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Submission from Better Caring

**Productivity Commission Inquiry Into Introducing Competition
And Informed User Choice Into Human Services**

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Executive Summary

The nature of supply and demand of services in every sector is continually subject to change and human services are no different.

This submission does not present arguments on behalf of the broadest spectrum of human services; rather, it focuses on the direct area of experience of Better Caring – aged care and disability services.

In these key human services, consumers have become increasingly frustrated with the lack of flexibility and choice available, and have been active in seeking out alternatives. This shift in consumer behaviour is reflected in the government funding reforms around Consumer Directed Care (CDC) and the National Disability Insurance Scheme (NDIS).

These reforms provide greater control to the consumer, while forcing the market to become more flexible, efficient, quality focused and competitive.

In this sense, it is already abundantly clear that disability and aged care services are indeed suitable to the application of the principles of competition, contestability and increased consumer choice.

This report outlines that the full application of these principles will require the consideration of the following key recommendations:

1. Recognition that people and relationships are at the heart of community based human services.
2. Recognition of the need for 'real' consumer choice that's person-centred, informed, diverse, easy and promotes dignity of risk.
3. Competition, contestability and user choice in human services requires a market solution that prioritises consumer and worker choice and control, while providing a safety net for the most vulnerable.
4. In this new market, access to unbiased information will create greater equality for consumers.
5. Government reforms are changing the very nature of what it means to be an approved provider, and necessitating an 'unbundling' of services.
6. Beyond core standards, the emphasis should be on the consumer's ability to judge quality and 'vote with their feet'.
7. Consumers need clarity around employment laws in relation to employing and contracting workers for personal and domestic services to make the most of the opportunities of person-centred care.

Good progress but more to go

It is the firm view of Better Caring that while the early results of these changes are positive, there is still substantial work to be done if the full impact and results of these principles is to be realised.

In addressing the key questions the Productivity Commission has set for this inquiry, we can summarise by saying:

- There is and will continue to be, a high and growing level of demand for quality aged care and disability services.
- At the same time the nature of that demand will continue to evolve, with expectations of service quality, availability, responsiveness, flexibility, efficiency/affordability and transparency not just increasing but becoming increasingly exacting. Previously acceptable standards will not only be rejected, new standards will be required to meet ever-new perceptions of 'normal'. As new generations of consumers come into the market and new technologies deliver increasingly fast, efficient and personalised outcomes, expectations will continue to grow into the foreseeable future.
- On the service supply side, there remains a shortage of both aged care and disability services. Not only does the subsidised market supply side need to be freed up to meet actual demand - rather than a supply quota – the market needs to offer more diverse options to meet the new demands of future consumers.
- Service models like Better Caring – where individual workers (i.e. individual providers) and consumers can strike highly personalised and mutually beneficial agreements without the added cost that results from a provider organisation in the middle - can and should be part of a diverse and dynamic human services future. The flexibility, fulfilment and reward of these new models will help attract the workforce of the future. Workers also value choice and control. However, there needs to be a sensible balance between protecting the rights of workers in this changing industry, and a consumer (and care worker's) ability to agree an arrangement that is flexible, rewarding and responsive for both.

In aged care and disability support, user characteristics, the nature of service transactions and supply characteristics all positively support substantial benefits arising from increasing competition, contestability and user choice:

- **User characteristics:** users can generally judge quality and make choices/decisions, either themselves or with the support of family members or an advocate; information is available to support informed decisions, including the emergence of consumer ratings; consumers generally have enough expertise to make decisions and these services are often repeat services, where consumers can learn from past transactions.
- **The nature of services transactions:** services are very much relationship based and are often repeat; users very much want to actively engage a service provider directly (although

the opportunity to do this has historically been limited); the historic service model is unbundling which is very positive for consumers.

- **Supply Characteristics:** technology creates a level playing field where economies of scale are less important in determining whether a supplier can service consumers, and technology can largely solve the challenges in less populated areas.

About Better Caring

Better Caring is an innovative online 'market place' platform (a peer-to-peer or person-to-person "P2P" market place), launched in 2014, that connects those who need home or community-based care and support, directly with care and support workers in their local area. The aim is to offer real choice, efficiency, quality and transparency; and ultimately, better outcomes for both workers and people requiring care and support services.

The Better Caring platform enables a wide variety of services to be offered, including care and support services, nursing services, social support and in the future, allied health services.

The platform works on the basis of enabling a mutually supportive relationship between care workers and 'care consumers'. On the one hand, it enables people with a disability, or people who are ageing and needing assistance (or their case manager, family members or advocate), to find and directly engage care and support workers, based on criteria that are important to them. At the same time, it enables care and support workers to offer services directly to consumers. In this way, Better Caring is enabling a growing community of care workers to build rewarding, successful careers in community care, in some cases working for themselves as independent contractors and in others as employees of the consumer, as circumstances dictate.

Better Caring operates within a framework of sensible minimum standards for workers (such as Police, reference and qualification checks) with transparent consumer feedback providing an important layer of accountability, while celebrating great care outcomes.

The roots of the Better Caring concept was borne out of one of the founder's personal experiences in struggling to find the right care for his parents who, like many, were determined to remain living at home, but were frustrated with the lack of choice over who came into their home, loss of control and privacy, and the high cost of services.

For the past two years, Better Caring has been at the epicentre of a growing consumer trend to exercise greater choice and control.

We have witnessed first-hand consumer, worker and approved provider behaviour in adapting to this change in consumer behaviour brought about by reforms in disability funding (NDIS) and aged care (the introduction of Home Care Packages and Consumer Directed Care). Better Caring is itself a unique and valuable case study for understanding the benefits of introducing competition, contestability and user choice in these sectors and for understanding how technology innovation can transform a sector for the benefit of consumers and workers.

Technology and 'disruption'

Better Caring is rightly seen as a 'disruptive innovator' in the disability and community aged care sectors. It mobilises technology to enable workforce and market innovation that can deliver a mission: to efficiently and transparently improve access to affordable, flexible, responsive, quality home care for Australians everywhere.

Better Caring's technology enables communities to better care for and support people in their community. Importantly, it also offers workers more flexible, fulfilling and rewarding work options.

The underlying principle lies in building mutually beneficial relationships and meaningful social connections between care workers and care consumers – a hallmark of good human services.

Background

Demand:

There is no debate about the nature of the growing demand for aged and disability services in Australia. It has been acknowledged and documented in both government and non-government research and reports for many years and is consistent with similar levels of demand in other OECD countries.

Almost 1 million ageing Australians receive some form of care and support to remain living at home and another 460,000 people with a disability are being funded directly under the NDIS. These 1.5 million people (and rapidly growing) are dispersed in homes and communities all over Australia. Each person's needs, preferences, abilities, level of vulnerability and interests are unique.

These people represent a diverse cross section of Australians, including people with diverse sexuality, with low incomes, residents of rural and remote areas, Indigenous Australians and culturally and linguistically diverse groups.

The NDIS and CDC recognise this diversity, and the uniqueness of needs, preferences, interests and abilities. The ability for consumers to request diverse services also extends to when these services will be requested, with increasing demand on weekends and late evenings. Better Caring's clients have attested to the benefits of accessing services that can meet their specific criteria.

"Better Caring is very empowering and helps fashion life how I would like it to be, how I like it to look. Having been with a few service providers now, I know the difference."

- Suzie P. Better Caring client.

Supply:

Despite this diversity on the demand side, the type and supply of services available has been traditionally very limited.

- The service provider market is dominated by Approved Aged Care Providers and Disability Service Providers who historically were bulk or pool funded to deliver services to people who were largely passive recipients.
- Service providers have been mostly similar organisations offering little in the way of real difference and alternative choices to consumers. Recipients of services have largely had to choose from standardised 'menus' of service offerings, and to the service delivery terms set out by service providers.

According to recent comments by Dr Nick Hartland, First Assistant Secretary, Aged Care Policy and Regulation Division, Department of Health, part of what was intended by CDC was not for the system to evolve where it is simply *"a matter of choosing among providers with the same service offering"* but for the system to evolve *"where there are more diverse*

service offerings available, and consumers can think and choose about the way their needs are met.” As such, “The challenge for Government will be to step back and allow more diversity.”¹

- There has been little accountability for the cost or quality of services, other than standards compliance and mandatory training.
- The market is highly fragmented, dominated by Not For Profits.
- Services were generally delivered via a centrally rostered employed workforce rotated through households with little to no direct contact between the worker and the consumer – lacking flexibility, responsiveness and choice.
- The high cost of services is now being made transparent under CDC. Many providers have been charging and continue to charge 35 to 45 per cent of the consumer’s total funding package in administration and core advisory services. Service delivery is then typically charged at \$45 to \$50 per hour (9am to 5pm Monday to Friday), while workers typically earn award rates of \$20 to \$27.00 per hour plus super. The cost of services directly relates to hours of support received which directly impacts quality of life. The result is an inefficient use of government funding that provides fewer hours of care for the consumer.
- The supply conditions that have prevailed in disability and aged care services have been underpinned by government policy at both the Commonwealth and State level.
- Many are questioning whether disability service providers can meet NDIS pricing. Technology and workforce innovation will be a necessary response.

Workforce:

Workforce challenges are significant. There remains a shortage of skilled staff, and service providers experience challenges in attracting, recruiting, training and retaining workers. Part of the challenge is the historical, hierarchical employment structures and entrenched negative community perceptions around care and support work being a low-skill, poorly-paid profession. Wages remain low, workers often feel undervalued and under-paid, and have little sense of or opportunity to take responsibility. Many are attracted to the sector by the personal reward that making a difference to the lives of other people can provide. Unfortunately, the ability for a worker to have a relationship with particular clients is lost or actively discouraged in a centrally rostered workforce model, where rosters are essentially driven by cost efficiency rather than choice. The result: work is task driven rather than relationship driven. There is a generally low level of morale, despite the fact that care and support workers are at the coalface of providing crucial human services, and they are often at risk of being lost to other sectors.

The nature of work is also changing; increasingly, people value flexibility and fulfilment over traditional, rigid employment models. The growth of the freelance or flex economy is well documented.

I recent caught an Uber. The driver teaches ballet and works as a DJ, and as an Uber driver when it suits. She has done 1500 trips over the past year, usually driving in the mornings until she earns

¹ <http://hfddvic.austhealthweek.com.au/media/1002377/71954.pdf>

² Examples include [Honor](#), [Home Heroes](#), and [Home Team Care](#)

\$100. There is no reason why this worker couldn't consider offering transport, community access/support, help with shopping and companionship within a similar flexible, multi-job workforce arrangement in the aged care or disability sectors. This is unlikely to happen via employment with a traditional provider organisation.

The aged care and disability sector is competing for this Gen X or Gen Y worker – and **needs** to attract them in order to support the growth in demand for services. Regulation needs to recognise the shifting behaviours, attitudes and expectations of both consumer and worker.

The future context

In considering increasing competition, contestability and user choice in aged care and disability support, it is important to understand not just the current, but also the likely future context for the supply and demand of services.

As the term suggests, human services are services delivered by one person to another or others. By their nature, the quality of human services will always ultimately depend upon the nature and reward of the relationships between the humans involved on both sides of the service transaction.

However, the broader context in which human services are being delivered has changed markedly and continues to evolve on a number of levels. Some key environmental changes should be recognised and considered carefully in any analysis of - and policy development around - human services.

These contextual considerations include:

1. *The emergence of technology innovation and disruption to conventional markets*

Disruptive innovation, including technology and workforce innovation, has a key role to play in many sectors and cannot be ignored in human services. We have seen industries as diverse as travel, taxis, retail, newspapers, the music industry and education – to name a few – significantly altered in ways that largely improve the quality and value of the user experience. Consumers and workers are more informed and exercise choice.

In the United States and elsewhere, we have seen similar significant technological and workforce innovation in the form of ‘peer to peer’ market place models². Peer to peer marketplaces empower the users (consumers and workers) and are built on three pillars:

- (i) Trust – users are subject to the ratings and feedback of other users and need to earn and maintain the trust of the community.
- (ii) Convenience – users can easily and conveniently find what they are looking for
- (iii) Community – people gather around the marketplace to connect, transact, provide feedback and build relationships

These innovative models should be embraced in aged care and disability support services as the rewards to consumers and workers will be significant. Providers no longer need to sit between the consumer and worker for every hour of service delivered.

2. *Changes in attitudes and expectations of consumers in line with changing demographics*

As government reforms and technological innovation empower consumer choice, consumers will become more demanding and insist upon higher skilled, higher quality and more responsive service provision. The consumer of the future will have heightened expectations and be well informed. In addition, they will value a social connection as part and parcel of service delivery; as such, the personality, interests, cultural connection and communication skills of the worker become increasingly important.

² Examples include [Honor](#), [Home Heroes](#), and [Home Team Care](#)

Bernard Salt, leading Australian social demographer, told ACI in 2012 that in his opinion there are two main issues that face an ageing population. The first is the volume of people in the older stages of the lifecycle.

“The oldest baby boomer is now 66 and was born in 1946. There are about 4.5 million baby boomers and they are now moving into the space currently occupied by about 2.5 million people in the preceding generation,” he said. *“So there is a volume shift taking place.”*

The second concern is the baby boomers heightened expectations of the quality of life and care.

“The level of service expectation will ramp up per old person and the number of old people will increase,” Salt explained. *“So volumes and values will shift.”*

3. Evolving consumers and services

Since consumers have been able to start exercising choice, they are seeking and accessing a wider range of services and service times that reflect their individuality. We have seen examples of a person with a disability engaging a surfing buddy, another seeking service at 5.30am and many cases where an ageing consumer has chosen care workers based on their skill in preparing certain foods. Many new service requests represent a marked departure from traditional service offerings and will not be easily catered to by traditional service providers.

A natural consequence of the need to cater to such a wide range of individual interests, will be the growth of private practitioners (independent contractors) competing for discerning clients based on quality, service, price and other criteria. There is no reason why the aged care and disability support services sector can't exhibit the same competition, contestability and user choice present in the provision of other human services, such as general practice, dental and optical and allied health services such as massage, nutrition or diversional therapy, where private practitioners compete on price, quality, location and other characteristics.

4. Changing expectations and attitudes toward work

Making the ageing and disability care sectors more attractive workplaces will be critical to attracting the quality workforce needed to cater to our ageing population and people with a disability. As referenced earlier in this report, it is well documented that the nature of work is changing across most roles and sectors, with people increasingly valuing flexibility, control and fulfilment as much as financial reward. Many good care and support workers want the option of building their own business, brand and good will, and will have the potential to earn more. Other workers will seek the benefits of being a traditional employee. In a 21st century economy, to attract the workforce we need to support those in need, we need to accommodate all these options.

5. *Increased demand on the sector for scarce resources*

The demand for services is increasing while service providers struggle to meet current demand and government appetite for expenditure continues to wane. As consumers increasingly exercise their right to choice, existing service providers will inevitably find themselves struggling to meet this demand, particularly in rural and regional areas where administrative overhead and on-costs of service delivery impinge even more heavily on choice and the cost of services. Consumers will increasingly seek better value alternatives to meet their service needs. At the same time, governments are likely to welcome solutions that maximise quality care provision and good consumer outcomes with minimal additional costs to government. Because new models like Better Caring work at the level of the independent individual, rather than the traditional organisational structure, it is a solution that, with the right support, potentially creates more equity, access and choice for consumers, particularly those in regional, rural and remote areas of Australia and in culturally diverse communities.

The current challenge

To meet the demands of consumers of aged care and disability services in the coming decades, we need a response that offers diverse, responsive and flexible choice, that is local, that is affordable and efficient, that is transparent and that attracts motivated workers to the sector.

Ensuring greater competition, contestability and consumer choice in these sectors will be pivotal in this process. Government policy and regulation will need not only enable, it but support it, so that consumers are not disadvantaged by making any one type of choice.

Current issues

Currently there are a number of matters that need to be understood and potentially addressed:

- **Changing nature of the provider** - Under CDC, providers hold the individualised funding for consumers, who are then able to purchase services. This will lead to the traditional service offering unbundling into the component parts that consumers can discretely purchase based on their individual choices. Increasingly, consumers will choose an individual worker or practitioner ahead of choosing the approved provider, who may only offer the service of hosting and administering funding. Other providers may focus on core competencies such as case management (including client advice and goal setting), but they may or may not offer services
- **Home Care Packages** - Home care packages have introduced competing tensions for Approved Providers that are not expressly dealt with under the Aged Care Act 1997 (Cth) (Act), namely:
 1. *Consumers having a right to choose the services and who provides them; and*
 2. *Approved providers remain responsible for packages and compliance with the Act, and ultimately service provision.*
- **Quality and compliance** - There is a corresponding shift in government attitudes to quality and compliance. The traditional notion that quality can be regulated by compliance with standards/mandatory training is shifting to one where consumers are seen as best able to judge quality for themselves. How this works in practice needs to be properly addressed, particularly where providers are becoming funds holders, but still responsible for quality of services.
- **Supported choice** - While some consumers, including those who have dementia or cognitive deficits or those with limited language skills, will need to be supported in a consumer directed environment, this is not insurmountable and has been shown to work with advocates and other proxy decision makers, both here in Australia and in other countries.

- **NDIS** – The NDIS gives consumers who self-manage and plan-manage greater choice, but many consumers are (at least initially) agency-managing and restricted to using registered providers. New disruptive ‘square peg’ models like Better Caring, which empower consumers, don’t fit the ‘round hole’ of the traditional registered provider. This is denying important choice to the majority who agency-manage.
- **Existing regulation can favour existing industry and workers** – Incumbent traditional service providers have threatened to “challenge the disruptors head on”³. This is a very real concern if they are seeking to inhibit competition and limit choice by using regulation that protects incumbents and existing service models.
- **Aged consumers are being left in the dark** – While there has been a significant investment in the education of people with a disability about the NDIS, ageing consumers have not been anywhere near adequately informed about their rights and entitlements under CDC. To date, there has been reliance on providers to educate consumers, with limited effectiveness, as providers have the most to lose in explaining choice and transparency to consumers.
- **Government communications currently direct people to government funded and often non-for-profit providers** - For example,
 - My Aged Care does not list non-government funded services
 - Various forums initiated by government-funded services give priority to government funded services over private services and/or priority to non-for-profits over for-profits. The example email below is typical of this bias.

E.g. “Dear CHSP and Home Care Service Providers

Invitation to hold a Stall at the St. George Aged care Expo

The St. George Aged and Disability Sector Support Officer is pleased to invite the CHSP and Home Care service providers to hold a stall at the St. George Aged Care Expo on Wednesday 24 August 2016 from 9:30am to 1pm.

The aim of the Aged Care Expo is to increase awareness and provide information on In Home Aged Care services provided in the St. George Region.”

And

“Priority will be given to funded CHSP services first, then Home Care Packages and then Private Providers”

- **The high cost of services** – This has now been made transparent under CDC. As referenced earlier, the high costs of Provider administration, coupled with services that are not offered at a competitive rate, can mean significantly fewer hours of care for consumers. Typically \$48,906 of government funding for a Level 4 home care package delivers to a

³ “Keeping the mission in the market” – [Australian Ageing Agenda, March/April issue 2016](#) – Opinion by Paul Sadler, President of Aged and Community Services Australia.

consumer 11 to 12 hours of care per week, equating to \$80 plus per hour, all up. Better Caring's experience shows that through greater competition and choice, and more efficiency, the same funding can deliver 20 plus hours of care per week, with the worker also achieving a better deal. This additional 8 hours of care and support each and every week can make a huge difference to an individual's quality of life.

- **Potential conflict between goals of consumer choice and current workplace legislation –** Under CDC and the NDIS, consumers, as 'markets of one', are entitled to make choices based on their specific needs and preferences. Their ability to access care and support workers who can provide flexible, responsive, diverse and affordable care may be inhibited by current workplace legislation. For example, if a consumer directly engages a worker for five hours per week on an ongoing basis to provide specific domestic or personal services, is the consumer creating an employment relationship even if the intent for both parties is one of a flexible contract arrangement? Currently there is no certainty around this issue for the consumer.

The way forward – recommendations and final thoughts

Aged care and disability support are areas of human services which can and will significantly benefit from increased competition, contestability and user choice. The scope for improved outcomes in these two sectors has already been identified and acknowledged by Government in previous research, reports and inquiries⁴.

Progress toward achieving a more competitive, consumer-centric environment is well advanced in both settings. The establishment of the National Disability Insurance Scheme, the piloting and acceptance of Consumer Directed Care principles and the bipartisan adoption and implementation of the aged care reforms outlined in the Gillard Government's [Living Longer Living Better reform plan](#) for the aged care sector have informed - and been informed by – a broad based acknowledgement of the benefits of increased competition, contestability and consumer choice in these human services areas.

However more needs to be done to introduce competition, contestability and user choice in aged care and disability services:

1. **Recognition that people and relationships are at the heart of community based human services.**

Consumers will increasingly want to choose individual care and support workers ahead of choosing a provider organisation or funds holder. The challenge in community aged care and disability support is connecting large numbers of disburshed people who need care and support, with large numbers of care and support workers across Australia, based on individual criteria. Innovative technology can help to make these local connections transparently and efficiently, with maximum choice and control for consumers and workers, with appropriate safeguards via core or minimum standards.

2. **Recognition of the need for 'real' consumer choice to drive competition and contestability.**

'Real' choice is choice that is:

- **Person Centred:** recognising that the person is the expert in their life and best placed to make decisions
- **Informed:** the consumer has access to simple and transparent information, independent and impartial advice and if needed, advocacy.
- **Diverse:** encompasses a wide range of responsive options to select from.
- **Easy:** the ability to change one's mind is simple and unencumbered, with little or no switching cost
- **Accepting of reasonable risk:** the notion of 'dignity of risk' supports the right of everyone to make choices that involve a level of reasonable risk.

⁴ Notably the [Productivity Commission Inquiry into Disability Care and Support, 10 August 2011](#); and [Caring for Older Australians, 8 August 2011](#).

“The current system is so worried about liability, no one has a chance to live. Until I have my own funding and choose my own carers nothing will change. On Better Caring we get to choose my carers carefully and communicate with them directly. You can change carers until you find someone right for you.”

– Grant, Better Caring Client

3. Competition, contestability and user choice in human services requires a market solution that prioritises consumer and worker choice and control, while providing a safety net for the most vulnerable.

A solution that is entirely built around safeguarding the most vulnerable raises costs and reduces choice for everyone. However if as a sector, we can effectively and efficiently enable those who are able and have the desire to exercise choice and control, then there is the potential to free up resources to better support the most vulnerable.

4. In this new market, access to unbiased information will create greater equality for consumers.

Current information to consumers favours government funded and/or non for profit providers. Examples include:

- My aged care website only lists approved government funded providers
- Government funded HACC or sector development officers responsible for facilitating information sharing, often give priority to government funded or NFP providers, which is contrary to a desire to increase competition and contestability from the private sector and increase innovation.

5. Government reforms are changing the very nature of what it means to be an approved provider.

No longer is the organisation holding funds necessarily the organisation providing services. Approved or registered providers should first and foremost be seen as funds holders and administrators (financial intermediaries), with the client directing disbursement of funds and having choice over services, including case management/client advice and care coordination if needed. Regulation needs to recognise that a Provider Organisation no longer needs to sit between consumer and worker for every hour of care delivered.

6. Beyond core standards, the emphasis should be on the consumer’s ability to judge quality and ‘vote with their feet’.

Current arrangements are conflicted, with consumers having the right to make choices, but with an approved provider being responsible for compliance and quality. Currently, providers can easily deny choice based on their own assessment of risk, despite providers being urged to take a positive approach to risk and recognise “dignity of risk”. Approved or Registered Providers shouldn’t be held responsible for quality of services but rather

ensuring core or minimum standards (such as police checks, WWCC, references and insurances). The system needs to clearly transition from the old model of quality regulation via compliance with standards and mandatory training (which often doesn't lead to quality outcomes for the consumer) to transparent community or consumer regulation of quality and offering consumer's real choice.

- 7. Consumers need clarity around employment laws in relation to employing and contracting workers for personal and domestic services.** Under the NDIS and CDC, consumers will increasingly build larger teams of support workers, with different workers delivering different services important to the life of the individual consumer. Some disability case managers already help individuals recruit/engage a team of care and support workers specific to the individual's requirements. Workforce diversity, flexibility and responsiveness will be key and a likely outcome is the increasing casualization of the workforce, which is not in itself a bad thing. More people working less, provides substantially more choice and flexibility than less workers, working more. In addition, many workers are seeking flexibility and already enjoy working multiple jobs across multiple industries, and good care and support workers will be in demand. For new economy workers, work flexibility and work fulfilment often are more important than traditional employee benefits. Increasingly, workers will be engaged by multiple (demanding) consumers providing a variety of services. This will inevitably lead to a more professional workforce and opportunities for workers to run their own business as independent contractors servicing multiple clients. Some members of a team might be employed, some might be contracted. In this rapidly developing and new landscape, Consumers need clarity around employment laws in relation to employing and contracting workers for personal services and domestic services.

In addition, if an intermediary is holding, managing and disbursing funds for a consumer – whether through the NDIS or a Home Care Package, and the consumer is choosing and engaging individual workers, in these instances, there is potential for confusion as to who is employing or contracting the worker. It is essentially the consumer and not necessarily the funds holder or financial intermediary.