

Mable Technologies Submission:

Productivity Commission Review of Aged Care Employment

Friday 29 April 2022

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1. Executive Summary

Mable welcomes the opportunity to make a submission in response to the Issues Paper released by the Productivity Commission examining models of employment in the aged care sector.

What Mable provides in economic terms is a measure of market completion. It facilitates the entry of people who want to work in aged home care and disability support who otherwise cannot, or do not want to commit to the rigidity of employment through a home care provider, with the opportunity to make flexible arrangements directly with a consumer. In turn, consumers have more choice about who provides their care. From a workforce perspective, this means there are more people in the sector than otherwise would be available. For consumers this means more care, choice and competition for their clientele.

The critical difference between the digitally enabled environment in which Mable operates and working arrangements which are collectively, and unhelpfully labelled “the gig economy”, is that Mable supports a workforce choosing self-employment where direct wage-based employment is more common. This is in comparison to vertical platforms operating in other sectors such as rideshare and food delivery, where the workforce increasingly has no alternative direct employment option. As data in the submission will show, workers operating via Mable increasingly prefer the direct carer-to-consumer model, because of the genuine connection and flexibility it affords them in a sector where there is excess demand for employed aged care workers. This is equally true of thin markets, where there is often market failure with consumers unable to access the support they need.

The key critical difference between a traditional registered or approved provider/employee model and small businesses including those who choose to operate via the more innovative platform solution offered by Mable, is found in where the power resides. The traditional model is absolutely necessary and will and should always have a place in the sector. The Aged Care Royal Commission (Royal Commission) argued that placing the consumer at the centre of the decision making enables them to exercise choice and control which allows a genuine and productive bond to form between them and the support providers they choose to engage. In today’s aged care workforce environment, this is gaining traction, with Mable being an example of a platform that enables such choice and control.

In summary, Mable highlights in this submission:

- There is no link between employment models and quality of care or safety. An employed workforce of Approved Home Care Providers and small businesses (often operating as sole traders) is equally compatible with achievement of the broad objectives of developing a skilled, career-based, stable, and engaged workforce.
- Professionals and other service providers, including personal care workers and nurses, should be able to determine how they want to present to the market and the

services they offer. Nurses already choose to be self employed in other parts of the health sector, as do other other service providers. We do not impose this restriction in other sectors of the economy, including the health sector and disability sector, and one must ask, what are the overwhelming compelling reasons and evidence to make this extraordinary decision in aged care?

- Prescriptively excluding independent contractors and innovative tech-enabled models will ensure aged care falls further behind in terms of workforce and innovation.
- When it comes to the very serious workforce shortages present in the care sector, small businesses are particularly well suited to help fill the void and to support the success of Consumer Directed Care and consumers goals to live a good life.
- By using the Mable platform and reducing the overhead inherent in the models of large provider organisations, consumers are able to access **significantly more hours of care and support** from their Government Home Care Package, directly impacting quality of life and increasing the likelihood they can remain living at home for longer.
- The importance of choice and control identified by the Royal Commission and the sector is essential and digital platform providers such as Mable support this. Crucially, included is the right to choose between mixed models of support provision. An inability to choose between mixed models is directly contrary to the concept of self-determination and autonomy.
- Independent research indicates that self-management of home care packages can be a successful option for older Australians resulting in lower fees and more money to spend on services. As a result, consumers receive more personalised care, enjoy increased autonomy and satisfaction, and are less reliant on service providers.
- Mable takes safeguarding obligations seriously, delivering a robust layered platform, data and community approach that meets and exceeds what is required by approved providers complying with regulation.
 - Aged care consumers and NDIS participants on Mable want to choose who comes into their homes, and providers on the platform want to determine which clients they support, which is why the Mable platform prioritises safety of its users and has a culture of risk identification and mitigation. In addition to support provider screening, clients can choose to discontinue a service for any reason, have transparency to decide who is coming into their home and rate or review the service, and Mable maintains strong incident and complaints management processes.
 - Mable pursues and receives substantial feedback from older Australians using the platform (ratings and reviews, reporting of incidents and complaints), along with data signals, which are investigated for root cause and continuous improvement and where necessary and on occasion used to exclude some workers from the platform.
- Independent support providers working via the platform are an essential source of new workforce. Approximately 50 per cent of the service providers on the Mable

platform are new to the sector. A significant proportion advise they would not otherwise work in the sector.

- By removing overheads inherent in traditional provider models, more money than before ends up in the pockets of small business service providers at higher rates and provides them with more work.

Persisting with the belief that traditional models alone can respond to the individual needs and expectations of consumers and address the chronic workforce shortages already taking hold will only result in a repeat of history: low direct care hours and unmet needs; departure of workers from the sector; and deeply dissatisfied consumers. Instead, embracing mixed models and technology enabled solutions, where problems are already being overcome, must be considered in the future of the aged care system.

2. Preface

In a powerful essay¹ by residential aged care advocate, Sarah Holland-Batt, Ms Holland-Batt writes that *“Fundamentally, the failure of Australian aged care is a failure of imagination”*. The failure Ms Holland Batt refers to is a failure of all of us to imagine our own aged care future.

“If we refuse to imagine what it is like to age - and accept that one day we, too, will become old - then nothing changes and the appalling status quo will continue. Our collective failure to imagine the lives of the elderly is the primary obstacle in the way of genuine empathy: an empathy that should be predicated on the acknowledgement that one day we will join their ranks”

But this is not the only failure of imagination. There is also the failure to imagine alternative models of home care, one’s grounded in recognising the capacity of older people to make decisions about their lives and support, acknowledging their human rights, the opportunity to build the capacity and knowledge of older people to more effectively exercise choice, the value of community-based and relationship-based home care solutions and the imagination to embrace additional employment models in the care sector. The current centralised, highly regulated and provider-led aged care solution has in many cases not only failed to keep people safe but failed to deliver the quality of life we would imagine for ourselves.

In response to failings as laid bare in the Royal Commission there can be a natural tendency for well meaning people to turn to regulation to solve the problems by wanting to protect those who are vulnerable. However, this may not lead to the outcomes we intend nor the aged care system we all want to imagine for our future. As disability advocate and Chair of the Victorian Disability Advisory Council Dr George Taleporos writes² in relation to the horrific death of NDIS participant Anne Marie Smith:

“Policy responses should avoid categorising disabled people as “vulnerable”. Doing so threatens our autonomy and freedom to choose how we live our lives”.

“Policy responses should be focused on building the capacity of people with disabilities to be empowered, autonomous and in charge of how we live and how we are supported.”

While we appreciate there are many older Australians experiencing cognitive and physical decline, we also recognise that in home care settings in particular there is a growing cohort of older people, often with the support of a primary informal or family carer, capable of judging quality and capable of making choices about what’s important to them - particularly if we focus on supporting their capacity. We should also recognise that older people will

¹ <https://insidestory.org.au/magical-thinking-and-the-aged-care-crisis/>

² <https://everyaustraliancounts.com.au/opinion/choice-and-control-advocacy-and-relationships-keys-to-addressing-abuse-and-neglect/>

likely be asked to fund a greater proportion of their care, and as such, their voice for choice and control will grow even louder.

Mable brings a technology, innovation, community and person-centred mindset to solving the entrenched challenges in aged care at home and disability support. Mable, and its community of older people, people with a disability and independent support providers are creating a complementary home care and disability support model, one that has continually evolved over a seven year period, to enable positive outcomes for consumers and those who support them. **Mable's approach is not intended to replace the existing models, but rather to complement them, to offer consumer choice and work choice within the existing regulatory framework.**

The entrenched challenges include:

- enabling greater individual choice and control for people with disability and older Australians who live in communities around Australia;
- enabling people to safely live independently in their home and community and experience quality of life;
- ensuring government funding goes further and more is spent in direct care and not administrative overheads;
- enabling people who offer support to earn more, feel valued and be empowered;
- attracting, retaining and upskilling workforce; and,
- finding support solutions for thin markets - such as regional, rural and remote communities, Indigenous communities, LGBTQ and culturally diverse communities.

This is at a time when the nature of support is changing. For example, as a person with disability explained to me, the old system was about support to live, the NDIS is about support to live a good life. This requires support to look and feel different to what has been provided historically.

When people talk about aged care, invariably, residential aged care dominates the conversation and aged care at home is often an afterthought, despite it being the overwhelming preference of people. While there are differences between aged care at home and disability support, there are important similarities in that the goal is to improve life outcomes. Both are about enabling people to safely live independently in their own home and remain or become included in their community. This means different things to different people.

People with a disability want to live well and discover a life of meaning and purpose, while people who are older want to maintain wellbeing and a life of meaning and purpose. Naming the new integrated aged home care program³ "Support at Home" rather than a

³ <https://www.health.gov.au/resources/publications/support-at-home-program-overview>

“Care at Home” program, reflects the changing nature of support, although personal care and nursing remain part of the support needed to live independently.

If we are to deliver on the quality of independent life and wellbeing goals of home care we need to not only overcome the chronic workforce shortages that exist today (particularly in personal care and nursing), let alone forecast due to rapidly rising demand, but we also need to attract and upskill a much more diverse workforce and this workforce needs to be located and available in communities everywhere.

The perception of aged care at home and disability support work also needs to change. Lots of people living in communities around Australia have life experience that is relevant to the people in their community and older Australians who need support. It can no longer be seen as a job of last resort.

Consumer attitudes, behaviour and expectations are also changing. The major social reforms of the NDIS and Consumer Directed Care in Aged Care were borne out of consumer movements dissatisfied with the provider-led models of support and are grounded in human rights as well as pivotal Productivity Commission Inquiries. Consumer behaviour has continued to shift even in the 15 months since the Royal Commission final report was published. In the NDIS, which is underpinned by consumer choice and control, participants have continued the move toward self and plan management with this cohort making up 83 per cent of all participants as of December 2021, an increase from 65 per cent in December 2019⁴ (and many are engaging sole traders, both registered and unregistered, due to the flexibility to tailor support to their life needs and preferences).

At a recent COTA and ACSA conference held on 5 April on self-management of home care packages, the message was there is a “huge consumer appetite for self-management across the sector”⁵ with an estimated 20,000+ consumers self-managing, approaching 8 per cent of all home care packages. As conveyed at this conference, the adoption of self management in home care is not driven by low fees and charges.

“...in all of the research that I've looked at and done in being part of over the last seven or eight years, and the research that we did with consumers showed that they were not going to self-management because of low fees as their initial drawcard, it was very much more about those more intrinsic desires, the values that they had, that they felt that they shared with a provider that was more willing to enter into a conversation with them about different ways to approach their needs. And those were the things that were driving consumers initially, not just around the lower fees and charges.” Anna Millicer, Founder Get Smart Aged Care Consultancy

“the main and most essential aspect of self managing that resonates with most, if not all Home Care Package consumers is that with self managing, I can source and I can select the support worker who is actually the one who's providing the essential support that I need, and for which I'm very

⁴ <https://www.ndis.gov.au/media/4063/download?attachment>

⁵ Anna Millicer, Founder Get Smart Aged Care Consultancy

grateful. And that's why it's crucial to ensure that the support worker gets the appropriate due remuneration, instead of being paid half the amount charged to my homecare provider.” Mona Orszulak, Home Care Package recipient and OPAN Consumer Reference Group member

“And just the fact that I can choose the right time to get the support that I need from this person I feel most comfortable with and with whom I've been able to form an appropriate rapport instead of having to conform to providers management of their scheduling and staffing procedures, is ample reason for me to self manage for as long as possible. And that's the same reason why most self managed consumers choose to self manage.” Mona Orszulak, OPAN Reference Group member

Self management of Home Care Packages is enabling people to choose the support provider most suitable for them, this includes organisations with an employed workforce or independent contractors directly or via platforms. It enables consumer choice and control. Often people default to the view all older Australians are vulnerable and therefore need to be dependent on providers making all decisions for them in order to keep them safe. However, this is not how many older Australians see themselves and this perception and approach can negatively impact quality of life.

“There is a very dangerous and cruel misconception that all seniors suffer from dementia, which is perceived to equate to being senile. And that therefore we are all vulnerable to exploitation, causing providers to adopt this paternalistic attitude in order to protect our interests and ensure we are appropriately cared for. Ironically, which is precisely the opposite of the principles listed in the Charter of Rights. And it demonstrates a very sad but very common lack of knowledge and ageist mindset. Self management, as it currently stands is only part self managed, and needs overhauling to be truly recipient directed. We need to be given more scope within the self management to provide for us to take charge of our own expenditure and accountability for the funding. Rights, dignity and respect, are all great concepts in theory, which, unless they're practised and applied, are nothing more than illusions to appease societal values and expectations of the way older Australians are being treated and cared for.” Mona Orszulak, OPAN Consumer Reference Group member

There is also an assumption that more regulation can overcome the workforce and quality crisis prevalent across not just the aged care sector but the broader care sector including disability support and veterans. However, by limiting the market to provider-led solutions, the reverse is likely to occur.

The opportunity is for regulators to recognise what consumers and workers know, that there is a large cohort of home care consumers and people who work, and want to work in the sector, that have capacity and by enabling them to come together **based on choice** in communities everywhere, with appropriate regulation and safeguards, we can dramatically improve outcomes. As you will read in Mable's submission, by changing the perception of support work, we can attract a new, motivated and capable workforce. This is not to say that this is the right solution for everyone, as many consumers and workers will prefer more

traditional models, but it is an important choice for many⁶. And if we are to attract the capable workforce required, **all pathways to this sector should be and will need to be open.**

Fundamentally support providers, including personal care workers and nurses, should be able to determine how they want to present to the market and the services they offer. Participants in other sectors are not restricted in this regard, and one must ask, what are the overwhelming compelling reasons that this would be the case in aged care?

By implementing such restrictions on the mode of engagement, there will be the introduction of unnecessary interference and restrictions on the day to day operation of our economy; removing choice and flexibility, for no apparent benefit. By implementing restrictions on the role of technology (including platforms), something that will play a role in all our futures and in the Australian economy, the aged care sector will fall even further behind in terms of innovation, efficiency and effectiveness.

People engage small business operators all the time. The fact that platforms make this easier shouldn't somehow restrict the right of these operators to offer services via platforms. To expect that somehow everyone will make enquiries into how someone's business is structured or their mode of engagement and to reduce the flexibility that is so desperately needed to solve some of Australia's greatest workforce challenges, is misinformed.

In the context of aged care at home, small businesses and independent contractors are particularly well suited to support consumers' goals to live a good life independently because they:

- operate locally
- are part of and understand the client's community
- tend to be more flexible and responsive to your client's needs
- can be more innovative and creative as you operate niche businesses;
- tend to be highly motivated
- operate with low overheads.
- offer a career pathway from being an employee to starting a business.

This is an untapped community care workforce. This is the workforce being attracted to the sector or retained in the sector as independent contractors - not because they don't have a choice, but precisely the opposite, because they do have a choice. They choose to engage as a small business at a time when there are chronic workforce shortages and there are many employment opportunities in the sector. They are attracted because they also value choice, control and flexibility, they have the opportunity to earn more, feel valued by their clients who choose them and they choose to work with, and they respond positively to

⁶ National Seniors Australia: Consumer Directed Care In Australia: Early stage analysis and future directions, 2017

being empowered. For the same reasons independent contractors are a critical part of all sectors of the Australian economy.

To prescriptively preclude personal care workers and nurses from the opportunities of being independent contractors in the aged care sector will exacerbate the workforce challenges and turn people away from the sector. Even more concerning is the lack of evidence to suggest poor quality outcomes, greater risk or undermining of workforce conditions. The data and evidence shared later in the submission supports this view. If we are to ever attract the workforce we need in aged care and disability support, there can be no argument that the future for aged care and disability support is just as much about improving choice and outcomes for those who provide support as it is for consumers.

Based on recent survey data, approximately 50 per cent of the workforce on Mable are new to the sector. While to some this may seem concerning and question whether these people have appropriate qualifications or experience, they are limited on Mable to offering entry level services, within Social Support and Domestic Assistance, which excludes personal care services.

Attracting this new workforce has two significant benefits. Firstly by fulfilling entry level support needs, the scarce resource of qualified Personal Care Workers can be freed up to provide personal care. Secondly, by providing a pathway to acquiring micro personal care credentials leading to a full personal care qualification, the motivated cohort of people new to the sector will go on to become qualified to provide personal care services. Appendix 1 is a letter from an RTO who provided accredited training to independent contractors offering services via the Mable platform. As stated in their letter

“All of my team members came to the same conclusion, that sole traders/Business owners are motivated and incentivised differently compared to employees participating in the same course” and “XYZ (name changed) Training has been delivering Business to Business training solutions to numerous disability and aged care providers of various sized over the past 6 years and I have to say our experience with Mable has been unprecedented.”

For the remaining 50 per cent of workforce signing up to Mable who are from the sector, Mable offers the opportunity to build direct relationships with clients; choose work hours and provides a career pathway of establishing and running a small business, maximising potential and flexibility. In either case, Mable helps retain people in a sector, including personal care workers and nurses, at a time when alarm bells are being rung regarding the risk of people leaving the sector.

Further, the Department of Health’s “Support at Home Program Overview” envisages a new regulatory model which proposes to enable clients to self-manage their care, including using multiple service providers if they choose to do so. *“The Approved Provider model is under review, with alternative approaches with risk-proportionate regulation and market*

entry requirements under development. The intent is to assure safe and quality care can be delivered with appropriate oversight, including by small businesses, without undue administrative burden.” To support this Program a range of models need to be supported including employment and contracting, rather than restricting how people can engage these providers or the way support providers decide to present themselves to the market.

To broaden opportunities to increase supply and the value felt within the care sector, the Department of Health is also actively working on ways to harmonise the workforce across the NDIS, aged care and veterans sectors. By considering how to minimise barriers to entry as well as overheads, more supply can be unlocked with communities, which is critically important in thin markets. In fact, it is important to see aged care at home and disability support not as one homogenous market but as thousands of smaller local heterogeneous marketplaces. This is equally true in metro areas but more obvious in thin markets. This is one reason why marketplace platforms add economic value by understanding and resolving the supply and demand imbalances that exist in micro, community marketplaces across the type of support; cultural, language and other preferences related to support days and times.

A key critical difference between a traditional Approved Provider/employee model and the more innovative solutions offered by Mable is found in where the power resides. While the traditional model will and should always have a place in the sector, the Royal Commission noted an absence of the consumer’s voice in shaping authentic human services: services provided by one individual to another in homes and communities around Australia. To learn from the various reforms, inquiries and commissions to design a truly transformative care system, we must start with the consumer. In both self-managed Home Care Packages and the more mature self-managed NDIS market, clients seek greater choice and control over support solutions, access to a greater number of direct support hours, especially in aged care, and improved overall quality of life.

This flexibility, choice and control is just as important from the workforce perspective. Independent contracting and utilising technology platforms is part of the solution to the very real challenges in aged care, not part of the problem.

Regards

Peter Scutt

Chief Executive Officer and Co-founder
Mable Technologies Pty Ltd

3. Mable's response to specific characterisations in the Issues Paper

Before turning to addressing some of the Productivity Commission's "Information requests" Mable would like to provide further input into some of the characterisations set out in the Issues Paper.

3.1 Figure 1 Employment Relationships in the aged care sector (p10)

Given the importance of alignment underway across the care workforce, it would be helpful in Figure 1 to consider employment relationships in the care sector more broadly rather than the aged care sector. In aged care at home and in disability support, consumers are engaging independent contractors directly, not just via platforms. This is widespread and growing under choice and control in response to consumer and worker preferences. In the disability sector, the early adopters of self management have also for many years been directly employing workers under state based disability funding schemes and the NDIS.

In this context, the Mable platform is a risk mitigator in that it provides greater safeguards for people when engaging independent contractors via its multilayered safeguards approach.

In addition, Approved Home Care Providers and Registered Disability Support Providers also broker out a substantial amount of service delivery to other organisations, who may be registered or unregistered, and who may range in size from a handful of employees or contractors to large workforces. This diversity of solutions is necessary in light of the diverse needs and preferences of consumers, services required and their geographic spread.

3.2 Characterisation of Digital Platforms and "Platform Workers"

There are very significant differences between digital platforms. Most commonly platforms are either characterised as operating **vertically**, sometimes called a "centralised platform", or **horizontal** sometimes referred to as "decentralised platforms"⁷.

Vertical platforms insert themselves between parties by setting price, allocating jobs and dictating terms. In many respects, consumers come to these platforms for a service which is then allocated to a third party for fulfillment on predetermined terms. Examples include ride share and food delivery. This is distinct from horizontal platforms which facilitate direct connection between the parties who then agree terms and contract directly. Examples include Airtasker, Freelancer and Mable. Mable does not set terms, including price. We do

7 The Victorian On-Demand Workforce inquiry referred to two distinct categories of platforms: "a crowd-work system" (referencing Airtasker, Upwork and Mable as examples) and "a work on-demand system" (referencing ridesharing and food delivery as examples).[ref Clause 77, page 15, Section 2.2.7] Similarly, in this same report, "The Australian Council of Trade Unions (ACTU) observes this distinction between platforms. [ref See page 15, Section 2.3.7]

not allocate jobs or define the service offering other than making certain services subject to meeting or exceeding industry safeguards.

It is incorrect to characterise a marketplace platform like Mable as choosing to engage workers as independent contractors. On horizontal platforms like Mable, the client engages directly with the independent support provider. There is no difference between an independent contractor choosing to engage with clients directly or via a platform like Mable.

A good example of this is the allied health professionals, such as physiotherapists, in local communities. Some may choose to advertise their services and seek clients in their local communities via a shopfront, others may promote their services and build businesses via online channels such as the Mable platform. The structure of their business, whether as a sole trader or an employee of a corporation is not relevant to the quality or delivery of services. These professionals are not delivering a service on behalf of Mable, rather they, like so many others across Australia, are leveraging technology to reach a broader audience, access administrative efficiencies and build their businesses.

Likewise, it is also incorrect to characterise support providers operating on the Mable platform as **platform workers** (p11) “regardless of whether they are employees or independent contractors of the platform”. The term “platform worker” implies a dependency that does not exist in Mable’s horizontal marketplace. It is not the nature of the Mable platform, including there being no requirement to exclusively offer services via Mable and services can be offered to the market with or without the platform (unlike, for example, a rideshare platform). As such, the distinction between independent contractors and independent contractors who choose to operate via a horizontal platform is a false distinction.

3.3 Other platform approaches in the care sector

It is limiting to apply a dichotomy of either “Employee of platform” or “Independent Contractor” as per Figure 1 to all platforms. This would be more appropriate if the discussion concerned only platforms operating in a vertical fashion where the construct is more rigid and comparable.

To this point, the characterisation of HireUp and Mable as essentially the same solution with the difference being as to whether the platform chooses to engage the workers as casual employees or independent contractors is incorrect and limits considerations of the value of distinct models.

HireUp is a Registered NDIS Provider of support via its largely casualised employee workforce with an online presence. They operate in a more traditional part of the NDIS sector, as a registered provider of supports.

Mable by distinction, is a horizontal marketplace platform operating beyond the NDIS sector, that unlocks the innovation of small business including sole traders, who operate locally in thousands of small communities and who are shaping their businesses and offerings in response to the needs of their clients and the communities they live in.

Note that the NDIS Quality and Safeguards Commission's June-December 2021 Activity Report⁸ showed there are more than 7,000 registered providers who are "individuals" and 11,000 registered providers who are "organisations" We understand many of the individuals are therapists and care workers. As noted earlier, many people with disabilities have also been directly employing or contracting their support for many years, in part because of the decades of campaigning by disability advocates who demanded that they are best placed to be in charge of who they engage, how and what for.

One of the benefits to Mable's approach is that there are many services that have historically been dominated by small businesses including therapy supports, gardening, home modifications, cleaning and personal training. These services would naturally lend themselves to choosing to offer services via a marketplace platform rather than being employed by a Registered NDIS Provider or Approved Home Care Provider.

However, the shift from block funding approved or registered providers to individualised consumer funding with choice and control, is opening up and broadening the opportunities for small businesses in the sector and this is a necessary and good thing. There is no reason to not see positives in personal care workers and nurses aspiring to run their own business in care at home, with appropriate safeguards, and this is consistent with a desire to see a more competent and empowered aged care and disability workforce emerge. It is common for GPs, medical specialists, dentists and therapists to be self employed, as it is for gardeners, personal trainers, tradespersons and handymen. It would seem odd to deny this opportunity for nurses and personal care workers in the aged care sector. In fact, the Government determining who has the right to be an independent contractor and in which sectors of the economy would seem unprecedented and will invariably lead to unintended consequences. Even more so when nurses already operate as independent contractors within the health sector in many different settings and the Australian Nursing and Midwifery Foundation (ANMF) contemplates this.⁹

Validating this point is HireUp's recent decision to embrace independent contractors, referred to as "independent support professionals" who offer services such as support coordination and support advice¹⁰. This decision by HireUp validates the need for mixed models and will only further increase choice and diversity of services in the sector.

⁸ <https://www.ndiscommission.gov.au/document/3526>

⁹ https://anmf.org.au/documents/policies/PS_Self_employment_private_practice.pdf

¹⁰ <https://hireup.com.au/become-a-support-professiona>

In this context, Mable as a marketplace facilitates safe engagement between consumers and independent contractors, effective matching and administrative efficiencies via an innovative technology solution that levels the playing field for small business and lowers their costs - so that they can more viably enter and remain in the sector.

To further illustrate differences between solutions, it should be noted that HireUp sets rates and operates with a 30.4 per cent margin between what a consumer pays and what a casual worker earns. According to its website, on weekdays it pays its casual employees \$35.54 per hour (including super and casual loading)¹¹ while charging clients \$51.54 per hour¹². Mable has a 14.3 per cent margin. On average, independent contractors offering personal care weekdays via Mable earn around \$43 per hour, with the consumer paying \$50.17. As you would expect with a marketplace, Mable allows consumers to negotiate different rates for different services, for example, engaging someone for social support at \$35 per hour, freeing up funding to pay another service provider \$60 who is highly qualified in a particular service, for example, complex personal care.

While one might expect a Registered Provider like HireUp to have more rigorous safeguards than a marketplace like Mable, in Aged Care Royal Commission testimony, Mr Gray QC Counsel Assisting, asks Ms Timmins, HireUp's "Head of Service" the following:

"MR GRAY QC: Sorry, I'll come to that in a minute, but firstly, can I ask what are the steps HireUp takes, if any, to ensure that a worker offering to perform services in a particular category is an appropriate person to be providing services in that category? Is there some form of checking of their qualifications or anything of that kind?"

MS TIMMINS: No, we don't check qualifications. We do collect those and then the person with a disability, if they have a requirement for a specific qualification for them individually, they can check those with the support worker"¹³

In effect, HireUp leaves the decision as to whether a specific qualification is a requirement to the person with a disability and leaves them to check the qualifications. Whereas Mable requires evidence of certain qualifications to offer personal care and the evidence of these qualifications is checked by Mable. The point is not to argue the merits of Mable's approach over HireUp's approach in terms of safeguards or engagement models, but to point out that one can't assume that registration and employing workers is inherently more safe or delivers higher quality.

Rather than see a tension between HireUp's Registered Provider and casual employee model and Mable's safeguarded marketplace model that needs to be resolved, there should be recognition that both models have their place in a vibrant human services marketplace and both can operate and co-exist within a contemporary regulatory framework as is the

¹¹ <https://hireup.com.au/pay-rates/>

¹² <https://hireup.com.au/pricing/>

¹³ ACRC testimony P-8869 and p-8879

case with the NDIS and is currently contemplated in home care. Some consumers will value services from an organisation providing the services and some workers will value being an employee. Likewise, other consumers will value choosing the people and services right for them within a safeguarded marketplace framework, while some workers will aspire to the opportunities, flexibility and empowerment of being an independent contractor or small business. Diverse care and workforce options and choice is critical for both consumers and workers.

3.4 Box 4 - “Common Types of employment in Australia”

The issues paper notes in Box 4 *“Courts have considered a range of factors (including those listed above) when deciding whether workers are employees or independent contractors”* (p9)

The High Court of Australia has handed down a number of recent and related decisions that have clearly affirmed the primacy of contractual arrangements and affirmed that courts should not be attempting to redefine relationships based on indicia¹⁴. This should remove any uncertainty being propagated about “recipients’ risk of having to assume the responsibilities of being an employer” (figure 4 p 22).

3.5 Box 5 - “An example of how care recipients can engage government-subsidised care through a digital platform”

The example implies that the Approved Home Care Provider’s role is limited to holding the funds and paying the invoice. It should be noted that the Approved Provider is and remains responsible for care management and is responsible for meeting the Aged Care Quality Standards. Audits by the Quality and Safeguards Commission occur on an ongoing basis to ensure the Approved Provider, in enabling a self managed approach, meets the Quality Standards, including where Mable is utilised by a self managed consumer or if there is another mode of engaging support. Currently there are over 100 Approved Providers supporting home care package clients to use the Mable platform to engage tailored supports.

Further, page 21 states “Under current funding arrangements for home care, an Approved Provider is required to manage the consumer’s funds and pay for services, even if the Independent Contractor or digital platform worker was engaged directly by the consumer”. This also should recognise that the Approved Home Care Provider has a regulatory responsibility for care management, care outcomes and compliance with the Quality Standards irrespective of how the support is provided.

¹⁴ CFMMEU V Personnel Contracting and ZG Operations Australia v Jamsek

To further support the fact that self management in home care (including the engagement of independent contractors, via a platform or not) is already working within the regulatory framework, see Appendix 2 for a number of insights from experts in the sector.

3.6 Unclear definition of Personal Care Worker

On page 11, the Issues Paper summarizes the broad spectrum of tasks undertaken by workers in the aged care sector. Then it clarifies that the Inquiry will consider nurses and personal care workers, without giving a definition for personal care workers. Therefore, in responding, we have used the “Personal Care” definition and requirements that are used at Mable. A person providing personal care services via the Mable platform must have a Certificate 3 or 4 in Aged Care or Disability Support, a similar qualification, certain international nursing qualifications or two years’ equivalent experience that is verified by Mable operations personnel. Once verified for personal care the support provider can provide high personal touch services which could include assisting with personal hygiene, mobility as well as assistance with medication.

Specifically, this may include assistance with showering and going to the toilet, grooming, dressing and assistance with eating. It can also involve help moving around the house, or getting in and out of bed. Note, offering medication assistance is subject to additional evidence of having completed the accredited Assistance with Medication module of learning with an RTO, while hoist and transfer is subject to verifiable experience.

It is important to recognise that a person verified via Mable to provide personal care services may choose to also provide social support and domestic assistance services such as help with shopping, meal preparation, other domestic duties, as well as support for community participation. This is critically important in ensuring consumer needs can be met in a way that meets their requirements and is economically feasible. The siloing of aged care job responsibilities is something that the system has fought previously to move away from and poses a significant threat to affordability and sustainability of the scheme if steps are taken in this direction.

A large proportion of home care services will be related to social support and domestic assistance, although the data seems to identify “Ancillary workers are predominantly cleaners, cooks and gardeners” and that “Almost all ancillary workers were reported as working in residential aged care”. An understanding of the broad support roles in home care is missing in the data.

3.7 Box 7 - Digital platforms for care services

The screening practices outlined as “basic worker screening”, on page 17, do not explain what the difference is between this and the screening practices undertaken by Approved Home Care Providers. For example, Mable meets or exceeds industry standards for

screening requirements, where for example for Personal Care a Certificate 3 or 4 in Aged Care or Disability Support, a similar qualification or 2 years' equivalent experience. Mable has adopted this approach as part of its safeguards, despite this not being an industry wide requirement.

It is quoted that the estimated average earnings for care platform workers is \$21.60 per hour without qualifying the robustness of this data. This is in contrast to the average rates Mable has shared in various submissions (e.g. Victorian On-demand Economy Inquiry, the Aged Care Royal Commission, the Senate's Future of Work Inquiry and the NSW Parliamentary Inquiry into the Future of Work) for social support, domestic assistance, and personal care type services provided Monday to Friday which is now in excess of \$40 per hour (after platform fees). It is then surprising that average earning numbers like \$21.60 are perpetuated because it bears no reality to the rates being earned by independent contractors via the Mable platform.

4. Mable responses to questions posed

Our prior comments are also relevant in answering some of the questions posed in the issues paper.

4.1 Self-determination

- **How do mixed models like sole traders engaged via a platform increase a consumer's right to self determination?**
- **What is the value of support providers engaged via a platform for aged care recipients in terms of quality of care and consumer choice.**

It is important to note that independent contractors and small business operators are engaged in a wide range of industries and provide a range of services that underpin the Australian economy. The engagement of these providers using a horizontal platform such as Mable, leverages technology to improve the effectiveness and efficiency of small businesses. These support providers are not required to provide services exclusively via Mable, rather, these providers recognise the inherent benefits of using technology to further their business and work objectives.

The Royal Commission identified a number of common themes and desired outcomes from the aged care sector regardless of an individual's preferences about how they wish to age. Self-determination was identified as one of these themes.¹⁵ Self-determination comprises principles of consumer choice, control, and autonomy.

The Royal Commission acknowledged the importance of choice and control in how an individual chooses to age. Moreover, it identified choice and control, and involvement in decision-making, as a prerequisite in promoting the dignity and respect of older Australians. It further accepted the documented link between choice and control and improved quality of life and health outcomes.¹⁶

Mable concurs with the importance of choice and control identified by the Royal Commission and the sector. Mable argues that included within this is the right to choose between mixed models of support provision. An inability to choose between mixed models, broadly speaking, would be directly contrary to the concept of self-determination and autonomy.

Self-determination, choice and control play a significant role in the future of the aged care sector, having been expressly recommended as fundamental tenets of the new Act.¹⁷

¹⁵ RC Volume 3A, 1.2.2.

¹⁶ Exhibit 21-1, Sydney Hearing 5, general tender bundle, tab 7, RCD.9999.0388.0686.

¹⁷ See Recommendations 1 (3.a.i.), 2 (a.ii.), and 3 (a.ii. and b.iii.).

Therefore, mixed models must play a prominent role in the future of the delivery of aged care support.

New research indicates that self-management of home care packages is a successful option for older Australians resulting in lower fees and more money to spend on services and support.¹⁸ As a result, consumers receive more personalised care, enjoy increased autonomy, and are less reliant on service providers.

The research was conducted with 100 senior Australians by Dr Carmel Laragy through a trial sponsored by the Council on the Ageing (COTA) and funded by the Commonwealth Department of Health. The findings demonstrate that self-managed, home aged care is an efficient option because it can utilise sole traders, including those on the Mable platform, while also maximising self-determination.

“Through our research, we consistently heard that retaining autonomy and agency in decisions and choices left older people with an improved perception of their physical health and wellbeing when living at home. Having personalised supports also enable some people to remain living at home longer when the alternative was a nursing home.” Dr Carmel Laragy.

“Our research adds clarity to a field where some people doubted that self-management is a viable option in aged care, rather than asking if additional choice and control offered by self-management results in better outcomes, we need to ask what factors contribute to self-management resulting in better outcomes.” Dr Carmel Laragy.

Participants reported that they liked self-management because they:

- had more money to spend on services and support because service providers charged lower administrative fees than traditional case-managed services
- had more choice, control, and autonomy when utilising their package, and
- were afforded the opportunity to select their support workers, including sole traders.

The pre-trial data analysis showed that participants preferred to self-manage because they expected greater choice and control from models other than the traditional agency-managed approach. This in turn allowed them to overcome many frustrations they experienced under the traditional home care model and achieve better outcomes due to increased levels of self determination.

Similar very positive outcomes were reported in an innovative two year trial in piloting individualised funding and client choice and control (including being able to choose independent contractors) in the Home and Community Care (HACC) program (now Commonwealth Home Support Program “CHSP”)¹⁹. Note the CHSP and Home Care

¹⁸ Laragy, C., & Vasilidis, S. D. (2021). Self-managed aged home care in Australia – Insights from older people, family carers and service providers. *Health & Social Care in the Community*, 00, 1–12. <https://doi.org/10.1111/hsc.13695>

¹⁹ <https://www.australianageingagenda.com.au/executive/providers-demonstrate-benefits-of-cdc-in-home-support-trial/>

programs will merge into a new Support at Home Program. The trial was undertaken by the Western Australian Department of Health in collaboration with two Approved Home Care Providers Avivo and Mercycare, the Regional Assessment Service and Curtin University. It is an important read. A provider representative from MercyCare, one of the Approved Home Care Provider's involved in the trial, spoke in favour of this consumer centric approach by saying

“There will be consumers in the aged care sector who will want to have a lot more say in directly managing their workers, and there will be other people who will want to have a service that's fully controlled and managed by the service provider. This option provides that continuum.”

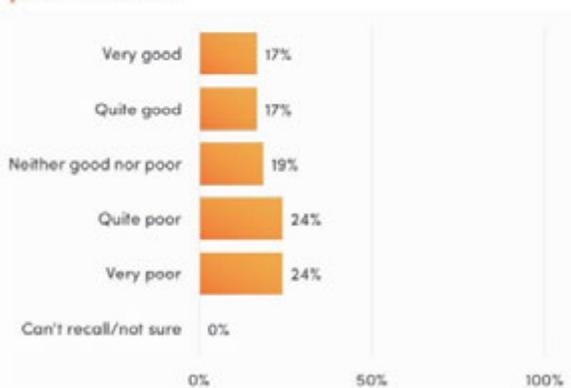
The findings from the independent trials and research by Dr Laragy and the WA Department of Health is consistent with the consumer feedback received by Mable from older people as to why they choose to self manage, why they choose to engage independent contractors and why they choose to use Mable. Our May 2019 survey of aged care users of the Mable platform demonstrated that in terms of criteria for choosing support workers, greatest weight by far is given to the characteristics/nature of the person...their personal qualities. These include

- Personal qualities (80 per cent)
- Experience (33 per cent)
- Qualification (21 per cent)
- Culturally and Linguistically Diverse CALD (12 per cent)
- Flexibility (11 per cent)

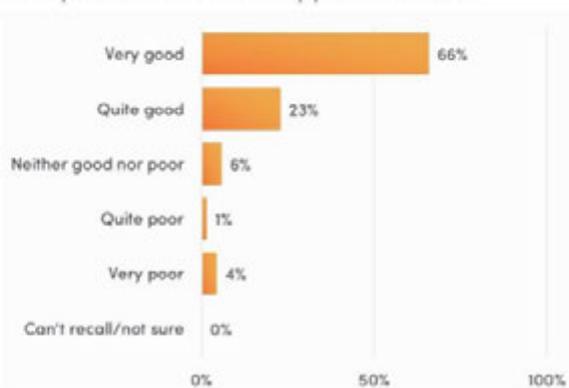
The experience reported by consumers of being able to exercise choice and control through Mable is a compellingly favorable one (May 2019 survey).

May 2019 Survey of Aged Care Clients – Experience prior to and with Mable

Overall, on a scale of 1 to 5, how would you best describe your experience with care and support **prior to Mable?**



Overall, on a scale of 1 to 5, how would you best describe your experience **using Mable** to source independent care and support workers?



- Only one-third (33.3 per cent) of respondents rated their experience with care and support prior to Mable as “Quite Good” or “Very Good”. This compares with over 88 per cent of respondents who rated their experience of using Mable to source independent care and support workers as “Quite Good” or “Very Good”. In fact, almost two thirds consider their Mable experience to be Very Good.
- The most frequently mentioned reason for such positivity is having more control, in particular, having choice of support worker.

4.2 Quality of care

- **What is quality of care in home care services where sole traders are engaged and how it is assessed?**
- **How can technology be used to improve the efficiency and quality of care?**

The Royal Commission was not able to establish a link between direct employment of support workers and quality of care. Submissions made to the Royal Commission focused on the general ability of a provider to ‘[direct] and control’ an employed worker in comparison to an independent contractor. While an inference was made that this ‘control’ leads to greater quality of care and services, no substantiating evidence was provided to the Royal Commission.²⁰ Not surprisingly, most of these inferences were made by providers whose model is based on employing their workforce.

The Issues Paper includes the comment (p7) that “monitoring and checking of quality of care ...is far simpler when employing staff directly” speaks to simplicity rather than better quality and may in fact reflect the providers lack of technology to accommodate different models or may reflect a brokerage arrangement where the Approved Home Care Provider does not have direct access to the employees of the broker provider delivering the service to its client.

Quality of care is less about directing an employee and more about the attitudes, motivations, training (soft and hard skills) and understanding of the person providing support and the relationship and connection that forms between people. Quality of care can be equally delivered by someone employed or someone self employed. There is no evidence to suggest otherwise.

Quality of life is a function of the quality of care, the cost of the care and the degree to which the care meets the life and support needs, preferences and goals of the individual. Mable has significant evidence that its marketplace model, working in partnership with various Approved Providers, is facilitating quality care and quality of life outcomes, with appropriate safeguards.

²⁰ Transcript, Sydney Hearing 4, Andrew Stewart, 1 September 2020 at T8975.38–47

Note that the Royal Commission's most concerning examples of both abuse and poor quality of care were due to inadequate training or a lack of cultural and emotional awareness typically developed through familiarity with one's client.²¹ Anecdotal evidence provided showed during the Royal Commission that employer-employee arrangements do not guarantee relationships forming nor high quality care, either in residential or in-home care settings. Most aged care workers are employees and examples of lower-quality care identified occurred with these employment arrangements.

Further, the Issues Paper identifies that 96 per cent of the 240,000 strong workforce are permanent or casually employed, 3 percent were subcontractors through agencies, and only 1 per cent were agency/subcontractors, "*which is the focus in this study*"²². It appears illogical to assume that this 1 per cent is where reform needs to occur in order to shift the level of quality rather than the 96 per cent employed workforce.

In terms of evidence of quality outcomes where small business providers are engaged via Mable, we point to the following:

- Strong historic growth in the use of the Mable platform
- May 2019 survey of aged care clients comparing their experience using Mable to engage support versus prior experience provided on page 22
- Over the past 52 weeks, the average rating by consumers of their experience with people engaged via Mable is 4.8 stars out of 5, with only 3 per cent of ratings being one or two stars. One or two star reviews are reviewed by Mable's Trust and Safety team.
- Net Promoter Score (NPS) for clients who engage workers via Mable is 60. An NPS score over 50 is considered "excellent", with 80 "world class"²³
- Trust Pilot rating of 4.5 from more than 810 reviews
- There are more than 100 Approved Home Care Providers with clients using Mable, many of whom would have undergone compliance audits with the Aged Care Quality and Safety Commission.
- Dr Carmel Laragy's research²⁴ and the WA Department of Health Trial²⁵ referred to earlier in section 3.1 both detail quality consumer outcomes from being able engage independent contractors.

A technology led solution, such as Mable, can improve the efficiency and quality of care by offering a scalable, end to end technology solution, enabling efficient matching of people with people in local communities based on mutual choice within a safeguarding framework

²¹ See RC Volume 2, 3.3.1; Exhibit 8-24 - WIT.0329.0001.0001 - Statement of Gwenda Noelene Darling

²² Productivity Commission Issues Paper: Indirect Employment in Aged Care, page 15.

²³ <https://www.qualtrics.com/experience-management/customer/good-net-promoter-score/>

²⁴ Laragy, C., & Vasiladis, S. D. (2021). Self-managed aged home care in Australia – Insights from older people, family carers and service providers. *Health & Social Care in the Community*, 00, 1–12. <https://doi.org/10.1111/hsc.13695>

²⁵ <https://www.inerva.com/single-post/2016/12/01/Providers-demonstrate-benefits-of-CDC-in-HACC-trial>

that works within the existing regulatory approach. A platform can simplify engaging, managing and communicating with a team of support providers. It can simplify acquiring, managing and communicating with clients and generally running a small business, including supporting invoicing, payments and record keeping, allowing the independent contractor to focus on providing high quality care. It can simplify compliance with regulations for small businesses as well as Approved Home Care Providers.

The main elements of the Mable's platform solution include the following:



4.3 Job creation and availability of workforce

- **To what extent do mixed models like sole traders help to alleviate the current workforce shortages across the care sector?**
- **How effective are these mixed model approaches in environments where traditional providers cannot operate effectively such as thin markets?**

Alternatives to the traditional models are attracting a significant number of support provider sign-ups in a sector with a serious under-supply of labour and growing demand. The Royal Commission previously estimated that over 3.5 million Australians are expected to use aged care services each year by 2050.²⁶ At the same time, the Royal Commission warned that the aged care workforce will need to more than quadruple to meet this demand. The Royal Commission wisely noted at that time that '[a]ged care employers will be under pressure to offer terms and conditions which will attract sufficient numbers of workers'.²⁷

²⁶ Productivity Commission, Caring for Older Australians, August 2011, XXVI. <<https://www.pc.gov.au/inquiries/completed/aged-care/report>> accessed 3 March 2022

²⁷ Ibid, XLV

A March 2022 union survey²⁸, said as a result of COVID-19, one-fifth of aged care workers said they plan to resign, saying they felt “a severe and overwhelming lack of staff”, and “feelings of hopelessness and abandonment.” Concurrently, it is anticipated the current disability workforce will need to increase by 83,000 by 2024 to support NDIS participants. In Senate Hearing testimony, Catherine Rule, then Deputy Secretary Disability and Carers, Department of Social Services stated²⁹

“It is really important that there is a mixed model of employment because as you know there are different types of support that people need through the NDIS”

“Having different models of employment for different providers is actually a critical part of being able to staff the scheme”

Reforms, including individualised funding and consumer choice, have opened up the opportunity for people to run their own business with autonomy and opportunity, in response to growing demand. The current workforce shortages will remain if mixed models, including sole traders and small business operators, and platforms, are not part of the solution.

Since inception, Mable has facilitated more than 9 million hours of delivered care to the NDIS and aged care sectors, including more than 370,000 hours of support in the month of March 2022. In 2021 alone the platform facilitated more than 46,000 relationships between clients and support providers.

Mable is attracting a significant number of sign-ups in a sector where labour has market power and choice as to how they engage given the workforce shortages. Today, more than 14,000 sole traders are visible in search results on the Mable platform with more than 1,000 people per week now signing up to the platform as support providers. The rate of approvals of Independent Support Providers is below 30 per cent of those registering, reflecting the strict onboarding requirements.

Importantly, the Mable model has been able to tap into a new source of local workforce with approximately 50 per cent of the support providers on the Mable platform being new to the sector. In a 2021 YouGov survey of independent support workers on the Mable platform, 87 per cent of respondents stated that they find the most important factor about working independently via the Mable platform to be the flexibility it provides around other life commitments.

Without the flexibility and autonomy of being independent contractors and the support of platforms, there is no guarantee that these independent support providers would continue

²⁸ https://www.anmf.org.au/documents/reports/ANMFAgedCareCOVID-19Survey2022_FinalReport.pdf

²⁹ Testimony of Catherine Rule, Deputy Secretary Disability and Carers, Department of Social Services, Senate Community Affairs Legislation Committee Hearing on 25/3/2021 16:40:50

to provide their services. When asked in the 2021 survey, if the Mable platform did not exist and the only option was to be an employee of a care organisation:

- 21 per cent of respondents said they **would not** be engaged in providing care and support services;
- 10 per cent were unsure,
- 33 per cent said they may still engage in providing care and support services
- only 36 per cent said they still would still be engaged in providing care and support services

The support providers on the platform are diverse in demographics and language.

- 48 per cent speak a language other than English.
- 52 per cent are aged 18-39 years old.
- 20 per cent are aged 40-49.
- 20 per cent are aged 50-59.
- 8 per cent were aged 60 years and over, with several over 80 years old.
- 74 per cent are female.
- 26 per cent are male, compared to the sector average of 11 per cent.

Mable is a single platform connecting many communities, whether they be regional, rural or remote, culturally diverse, Indigenous or LGBTQ communities. By enabling a community based support model, Mable offers the potential to be an important solution for thin markets and this is already proving to be the case. Mable's approach is consistent with well established models of Asset Based Community Development³⁰ where solutions are led by communities leveraging their strengths or assets rather than identifying gaps which are filled from outside, often at high cost and with less effect.

Case study: the story of Bell, a community solution supported by the Mable platform.

- Bell, a small town with 500 people, three hours west of the Sunshine Coast in Queensland, had no Approved Home Care Providers in town and older residents had to rely on Providers delivering support by driving from towns several hours away.
- Travel time eats into home care package funds, meaning fewer hours of support and less reliability and consistency for older residents who want to age in their home.
- As a result older town residents were without support and at risk of having to leave their community and move into residential aged care facilities in towns that were 2 to 3 hours away.
- They were dependent on Approved Home Care Providers delivering a home care solution that wasn't viable in their small town.

30 Asset Based Community Development (ABCD) is an approach to sustainable community-driven development. Its premise is that communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognised assets. Thereby responding to challenges and creating local social improvement and economic development

- Mable was contacted by a concerned local resident. Together, we identified the potential for a new workforce from within the local community, where older residents could get support from people they know and trust.
- Partnering Mable's safeguarding platform with an Approved Home Care provider, for package and care management, and starting with one Home Care Package, Mable has been able to help the community build this solution, whereby there are now 20 older town residents with home care packages, being supported by ten residents earning income providing care and support as independent contractors.
- This means more of the Government home care funding stays in the town, lower overheads enable consumers to get more hours of support and a new workforce offers economic opportunities for locals.

The story of Bell's community care model, leveraging self managed home care packages and local residents to help older town residents remain living in their home and remaining part of the Bell community is well featured and explained in the ABCs Landline program.³¹ Mable is being invited by other nearby councils to share the story of Bell and additional small towns are now shaping their own care solution as no current solution exists or the options are poor. The NDIA is also interested in innovative solutions to thin markets.

4.4 Workforce conditions

- **Why do workers leave traditional employment settings to engage as sole traders via platforms?**
- **What is the value of being a support providers engaged via a platform in terms of employment conditions and worker preferences?**
- **What are the key differences with being a sole trader that may explain why more services are being provided by these kinds of independent support providers?**

The nature of work is changing, not just because of a global pandemic but increasingly people are seeking work that aligns to their lives and values rather than the other way around. There has been a power shift where organisations need to demonstrate flexibility and a sense of social consciousness in order to entice and retain an ever growing workforce movement that demands more than before. PWC's "What workers want," report³² elaborates with research showing that traditionally the values alignment between the worker and the organisation had the biggest expectation gap, closely followed by factors like autonomy and flexibility.

³¹ ABC Landline 2 May 2022 <https://iview.abc.net.au/video/RF2204Q012S00> and <https://www.abc.net.au/news/2022-05-02/aged-care-at-home-service-town-of-bell-sets-new-benchmark/101026768>

³² PWC 2021 "What Workers Want" pwc.com.au/futureofwork

Pat Sparrow, then Aged & Community Services Australia (ACSA) CEO, recognised in her Royal Commission testimony³³ the importance of attracting workforce and in particular socially conscious Millennials: "The millennials want to work in areas where they have relationships and meaningful connections with people and work in areas where they're socially conscious". Millennials will value the direct relationships and meaningful connections that platforms like Mable enable.

Equally important is the various research, summarised by ADP/Spark,³⁴ recognizing that Millennials "have a new approach to workplace productivity and flexibility". They value "flexible work schedules to achieve a better work-life balance"; they are "tethered to technology", "often want to work from home and have flexible hours to balance their lifestyles; they'd also like to work fewer hours, research indicates 'Fifteen percent of male employees and 21 percent of female employees would give up some of their pay and slow the pace of promotion in their careers in exchange for working fewer hours'." The article³⁵ also explores what flexible and alternative working arrangements can mean for Millennials.

Moreover there is a global trend toward self-employment. In the US, 36 per cent of the workforce is currently freelancing which is expected to exceed 50 per cent in 10 years³⁶.

Herein lies the challenge, and opportunity for policy going forward – development and regulation of a more flexible system for care-at-home that recognizes and allows for the contrasting needs of individuals who need support, a diverse potential workforce of employees and self employed (including for example millennials, recent retirees, parents of children at school, under-employed). This more flexible system has to recognize, value and trust the role of frontline workers and will necessarily involve innovation (including in training) along with a shift in power from organisations to people and frontline workers. The Mable platform in some ways has been tackling these issues since inception, specifically because in a recent survey of sole traders working via the platform, more than 88 per cent value the flexibility the platform affords them. As shown further in the submission, of those surveyed who worked through a traditional provider or in a traditional sector setting before coming to Mable, a majority also preferred working independently because of the benefits the platform provides.

On Mable, small business providers operate in a market context where they set their own rates and terms in a direct dialogue with their customers, who very much value the people who support them and want them to feel valued and be rewarded. In directly agreeing arrangements for personal and domestic services, individual providers and individual consumers in local communities have shared bargaining power and seek effective relationships and flexibility. They feel valued, because their clients choose them, they

³³ <https://www.abc.net.au/news/2019-02-19/socially-conscious-millennials-needed-in-aged-care/10824502>

³⁴ <https://www.adp.com/spark/articles/2018/10/workplace-flexibility-for-millennials-appealing-to-a-valuable-new-generation.aspx>

³⁵ <https://www.adp.com/about-adp.aspx>

³⁶ <https://www.forbes.com/sites/elainepofeldt/2017/10/17/are-we-ready-for-a-workforce-that-is-50-freelance/?sh=2e0305683f82>

choose to accept the engagement and they set the value of their services. This is in a sector where support workers haven't traditionally felt valued.

The Mable platform levels the playing field for small businesses entering a regulated sector while lowering the cost of entering and operating in the sector. Mable offers sole traders:

- A marketing channel.
- The flexibility to work locally in your community around other life commitments.
- A direct person to person relationship with their clients.
- A multi-layered safeguarding framework, including a suite of insurances (public liability, professional indemnity and personal accident cover) and support with incidents and complaints.
- Administrative efficiencies including in invoicing, payments and record keeping.
- Information and updates related to the latest health orders and compliance matters - during Covid-19 updates on covid rules were provided on a state and often LGA level.
- Peer connections (virtual and real world).
- Access to a self-care/wellbeing and counselling program.
- Free access to the Mable learning hub³⁷ and updates on accredited, subsidised training opportunities.³⁸
- Choice, control and opportunity.

In many respects, Mable is enabling support providers to maximise their opportunity by:

- reducing overheads in the sector and allowing the support providers to set their own rates.
- providing a pathway to acquiring micro skills and credentials.
- providing the opportunity to broaden service offerings in response to client and community needs.

On one level support providers on Mable can be considered micro-entrepreneurs shaping their services in response to local client and community needs. This is a layer of innovation sorely needed in home care and disability support. A recent webinar³⁹ with a range of Independent Support Providers who work via the Mable platform, said the following:

"I really think they (Mable) deliver everything you'd expect from a support platform."
Suzanne, Independent Support Provider on Mable since 2018.

"Now that I'm working with Mable connecting with clients, it's given me freedom, its given me self worth." Patrice, Independent Support Provider on Mable since 2018.

³⁷ <https://mable.com.au/learning-hub/>

³⁸ <https://mable.com.au/accredited-training/>

³⁹ <https://www.youtube.com/watch?v=rU0LJwSbbCM> 24 March, accessed 27 April 2022

“The adjustment from a traditional care role to Mable has been very satisfying and productive for me, I earn a lot more with less hours and there’s no middle management. I arrange all my own clients and hours.” Patrice, Independent Support Provider on Mable since 2018.

“(Offering services via Mable) You are definitely not alone. There’s a broader community of us out there that you can tap into, or if you have questions or concerns, there’s always someone from Mable that you can talk to via a phone call, or perhaps if you know someone in your community who is already working for Mable.” Tammy, Independent Support Provider on Mable since 2018.

“...being able to provide that specific personal care service for them in their home makes such a huge, a huge difference, opposed to what they would get and traditional care. And that’s the beauty about working for yourself, via the platform. And so it’s looking after your client and their needs that they have.” Tammy, Independent Support Provider on Mable since 2018.

“I’m very artistically, and musically-wired. So I found being able to do the things that I love to do and introduce those things to my clients; such as being able to take clients out to the theatre or things like that has been an awesome journey to be able to give that service that you know that they wouldn’t get otherwise.” Tammy, Independent Support Provider on Mable since 2018.

We know support for small businesses and sole traders is a critical role Mable plays as a technology platform. Almost 60 per cent of Independent Support Providers said their first experience as a sole trader was on the Mable platform. According to independent research YouGov research from 2021 Independent Support Providers on the Mable platform:

- 72 per cent say they feel very or somewhat comfortable with the process of running their own small business via the Mable platform.
- 79 per cent say that the Mable website either significantly or somewhat reduces the amount of administrative work needed to run their own small business.
- 83 per cent agree that the tools on the Mable platform provide them with safeguards, payment administration and the ability to build their client base. All of which gives them the confidence to work independently and feel protected.

Case Study: an Older Australian using Mable to defy ageism and work flexibly:

- Anda is 82, lives in Melbourne and wanted to keep working, so three years ago she joined Mable to support people her own age in her own community.⁴⁰
- As of January 2022, Anda chooses only to work Monday, Tuesday and Saturday and receives an hourly rate during the week of just over \$50 for social and domestic assistance.

⁴⁰ <https://www.abc.net.au/news/2021-10-18/ageism-is-prevalent-in-australian-workplaces-this-care-worker-sa/100539370> accessed 2 February 2022

In addition, the lower overheads afforded by the Mable platform and direct connections offer significant savings that can be shared between consumers and providers, enabling both to be considerably better off.

Royal Commissioner Pagone notes that “People receiving the highest level of care at home, on average, get only eight hours and 45 minutes of service a week”.⁴¹ This equates to an all up cost of approximately \$115 per hour from the \$52,000 of level 4 funding. It is not surprising then that in the Department of Health's "Support at Home Program Overview" published comments that "The (current) system can lead tonot enough funding is spent on direct care" and "The HCP (Home Care Package) Program has a history ofhigh overhead costs charged by some providers."⁴²

By leveraging the Mable platform, consumers are currently able to obtain significantly more hours of care and support (in many cases 18 to 20 hours per week) from the same highest level funding. Appendix 3 provides a further detailed cost comparison of a traditional provider managed home care approach versus a self managed home care package approach via Mable and an Approved Home Care Provider. The increased hours directly impact quality of life, enabling people to live at home longer (rather than entering residential care) and keep people safer by enabling you to have a larger support team of people from your community, with more time to connect you with your community. It is widely understood that you are safer when there are more people in your life that care about you and when you are known, seen and heard in your community.

Employees, on the other hand, are often currently paid award rates of around \$22.30 per hour, which, allowing for 25 per cent loading and super, grows to around \$30.38 per hour. The average hourly rate for social support, domestic assistance, and personal care type services earned by sole traders offering support via Mable, provided Monday to Friday, exceeds \$40 per hour (after platform fees). This figure is up from \$36 per hour in January 2020, an increase of around 7 per cent each year, over the last two years, reflecting consumers valuing the people who support them as well as Independent Support Providers growing their services and clients.

⁴¹ ACRC Final Report, Volume 1, page 8

⁴² <https://www.health.gov.au/resources/publications/support-at-home-program-overview> , page 3

Independent Support Provider Average Hourly Rate Monday to Friday



Having choice and control, and engaging directly with clients to agree rates, provides considerable protection for small business providers in addition to the protections inherent in the Mable platform, as listed below:

- The Mable terms of use restrict people from engaging support providers below a minimum rate of \$25.00 for active hours, which is designed to afford a layer of protection for independent providers;
- Small business support providers meet certain minimum qualifications depending on services offered to mitigate the risk that they offer services they are not qualified or authorised to provide;
- Insurances are arranged on behalf of the business, including public liability, professional indemnity and personal accident cover; each small business provider has individual certificates of currency;
- Small businesses on Mable have free access to Mable's learning hub, where there are over 140 courses from subject matter experts and can access subsidised accredited training opportunities;
- Education materials available to providers on various things to consider when setting and agreeing their rates, such as superannuation, holiday pay, skills/qualifications, services being provided, Mable platform fees, and what other providers charge;
- Education materials and tools are available related to WHS, sector compliance obligations and mandatory reporting obligations in aged care and disability support;
- Support with incidents and complaints management;
- Small businesses have access to online and offline independent provider communities and a self-care/wellbeing and counselling

- program; and
- Mable supports the parties entering into an employment relationship if this is preferred by the parties.

In further support of independent contractors working through the sector, the recent High Court decisions⁴³ have provided clarity regarding the importance of parties setting out the nature of their contractual relationship. Significantly, this means that where parties enter into a contractual relationship this relationship should be upheld and will not be considered an employment relationship.

The Mable platform's terms of use and its operations help frame the contractual relationship between the parties and as such reduce any uncertainty about the nature of the engagement or the contract being unnecessarily or incorrectly classified.

In a 2021 YouGov Online Survey of support providers choosing to offer services via the Mable platform:

- 83 per cent say that since using the Mable platform, their quality of work life is either very good or good. 88 per cent were very or somewhat satisfied with the flexibility of working schedules.
- 78 per cent were very or somewhat satisfied with the extent to which they feel valued and recognised.
- 66 per cent were very or somewhat satisfied with their level of compensation while only 11 per cent were somewhat or very dissatisfied. Note as the Mable marketplace expands, we expect these compensation responses, while already very positive, to improve as small business providers build their client base.
- 50 per cent of the survey respondents have also had experience working as an employee of a care organisation.

Of these:

- 91 per cent rated their overall experience of working independently via the Mable platform as good or very good compared to 46 per cent who rated their overall experience working as an employee of a care organisation as good or very good; and
- 69 per cent say they prefer working independently via the Mable platform with only seven per cent preferring to work as an employee of a care organisation. 22 per cent prefer both the same. Two per cent don't know.

When assessing the reasons why support providers chose to leave the platform, in a survey from late 2021 the dominant reason why people chose to leave the platform

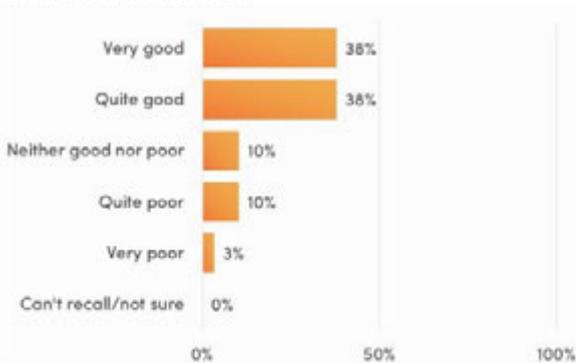
43 CFMMEU v Personnel Contracting Pty Ltd [2022] HCA 1 and ZG Operations Australia Pty Ltd v Jamsek [2022] HCA 2

was that their circumstances have changed, or COVID-19 impacted how they provide support (56 per cent of respondents in total). While less than 10 per cent of respondents said they wanted more clients or hours. Importantly, 93 per cent of respondents of the same survey said they would consider returning to the Mable platform in the future.

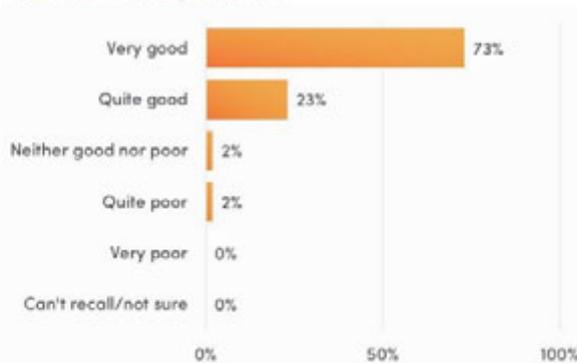
These survey results are consistent with a May 2019 survey of sole traders on Mable supporting consumers with home care packages, when asked to rate their experience of working independently via Mable versus their prior experience of working as the employee of a support provider. Virtually all participating support workers (96 per cent) rated their experience with Mable as “Very good” or “Quite good” (with 73 per cent rating their experience as “Very good”), compared with 76 per cent who rated their experience of being employed in the sector as “Very good” or “Quite Good” and only 38 per cent rating their experience as “Very Good”.

August 2019 Survey of Aged Care Support Workers – Experience prior to and with Mable

Overall, on a scale of 1 to 5, how would you best describe your **prior or current experience** of being employed by an organisation providing home care services?



Overall, on a scale of 1 to 5, how would you best describe your experience of being an independent support worker **offering services via the Mable platform?**



4.5 Flexible and innovative models of care driving down the costs of providing care

- **What role can technology play in providing support in aged care?**
- **How have digital platforms changed the way aged care workers are sourced?**
- **What other forms of technology are used to engage aged care workers?**
- **What is the value of support providers engaged via a platform for models of care?**

Innovative models are being borne out of individualised funding and consumer choice and control - who supports you, how and when - critical to living a good life, an ordinary life (and not a rostered or scheduled life - determined by traditional support models). Long before platforms - disability consumers were employing their own teams under state based

disability funding programs, for example contracting sole traders under Queensland's Your Life, Your Choice program.⁴⁴ Technology such as the Mable is allowing this to happen more efficiently, more effectively, with greater transparency and safeguards.

Technology enables the sector to continually innovate and think differently about:

- enabling tools and pathways to enhance individual choice and control for consumers and workers
- efficient connection and matching on diverse criteria and preferences - leads to greater satisfaction and cost savings
- lowering overheads leading to more support hours (and therefore more work hours) from the same funding, improving quality of life and leading to greater safety
- safeguarding, including for example
 - "real time" data at point of service and analytics provide pre-emptive intelligence and insights.
 - combined with data from wearables and Artificial Intelligence leading advance remote care management capabilities, enabling people to live independently, safely
 - capture incidents and complaints more widely through various channels analysed by AI
 - enhanced safeguarding by hard coding rules into the platform
- enabling people to better manage teams of support - and extend into the ecosystem of other support around a consumer, including care managers, GPs and therapists
- empowering consumers and workers and building their capacity via delivering contextual information and learning; and accessing peers
- attracting a more empowered, motivated and diverse workforce with flexible learning and assessment solutions.

Digital platforms are well placed to lead tech-enabled innovation and continuous improvement.

There is an opportunity to shift from all consumers and all workers being dependent on large providers and a heavily regulated approach to consumers and communities shaping their care and support solutions within a proportionate regulatory framework that leverages technology, safeguards, data and analytics. This is consistent with the Royal Commission's call for *"A profound shift is required in which people receiving care are placed at the centre of a new aged care system."*⁴⁵

Mable's technology, safeguarding and data platform is playing such a role. Not as the only solution, but as an important choice for consumers and workers within a vibrant human services marketplace that allows for and celebrates mixed models. Being prescriptive about

⁴⁴ <https://www.data.qld.gov.au/dataset/your-life-your-choice>

⁴⁵ Chair Preface, ACRC Final Report Vol 1, p3

a one size fits all approach will limit innovation and reinforce the status quo of a high cost, inflexible provider-led solution and will perpetuate an increasingly dissatisfied consumer voice, particularly if consumers are asked to pay more for their care.

The direct connectivity, simplicity of engaging and managing a team and the technology enabled safeguards that Mable provides allows an expensive layer of overhead to be removed, unlocking a productivity gain where the savings are able to be shared between consumers and providers. As a result, almost 86 per cent of what consumers pay for direct care ends up in the hands of the person providing services, versus around 50 per cent in the traditional model.

In terms of home care packages, there is a second saving, in that by self-managing a home care package, whereby the consumer takes on the care coordination role while the Approved Home Care Provider retains responsibility for care management and package administration, the package and care management fee is often around 15 per cent of the package value, versus the often 25 per cent to 50 per cent charged by traditional providers, leaving more funds available for direct services. See Appendix 3 for further information on cost comparisons.

In contrast, the traditional model pays less, gives less information, restricts choice and at the same time reduces the amount of face-to-face time available for those in need. It is this traditional model which perpetuates the imbalance of market power between the employer and the care worker and which further limits the efficiency of government funding. Mable redirects the substantial costs of corporate administration into independent support providers' pockets and more support hours for clients.

Mable is a proven approach confirming that new models can work, add value and have a role to play. Mable is not a static solution but one that is constantly evolving. It is a solution co-designed with a community of older Australians, people with disability and independent support providers and respects the regulatory framework and the importance of safeguarding the community.

4.6 Accountability of aged care providers for care delivered on their behalf

- **Who is responsible for the quality of care provided in these circumstances?**
- **Who is currently accountable for lapses in work health and safety or quality of care when care is delivered by agency workers, independent contractors or platform workers?**
- **Is there any evidence that the existing regulatory framework is deficient in scope, implementation or enforcement?**

The accountability for care very much depends on the engagement model that is being utilised. Where an Approved Aged Care Provider engages contractors or agencies or other providers to deliver care *on their behalf* where they themselves have undertaken and

committed to providing the care, then ultimate responsibility would typically sit with the Aged Care Provider.

There are usually also a range of services that are directly procured by the consumer, for example podiatry, physiotherapy, and home care services via agencies or independent contractors. This would include services obtained via the Mable platform. The service provider in these scenarios is directly responsible for the services provided although the Approved Home Care Provider remains responsible for care management and meeting the quality standards. This would include the Approved Home Care Provider checking that the support provider is suitably qualified to provide the service (including where relevant checking registration with AHPRA), seeking feedback from their client on the service provision and raising any concerns with the service provision with the support provider or a registration body if applicable.

The regulatory framework in aged care is currently under review. Gaps include:

1. A registration scheme for individuals providing personal care services
2. A code of conduct that applies to all persons providing a service to a person in receipt of Government funded aged care services - similar to what is in place in the NDIS
3. An ability for anyone to report concerns over service provision to the Quality and Safety Commission, with powers to investigate and ban organisations and individuals from providing services to persons in receipt of Government funded aged care - similar to what is in place in the NDIS.

There are significant benefits in implementing one code of conduct, and one investigations and banning capability across the care industry, as is currently contemplated.

In the case of Mable, the Approved Home Care Provider gives prior approval for the consumer to engage support via the Mable platform. These Approved Providers, of which there are currently well over 100, are subject to and undergo compliance audits with the Aged Care Quality and Safety Commission.

In meeting the Aged Care quality standards, the Approved Home Care Providers relies on Mable for certain capabilities and obligations relating to support provider screening, incidents and complaints management as well as accessing care notes. The Approved Provider can also upload their own terms and conditions to the Mable platform, setting out any specific requirements and undertakings, which support providers must acknowledge and agree to if they are supporting their clients. The Approved Provider can engage with support providers as needed.

Mable adds value in terms of its multilayered safeguards including ensuring the individuals are suitably screened and qualified for the services they offer. A summary of the key safeguards in place are set out in Appendix 4.

The accountability for work, health and safety (WHS) is often shared and dependent on the model of engagement. The overlapping accountability is contemplated by the national model WHS laws and their application and operation in each state and territory. In Victoria, where the model WHS laws have not been implemented, the Occupational Health and Safety Act 2004 (Vic) applies and expressly contemplates the responsibilities of different groups including employers and those who are self-employed. The operation of these state and national WHS laws is not specific to the aged care sector. Instead it creates an interlinked WHS system that places certain duties on those providing services.

4.7 Preferencing direct employment in aged care

- **What are the potential impacts of preferencing the use of direct employment of personal carers and nurses in aged care?**
- **Would such a restriction affect the cost of care? If so, how (for example, requiring providers to employ a larger permanent workforce or increasing administration costs etc), and by how much?**
- **How would preferencing direct employment in aged care affect other care sectors and the economy more broadly?**
- **Are there any lessons for aged care in the experience of the National Disability Insurance Scheme or other sectors?**
- **Would it be appropriate to regulate indirect employment in aged care using industry-specific regulation vis-à-vis economy-wide regulation?**

Persisting with the belief that traditional one-size fits all models alone can respond to the individual needs, preferences and expectations of consumers who live in communities across Australia coupled with the chronic workforce shortages already taking hold will only result in a repeat of history: low direct care hours (causing early entry into residential aged care); challenges attracting, retaining and upskilling a diverse workforce; unresolved challenges in thin markets and many deeply dissatisfied consumers who desire choice and control over who supports them. It will also cause misalignment across the care workforce, contrary to current efforts to create workforce regulatory alignment across aged care and disability support. Instead, embracing mixed support models must be part of a new care system based on human rights and a person centred approach.

There are real challenges for approved providers and an employed workforce to meet the diverse needs and preferences of older people who are also geographically dispersed. This necessarily results today in a largely rostered, task based and somewhat inflexible service as employers seek to maximise the utilisation and movement of employed workers across geographically spread clients.

The traditional provider-led home care model, which faces the logistics of moving workers efficiently geographically, prefers and benefits from a uniformity of supply and demand, and

control over the employee roster, but this is challenged by person centred care and consumer choice and control. A limited employee pool means a limited ability to respond efficiently and effectively to the changing and diverse needs and preferences of geographically dispersed consumers. Hence the often reported experience of Home Care Package consumers that the rostered support workers are always changing.

This has also necessarily led to a substantial number of services being brokered to a myriad of third party organisation (small, large, approved and non-approved), which has long been part of the sector, where the Approved Home Care Provider's oversight and connection with the workers and their client can be limited, unlike Mable where a direct connection is enabled and supported with technology. If the sector starts to truly embrace responding to consumer preferences, then brokerage of services will necessarily increase. New thinking can accommodate relationship based, continuity of care and choice for a geographically dispersed client base with unique preferences, at an affordable price point for the client and Government, and with higher rates of remuneration for the worker.

The following independent support provider profiles illustrate the diversity of people who choose to offer services via the Mable platform:

- **Marlene is a retired aged care specialist.** She worked in the sector for over 18 years for the local council coordinating services for older people and on the local Aged Care Regional Assessment team. Once she retired, she wanted to reconnect with the community and assist people to remain independent in their own homes. She loves the flexibility the platform provides her to choose the hours she offers services and the wonderful clients whom she engages with.

Marlene's husband Wayne is also offering gardening and maintenance on the Mable platform as he also wanted to contribute to keeping people at home in his local community and loves the local connections he makes through Mable.

- **Patrice has a Certificate 3 in Home and Community Care** and offers support services and personal care assistance to her clients. Patrice has previously worked for a traditional Home Care Provider, but says *"Now that I'm working with Mable. Connecting with clients its freedom, it's given me self-worth. The adjustment from a traditional care role to Mable has been very satisfying and productive for me. I earn a lot more with less hours and there is no middle management."*
- **Alanna is a Registered Nurse** who after a career in hospital settings and residential facilities says the joy she gets from connecting and building long-lasting relationships with her clients is reason why she loves working independently via Mable. Alanna chooses to work with aged care consumers and specialises in dementia care and home nursing services. She enjoys meeting people and getting to know them in their own environment whilst maintaining a respect for a persons privacy and lifestyle

choices. Being able to assist people to remain in their own homes is very important to her.

- **Phillip is retired and worked as a senior program and policy officer** in the Department of Health and previously for the Royal Australian Airforce. Phillip is engaged across his whole community with young and older people, assisting with schoolwork and coaching, taking people to appointments, and domestic and gardening tasks. He loves being on Mable, the independence it provides him and the assistance he can provide people in his community.

Attracting these diverse people in communities around Australia and providing a path to acquiring skills and micro credentials to offer personal care, is the key to the growth of the aged and disability care workforce, and the key to improved affordability of home care, consumer satisfaction and quality of life. Without the flexible and people-centred options like Mable being part of the future, we as a sector will be unable to meet consumer expectations and growing pressure to provide services in an environment where traditional approaches alone are failing to attract the care workforce needed.

The NDIS as a scheme and regulatory approach embraces mixed models as part of the market development needed to support the success of the scheme. The right to self or plan manage your NDIS funding, which enables participants to choose unregistered providers - including independent contractors - is foundational to the scheme.

In Senate Hearing testimony, Catherine Rule, Deputy Secretary Disability and Carers, Department of Social Services stated

“It is really important that there is a mixed model of employment because as you know there are different types of support that people need through the NDIS. Having different models of employment for different providers is actually a critical part of being able to staff the scheme”

The then Minister for the NDIS The Hon, Stuart Robert, MP in opening the new Mable office stated,

“so many (participants) like Shai are using platforms and systems to build a village around them to live a life and its wonderful” and “I’m super keen to see as much innovation in the market as possible”⁴⁶

The NDIS operates with a proportionate approach to regulation. Codes of conduct that apply to any and all people providing support to an NDIS Participant, NDIS worker screening, complaints/investigations and banning capabilities are all designed to provide sensible and proportionate regulation based on risk. To paraphrase a previous Quality and

⁴⁶ <https://www.youtube.com/watch?v=ui1Qh8260eE>

Safeguards Commissioner, there are registered and unregistered NDIS providers, but there are no unregulated NDIS providers.

The Department of Health published Concepts Paper, “Concepts for a new framework for regulating aged care” in responding to the Royal Commission recommendations notes “There is scope to move beyond the a one-size fits all approach to regulating approved providers, and build capability to to use data and intelligence yo better understand and anticipate risk and differentiate across the sector.”⁴⁷ It also references the cross-agency taskforce established in mid 2021 to “align regulation of Commonwealth funded care and supports - aged care, disability support and veterans care - to improve protections and ensure consistent quality and safety for participants and consumers.”

It would seem inconsistent and counterproductive to consider preferencing Approved Home Care Providers who employ their workforce in aged care at a time when there are benefits in aligning regulation across Commonwealth schemes and at a time when there is work underway to design a “Contemporary regulatory framework architecture”⁴⁸ Even more so, when there is no evidence that independent contractors operating via the Mable platform are leading to poor outcomes, unsafe care or is inconsistent with attracting a high quality workforce.

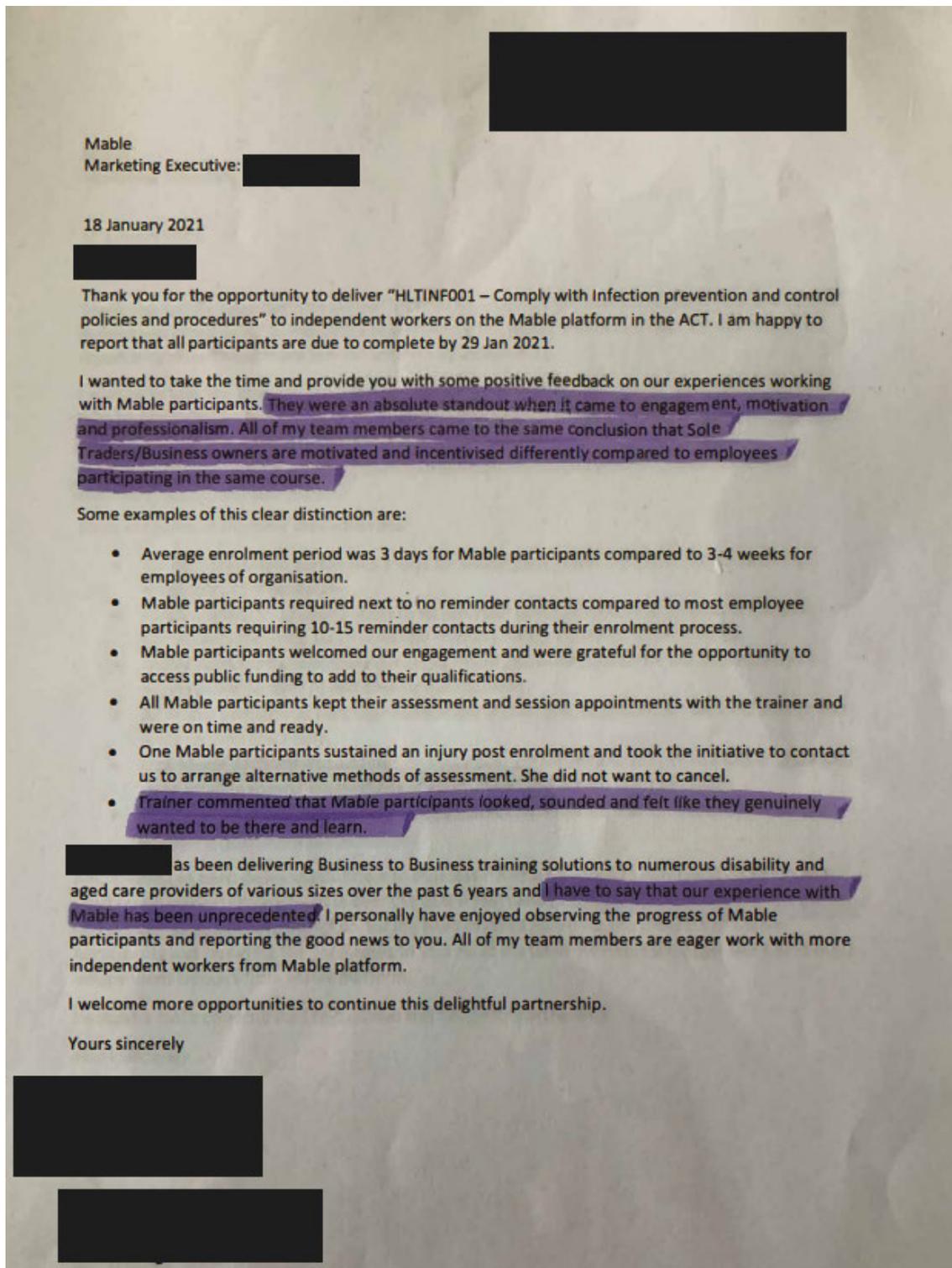
Growing demand across aged care at home and disability support, along with workforce shortages, is a reality being experienced right now. Models like Mable are part of the diverse solutions needed to enable the intended outcome of the consumer directed care and the NDIS, attracting workforce and ensuring both schemes are more financially sustainable in the future.

⁴⁷ <https://www.health.gov.au/resources/publications/concepts-for-a-new-framework-for-regulating-aged-care> Page 3

⁴⁸ <https://www.health.gov.au/resources/publications/concepts-for-a-new-framework-for-regulating-aged-care> Figure 1, Page 9

5. Appendices

Appendix 1 - Letter from RTO



Appendix 2 - Sector insights about self management and regulation

Jill Pretty, Chair of HomeMade Support, an Approved Home Care Provider, also said in the same forum:

“...so I think the other thing to weigh in is that as a provider of a self-managed Home Care Package, we still have to meet the same regulatory requirements, the same quality standards. So we have to have all those processes in place. But I think what we're able to do is engage our customers in that process. So they fully understand that it is a shared responsibility.”⁴⁹

Founder of Get Smart AgedCare Consultancy, Anna Millicer recently said at an COTA and ACSA conference on self managing Home Care Package:

“...there's no compromising that when it comes to self-management or fully provider managed supports...And what we're seeing is that the (approved) providers that have actually come into the sector, since 2020, in particular, that are offering self-management are much, much more aware, and they're very proactive in their compliance and quality implementation and everything that they're doing, they're embracing technology, they're developing a lot of technology for themselves, because they're finding that what's available in the sector is is not actually going to work for them and what they need to be able to do.”⁵⁰

“I spoke to a provider recently who's a fully self-managing organisation, and they had a recent, full quality audit. And whilst they did get a couple of non-compliant or 'not mets'... it didn't look any different to many of the other reports that I've seen over the last couple of years from the commission.”

“...self-management is a doing word, it's not static, it's something that people are involved in and engaged in. And there's nothing to stop all providers from really having a hand in building the capacity of their clients and getting them more involved in all these sorts of things.”

“I think we need to not assume that all providers know how to develop a model of self-management, we certainly can't assume that providers know how to implement it, even if it's something that has now become inherent across the system. We've seen that even with resources, and with the time that has been available to providers up to date, the variance in the types of models and model features that get implemented is that there's no, two models are the same.

49 Jill Pretty consults in aged care with a policy focus. She is ex CEO of Aged and Community Services NSW and ACT. A Registered Nurse, Jill holds a Masters of Nursing, majoring in aged and palliative care

50 Anna Millicer, presenting at the COTA/ACSA Self-Management Conference 5 April 2022. Ms Millicer is Founder of Get Smart Aged Care Consultancy. She has worked in community aged care for 30 years and has spent over 10years collaborating with providers, consumers and Government to pioneer evidence-based Consumer Directed Care (CDC) and consumer self management models in Australia. She continues to work closely with providers keen to improve their CDC practice model and their performance against the Aged Care Quality Standards.

“We need an understanding that every person can self manage if the system is set up with the appropriate support to help them with this. It’s that rights-based approach. It shouldn’t be that you can only self manage if you have low-level care needs or you can only self manage if you’ve got a family member to help you... if someone wants to self-manage a part of their support, then how can the system support them to do that? How can we build their capacity? How can we get them more involved in certain elements of their care? And of course, part of that is around the supported decision-making principles that exist in Australia. Also, support for people from culturally and linguistically diverse backgrounds or other distinctively high needs backgrounds where there may be additional barriers to them accessing the sector in a meaningful way.”

Appendix 3 - Illustrative Home Care Pricing Comparisons of fully managed home package versus a self managed package via Mable (in partnership with an Approved Home Care Provider) for different package levels.

Package Values⁵¹

	Daily subsidy as of 20 September 2021	Annual Value
Level 1	\$24.73	\$9,026.45
Level 2	\$43.50	\$15,877.50
Level 3	\$94.66	\$34,550.90
Level 4	\$143.50	\$52,377.50

Median fees for fully managed⁵²

Fully Managed by a Provider	Care Management	Package Management	Total Fortnightly Cost	Per cent of Package
Level 1	\$58.00	\$35.00	\$93.00	26.79 per cent
Level 2	\$102.00	\$61.00	\$163.00	26.69 per cent
Level 3	\$212.00	\$133.00	\$345.00	25.96 per cent
Level 4	\$310.00	\$199.00	\$509.00	25.27 per cent

Hourly rate comparison

	National Summary (DOH) ⁵³	Mable
Personal Care	\$57	\$50.41
Cleaning / Household / Domestic	\$57	\$47.26
Nursing	\$99	\$57.06

⁵¹www.health.gov.au/sites/default/files/documents/2021/09/schedule-of-subsidies-and-supplements-for-aged-care-schedule-from-20-september-2021.pdf

⁵²<https://www.health.gov.au/sites/default/files/documents/2022/01/national-summary-of-home-care-prices-31-december-2021.pdf>

⁵³<https://www.health.gov.au/sites/default/files/documents/2022/01/national-summary-of-home-care-prices-31-december-2021.pdf>

Comparisons

	LEVEL 4		
	Fully Managed		Self Managed via Mable
Package Value	\$52,377.50		\$52,377.50
25 per cent	\$13,234.00	15 per cent	\$7,856.63
75 per cent	\$39,143.50	85 per cent	\$44,520.88
\$57	13.21	\$47	18.22
	12-14 hours		17-19 hours

	LEVEL 3		
	Fully Managed		Self Managed via Mable
Package Value	\$34,550.90		\$34,550.90
26 per cent	\$8,970.00	15 per cent	\$5,182.64
74 per cent	\$25,580.90	85 per cent	\$29,368.27
\$57	8.6	\$47	12
	7-9 hours		11-13 hours

	LEVEL 2		
	Fully Managed		Self Managed via Mable
Package Value	\$15,877.50		\$15,877.50
27 per cent	\$4,238.00	15 per cent	\$2,381.63
73 per cent	\$11,639.50	85 per cent	\$13,495.88
\$57	3.9	\$47	6
	3-5 hours		5-7 hours

	Level 1		
	Fully Managed		Self Managed via Mable
Package Value	\$9,026.45		\$9,026.45
27 per cent	\$2,418.00	15 per cent	\$1,353.97
73 per cent	\$6,608.45	85 per cent	\$7,672.48
\$57	2.2	\$47	3
	2-3 hours		3-5 hours

- Illustrative comparison - Fully Managed Home Care Package vs Self Managed Home Care Package via Mable with an Approved Provider charging a 15 per cent for package administration and care management.
- “Typical Home Care Package” figures are based on average fees and costs published in the Australian Department of Health: National Summary of Home Care Prices - 31 December 2021.
- The package management and care management fee of 15% in the Mable self managed approach is based on average fees charged by a selection of commonly used Approved Provider partners who host self-managed Home Care Packages as at November 2021.
- The Mable hourly rate is based on the approximate average rate for personal care, social support and domestic assistance type services in home care of \$47 per hour (including platform fees).

Appendix 4 - Mable Safeguards

Mable takes safeguarding seriously and has a robust layered platform, data and community approach which leverages technology to deliver better outcomes and exceed industry standards.

- To be approved as an independent support provider on Mable, an individual currently needs:
 - A valid Australian Business Number (ABN)
 - A valid police check through the platform's verification partner
 - Working with Children Check (if working with children)
 - Current verifications required for the type of support they are providing (i.e. AHPRA registration numbers for Allied Health Professionals or Certificate III or IV, or two years of verifiable experience for Personal Care services)
 - Two references and a photo, so clients can see who they are engaging with
 - To have completed mandatory COVID-19 infection control training
 - COVID vaccination

- We use technology and data in a range of ways to safeguard users, including using data signals and usage of the platform to trigger reviews by the Trust & Safety team.

- We have a comprehensive Incidents and Complaints reporting and management framework, including multiple ways to lodge incidents and complaints; a dedicated trust and safety team to log, resolve, categorise and track incidents; reporting and escalation. The trust and safety team constantly reviews and improves the incidents and complaints management framework, ensuring timely reporting of incidents to care managers and approved providers.

- Transparent consumer feedback via ratings and moderated reviews, providing an important layer of accountability while celebrating great support outcomes;

- Provider education and training options, providing ongoing access to education modules and learning materials;

- The provision of a suite of insurances for the support provider - covering public liability, professional indemnity and personal accident cover.

An additional tech enabled safeguard afforded to approved providers who have consumers that engage with Mable is the "Care Manager/Coordinator Login." This feature was designed to enable care managers or support coordinators to have oversight and support their clients using the Mable platform to assemble a team of support of their choosing. This is especially significant to support the Approved Provider to meet their regulatory care management and oversight.

In all cases the care manager maintains a direct relationship with their client and can have a direct relationship with the client's chosen care and support team. Clients may choose their support team on their own or with the involvement of the Care Manager. The Approved Home Care Provider is enabled with a login to the Mable platform and can create logins for each of their Care Managers. Each Care Manager can be linked to the account of each of their Clients using Mable while also having access to support shift notes that detail worker and client engagement and the service provided by the support worker.

Further each Client can either operate their Mable account themselves or operate their Mable account with the support of their Care Manager. Importantly, the Home Care Provider can monitor activities via the Mable platform, with some requiring support providers to supply additional reporting via the Provider's own templates.