences at the earliest stage of service design: it commences by defining wellbeing in culturally appropriate terms. For a service to be culturally appropriate also requires that the people who will use the services also participate in all stages of design, implementation and improvement.

In this context, it is important that Aboriginal and Torres Strait Islander people also participate in the governance of the services. In the context of health services, ensuring that Aboriginal people control those services is necessary for improving long-term health outcomes.¹⁰ Similarly, the Closing the Gap Strategy has initiated the *Empowered Communities* program because it recognises that a significant improvement in the outcomes of Aboriginal and Torres Strait islander people will only be achieved when Aboriginal people are at the centre of decision making.¹¹ This means that the government's stewardship role requires that it pay particular attention to ensuring Aboriginal governance of these services

Conclusion

Social workers have a long-standing commitment to improve the quality, effectiveness, equity and accountability of the human services. Social workers already have the expertise to participate in – if not lead – the extra tasks that the stewardship role demands from the human services sector and

⁹ Australian Association of Social Workers 2004 'Acknowledgement statement to Aboriginal and Torres Strait Islander peoples.' *Australian Association of Social Workers*. Accessed June 29, 2017. <https://www.aasw.asn.au/document/item/618>.

¹⁰ Harris, Alastair, and Suzanne Smith. 2017. 'Closing the gap: Queensland's positive Indigenous health model.' *Australian Broadcasting Commission News*. 2 July. Accessed July 3, 2017. <http://www.abc.net.au/news/2017-07-02/closing-the-gap-seq-approach-touted-for-national-rollout/8668734>.

¹¹ Department of the Prime Minister and Cabinet 2017 *Closing the Gap: A new way of working together*. Canberra: Australian Government.

government.

The concept of stewardship as the role of government stands in contrast to the approach that previous governments have taken to funding services. To fulfil this role adequately will require a profound cultural change in the way that governments understand the ingredients of an effective human service, and relate to community service organisations. While we welcome any opportunity for improvements in the lives of vulnerable people, we approach the proposed reforms with caution. We have observed decades of underfunding for the sector. In recent years, the language of the marketplace has been used to justify decreases in resourcing that have compromised the quality of the services our members have been able to provide. We recall multiple instances where structural reforms have been accompanied by a decrease in funding rather than the increase that the transition to the new arrangements required. We call on the Australian government to ensure that this report does not become the vehicle for perpetuating existing problems.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



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T 02 6199 National Office – Melbourne
F 02 6199 Level 7, 14–20 Blackwood Street
E social.p North Melbourne 3051
PO Box 2008
Royal Melbourne Hospital Vic 3050
National Office - T 02 6199 5000
Level 7, 14-20 E F 02 6199 5099
North Melbourne E social.policy@aasw.asn.au
www.aasw.asn.au

Incorporated in the ACT

ACN 008 576 010 / ABN 93 008 576 010