

10 February 2017

Human Services Inquiry
Productivity Commission
Locked Bag 2, Collins Street East
Melbourne Vic 8003

Dear Commissioner,

This submission has been developed by a consortium of organisations comprising Churches of Christ in Queensland, Community Services Industry Alliance, The Services Union, Queensland Community Alliance, Queensland Council of Social Service and UnitingCare Queensland. It summarises the outcomes of a forum on consumer directed care held in Brisbane on 30 November 2016 titled “Increasing choice across human services – current and future impacts for consumers, workforces and organisations”. The workshop included approximately 80 participants involved in the receipt and delivery of consumer directed care in Queensland and identified issues, opportunities and impacts for consumers, workforce and organisations. This submission taps into real experiences of consumer directed care, aiming to inform the Productivity Commission’s deliberations in implementing further reform to increase consumer choice, contestability and informed user choice in human services.

Quality standards for consumer directed care

The forum identified a range of issues relating to the adequacy of training and development for workers to enable the realisation of choice for consumers. Transitioning to consumer directed care is requiring a shift to values-driven and relationship-based care, requiring diversification from the traditional workforce. This transition can be supported by training and development and guided by quality standards.

As consumer directed care continues to expand there is an opportunity to set generic quality standards that are relevant to all sectors and work environments. These quality standards will guide a program of accredited training and development, building capacity of the workforce to deliver quality consumer directed care. The development of these standards will identify the specific skills, knowledge and qualifications for delivery of consumer directed care and reduce duplication of effort by organisations and sectors (ageing, disability) investing in workforce development. It will also ensure that lessons learned in the first sectors to transition to consumer directed models are transferred to other areas.

Another important aspect of ensuring quality service delivery is building the capacity of consumers to transition to the desired relationship with workers. Self-employing and contracting workers directly requires specialised legal and business knowledge to ensure fair arrangements are made for both the consumer and worker. A 2016 evaluation of personal budgeting in the United Kingdom identified the need for improved support for service users to transition to these arrangements¹. Quality consumer-focussed communication, information and training is required to support service users seeking to purchase and manage their own care. Without this they may struggle to enact choice and control.

¹ Glasby, J, Littlechild, R, *Direct Payments and Personal Budgets: Putting personalisation into practice*. Third Edition, Policy Press, University of Bristol, 2016, Great Britain

Development and implementation of standards for consumer directed care will require a move away from the siloed sector approach, which has resulted from multiple reforms being implemented independently of each other. As we start to gather a better picture of the common elements of consumer directed care that cut across sectoral boundaries, a more connected approach will be possible. This may include structures and functions that enable a focus on the consumer rather than the sector care is delivered in. This may also include a structure to develop, implement and oversee quality standards for consumer directed care. Consideration should also be given to the adequacy of existing mechanisms to protect consumer rights. The complexity of human service interactions require specialised knowledge and skills and current mechanisms such as the Australian Competition and Consumer Commission should be reviewed to ensure it is fit for purpose based on identification of consumer risk in a consumer directed care environment.

Pricing aligned with quality

The delivery of quality outcomes for service users is dependent on providers being able to invest in activities such as performance monitoring, quality assurance, continuous improvement and workforce training, development and planning. Pricing for disability services set by the NDIA does not include these critical activities, leaving some organisations struggling to cut costs without impacting on quality. From a client perspective, the support required to transition from 'client' to 'consumer' is also not currently accounted for in pricing models. Future reforms need adequate investment in the full spectrum of activities required to deliver a quality outcome.

Learning together and tapping into innovation

It will be important for organisations to learn from each other in a more consumer directed environment. Implementation of consumer directed care has been fragmented and, as it expands, consumers, industry and governments need to work together to identify good practice and share learnings.

It will also be important for consumers, workers, organisations and industry bodies to quickly tap into innovation locally, nationally and globally. There is an opportunity to connect with and foster new ideas and solutions such as technologies to connect people with the care and support of their choice and peer-to-peer marketplace models. There are opportunities for new forms of peer mentoring, supervision and training to support and develop workers as well as improved workforce conditions and more empowered workers through self-employment opportunities.

Workforce systems and safeguards

A strong focus of the workshop was understanding the impact of consumer directed reforms on the workforce and identifying systems and safeguards to maintain a safe and quality workforce. The consumer directed care workforce is not homogenous and workers have different needs and preferences. Some workers relish the flexibility of self-employment and others require more structured and secure working conditions and arrangements.

Unions have raised a range of workforce risks including:

- Sham contracting
- Non-secure work
- Lack of superannuation for self-employed workers
- No sick leave

- Lack of clarity regarding employment status for those working less than 30 hours per week
- Limited career progression
- Tax implications
- Short term call outs
- BYOD (bring your own device) expectations, such as iPad, car, phones etc.

The concept of the “workplace” is also changing as a person’s home becomes the workplace. This can lead to challenges for workers, for example, there are some things workers can’t do in a person’s home that would be accessible in a workplace such as internet searching and report writing.

There will be challenges recruiting and retaining an expanded workforce and diversifying from the traditional workforce. Opportunities include supporting people to return to the workforce, job readiness programs for job seekers, and values based recruitment. In some NDIS trial sites it is becoming clear that employers need to be innovative to attract and retain the right staff. Employers need to plan to learn from the trial and understand what it means to be an employer of choice.

This reinforces the need to invest in workforce planning including systems and safeguards and protections for workers and consumers.

The consortium is currently finalising the forum report, which will include possible follow-up actions relating to these areas. If you would like more information about this submission, please contact Anne Curson at Churches of Christ in Queensland

Yours sincerely,

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This submission is also supported by the Queensland Community Alliance.