

# Increasing choice across human services – current and future impacts for consumers, workforces and organisations

Forum report

April 2017



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This forum report presents a diversity of views and commentary from participants and does not represent the formal or agreed positions of consortium members.

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## Summary

In 2016, a group of organisations came together through shared interest in supporting each other and the sector more broadly to consider the changing operating environment resulting from the consumer-directed care movement and other forms of individualised and person-centered care. We were particularly interested in the current and future impacts on clients and their families, workers, organisations and communities. The group formed a consortium comprising of Centacare, Churches of Christ in Queensland, Community Services Industry Alliance, Queensland Community Alliance, Queensland Council of Social Service and UnitingCare Queensland.

We held a policy forum on 30 November 2016 to examine the challenges and opportunities arising from moves to further introduce individualised funding, consumer directed and person-centred approaches across human services. The forum began with keynote presentations from people accessing human services and those working on the frontlines of a changing industry. It then held a range of sessions focusing separately on consumers, workforce and organisations.

At the end of the forum, a session was run to begin consolidating key themes and action areas. Based on this session and follow-up analysis of the key themes and discussion points raised at the forum, the consortium has identified **five key areas for potential future action**. These are:

1. Moving people to the centre – advocacy and support
2. Developing shared, values-based practice standards and training for consumer directed care for use across the human services industry
3. Aligning pricing with quality
4. Developing tri-partite workforce systems and safeguards
5. Learning together and tapping into innovation

These areas for action and their next steps are discussed in detail in Section 6 of this report. If you are interested in getting involved and helping prioritise these actions, please contact Anne Curson at Churches of Christ in Queensland – [anne.curson@cofcqld.com.au](mailto:anne.curson@cofcqld.com.au)

## 1. Introduction

On 30 November 2016 a consortium of organisations held a policy forum examining the challenges and opportunities arising from moves to further introduce individualised funding, consumer directed and person-centred approaches across human services. The forum was well attended with approximately 80 delegates from community service organisations, unions, peak and industry groups, churches, government and consumers of services.

Through each session, we used e-polling to ask people four critical questions:

- What are the opportunities?
- What are the consequences?
- What are the necessary safeguards?
- What are we going to do? (ideas for action)

The following report shares the opportunities and challenges that were discussed and draws out key areas for further action to support transitions to consumer-directed models. The report has been developed by the organising consortium comprising Centacare, Churches of Christ in Queensland, Community Services Industry Alliance, Queensland Community Alliance, Queensland Council of Social Service and UnitingCare Queensland.

## 2. Hearing from consumers of disability services, family members and people working in human services.

The forum began with keynote presentations from people accessing human services and those working on the frontlines of a changing industry. We heard stories from:

- Nikki - a young woman who has gone from living in shared accommodation to managing her own home and her own team of support workers
- Mary - a carer for her brother and her parents and a peer educator supporting older people to access care
- Ann – a mother of two adult children with a disability and a manager of a disability support agency
- Dominic - a worker in mental health and disability services
- Lyndall – a woman with lived experience of mental health and receiving wrap around support to find her path to recovery

### *Opportunities*

Following presentations there was a strong sense that the consumer directed care movement was creating an environment to give people true choice and control around what they need and want. But, this was also requiring a changing relationship between people and their care workers. The consumer-directed environment highlights the central importance of the relationship between people and their workers, which is characterised by placing a person in a position of choice and with workers actively listening, challenging themselves, and reporting to the people they support. This was seen both as an opportunity and a challenge.

## *Consequences*

In the world of consumer choice and control, a workplace is often someone's home. This requires the workforce to be flexible and requires ways of working that ensure workers safety without becoming overly bureaucratic. A key challenge is around how to manage a flexible workforce while maintaining fair wages and job security. Organisations are keen to adapt to change and be flexible, however there is a high degree of uncertainty amongst the workforce.

There are also challenges for people as they transition to becoming managers of their own care. As they learn to manage their own budgets and care workers, people need support to understand and manage their own expectations and to make arrangements that are fair for themselves and the people working for them.

## *Safeguards*

One of the most common safeguards raised to ensure transitioning to consumer-directed models truly places people at the centre and in control of their care was training and development. In this context, training and development would focus on relationship-based practice, advocacy and empowerment approaches that work towards people being in control of their care.

## **3. Focusing on consumers: understanding the impacts from the fully empowered consumer to those who are more vulnerable**

This session featured a panel discussion, with presentations from:

- Kath Dornbusch, Office of the Public Advocate
- Natalie Siegel-Brown, Public Guardian
- Professor Jill Wilson, University of Queensland
- Ann Greer, Community Connection Inc

## *Opportunities*

There was significant discussion around what is needed to give people control in their lives. One of the key opportunities is around having funding and structures that require people to discuss a person's goals, which can extend to the hopes and aspirations they have for their lives. In this environment there are opportunities to share risk of care delivery with families and match people to workers.

Where people have strong capacity for decision-making and informed choice, or have supportive people in their lives with this capacity – there is a huge opportunity for accessing and self-directing care.

## *Consequences*

Discussion highlighted the key role of advocacy to ensure people's participation, inclusion and independence. As we transition to consumer-directed care in the disability area, people are learning how to communicate and express what they want, and make choices and manage their own money. They are also learning how to direct their own workers. In these

instances, many people need support and assistance to exercise and achieve real choice and control in their lives. Including support to strengthen their legal capacity to manage their own lives.

Advocacy is also required to ensure people who are socially isolated and have impaired, or declining capacity are able to access the support system. There was discussion around the core assumption of consumer directed care being that people are cognitively competent, informed consumers or have a savvy support network of people around them. Most people eligible for the National Disability Insurance Scheme (NDIS) do not have this, and are at high risk of losing access to support services.

As the NDIS is being rolled out, its policy agenda of choice and human rights is not being promoted by its processes and pricing structure. The current approach does not support wrap around services, relying on people to assess what they want, what it costs and what they can afford. This is limiting people's access to wrap around, coordinated care that has been shown to deliver the positive outcomes described by people in the keynote sessions.

There was discussion on the role of the organisation. A relationship-based approach is critical, but workers need to be employed and supported by organisations to get the support they need. This raises ongoing concern about pricing models that only include very limited coverage for the costs of training, development and support, which threatens workforce stability.

### *Safeguards*

The main safeguards identified to address these challenges was supporting and embedding the role and value of advocacy. This can be done through:

- Day-to-day practice that aims to get people access to services
- The practice of the public advocate and guardian to uphold people's choice and involvement in decision-making
- Systemic advocacy to ensure pricing and policy structures support relationship-based practice, people's access to services and support for workforce

## **4. Focusing on workforce: understanding and identifying workforce opportunities and challenges in a consumer directed and person centred care environment**

This session featured a panel discussion, with presentations from:

- Jennifer Thomas, The Services Union
- Damien Davie, United Voice
- Peter Selwood, Centacare
- Jeff Gilling, Better Caring
- Matt Gillett, Workability project

## *Opportunities*

Presenters identified opportunities for a new type of workforce to support the delivery of client directed and person centred care. This needs to be driven by a new vision and quality framework, refocusing the workforce on values, skills and abilities rather than qualifications.

Presenters stressed the importance of relationship based models that will be required and the need for easy to access and use mechanisms to match workers with clients. There is an opportunity to foster technology platforms to connect people with the care and support of their choice such as peer-to-peer marketplace models. There was discussion on opportunities for new forms of peer mentoring, supervision and training to support and develop workers. There are also opportunities for improved workforce conditions and more empowered workers through self-employment opportunities.

The session identified significant opportunities to work with existing workforce projects such as Workability managed by a consortium comprising the Health and Community Services Workforce Council, Community Services Industry Alliance, NDS (Qld), and QCOSS.

The session reinforced the challenges of recruiting and retaining an expanded workforce and identified the need to diversify 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.

## *Consequences*

The Unions raised a range of workforce risks including:

- Sham contracting
- Non-secure work and under employment
- Lack of superannuation for self-employed workers
- No sick leave
- Lack of clarity re employment status for workers on less than 30 hours per week
- Limited career progression
- Tax implications
- Short term call outs
- BYOD (bring your own device) expectations e.g. iPads, car, phones etc.

Unions are concerned that minimum award conditions will be lost and that inadequate pricing levels, such as NDIS pricing, will result in employers dropping classification levels and changing employment type to cover costs. Employers may also be pressured to reduce costs through IT, rostering, operations and training and development. This has implications for quality and safety.

The session identified that the workforce is not homogenous and workers have different needs and preferences. Some workers will relish the flexibility of self-employment and others require more structured and secure working conditions and arrangements. This was particularly the case if people were needing to work for multiple providers and are seeking full time working hours. Presenters also identified that the concept of the “workplace” is leading to some difficulties for workers. For example there are some things workers cannot

do in a person's home that normally would be accessible in a workplace such as internet research, report writing etc.

Some participants identified that some workforce trends are driven by global forces rather than localised issues. Tapping into innovative responses worldwide will be important as well as keeping abreast of trends.

Ultimately participants agreed that not enough planning has been done to determine a workforce strategy to support the implementation of the NDIS.

### *Safeguards*

A strong theme was the need for quality and safety standards. This was considered important to guard against unethical operators, safeguard workers and provide a safe environment for clients. Participants also identified the need for minimum employment conditions as a component of this alongside registration or regulation of workers. Participants stressed that employees need to be given options for secure work and expressed concern about casualisation of work.

The need for training and development was identified as a critical issue to maintain quality and safety. Many participants expressed concern that training and development is being compromised through the NDIS implementation as unit pricing is not adequate to cover these costs. As not-for-profit organisations generally have limited surplus, participants suggested some organisations are struggling to provide effective training and development for disability support workers. Pricing also needs to adequately reflect the cost of effective planning to ensure people are able to understand what the options are and consider how their lives can be better.

Participants expressed concern about commodification of human services and unitising care. Consequently the need for effective and accessible advocacy for clients was a strong theme. Participants strongly suggested the need for individual advocacy to be integrated into systems involving consumer directed and person centred care. Participants also identified the need to more clearly identify the role of advocacy and the skills, knowledge and capabilities required to advocate for clients. There was also discussion about the need to identify innovative ways clients can access advocates when they need them. Participants also expressed the need to explore advocacy models involving family and carers, particularly women carers as decision making can be complex and have consequences for significant others.

## **5. Organisational focus session: learnings from the NDIS, change management practices, systems and tools**

This session included presentations from:

- Terry O'Connor, Department of Communities, Child Safety and Disability Services, Townsville
- Yann Pastor, Deloitte Access Economics
- Matt Gillett, Community Services Industry Alliance
- Shelley Birrell, Queensland Council of Social Service

Presentations shared on the roll out of the NDIS in Townsville and the different kinds of tools available for organisations to use or examine as they adapt to person-centred models. Different tools and models resonated for different people based on their organisational size and complexity. There was a strong sense that people wanted to learn more about new online tools, outcomes monitoring and assessment frameworks and for larger organisations, customer-centric models.

## **6. Moving to action – identifying next steps**

At the end of the forum, a session was run to begin consolidating key themes and action areas. Based on this session and follow-up analysis of the key themes and discussion points at the forum, the consortium has identified five key areas for potential future action. These are:

- Moving people to the centre – advocacy and support
- Developing shared, values-based practice standards and training for consumer directed care for use across the human services industry
- Aligning pricing with quality
- Developing tri-partite workforce systems and safeguards
- Learning together and tapping into innovation

### *Moving people to the centre – advocacy and support*

Listening to people, supporting choice and control in their lives and advocating for those who may have difficulty accessing services were strong themes across the forum. Achieving this is in part delivered by workforce development, but a significant part of this involves building the capacity of consumers to transition to a new relationship with workers.

For many people, learning to identify life goals and aspirations and achieve them through a supportive care relationship is a very different way of working with service organisations. Traditionally, care relationships begin with people being presented with limited sets of options, based on eligibility, program structure and funding availability. Self-employing and contracting workers directly to achieve your life goals is a different way of accessing care, which requires specialised legal and business knowledge. This knowledge will help ensure fair arrangements are made for both consumers and workers. The need for supporting people accessing services to transition to these new care relationships is starting to be documented as similar models are implemented in the United Kingdom<sup>1</sup>. Quality consumer-focused communication, information and training is required to support service users seeking to purchase and manage their own care. There is also a role for non-government organisations in supporting self-advocacy and systemic advocacy. Particularly for people who have limited capacity to learn a new system, understand new service language or articulate what may help them. Without training and ongoing support people may struggle to enact choice and control and access the services they need.

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

There may also be a need to remove barriers for people so they can advocate for themselves, or as groups. To examine what mechanisms can allow people's voice to be heard, beyond market mechanisms.

#### Potential future actions:

- Examine what work is currently being done and how further work and advocacy can be supported by engaging with consumer representative bodies and interested forum attendees.

#### *Developing shared, values-based practice standards and training for consumer directed care for use across the human services industry*

The need for training and development was the most consistent theme across all sessions of the forum. 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 standards can guide a program of accredited training and development, building capacity of the workforce to deliver quality consumer directed care. Developing these standards would 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 heavily 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.

Developing and implementing standards for consumer directed care requires moving 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 could 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.

#### Potential future actions:

- Assess what work is already being done, and identify gaps and research and development opportunities for quality standards and workforce development plans by engaging with the Workability Project.
- Identify any gaps and opportunities for further work following consultation with the Workability project by convening a meeting with interested forum attendees
- Explore further opportunities to extend the learnings and work beyond the disability sector to other consumer directed care.

#### *Aligning pricing with quality*

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

### Potential future actions:

- Develop a consortium submission to the Productivity Commission's inquiry into the National Disability Insurance Scheme, through bringing together interested forum attendees
- Develop a public communications plan to support the consortiums submission and raise the profile of pricing issues

### *Developing tri-partite workforce systems and safeguards*

Through discussions, there was a strong appetite for employers, unions and consumers to work together to examine new frameworks for workforce systems and safeguards. These frameworks would examine how fair conditions and job security can be delivered alongside requirements for flexible modes of working that support relationship-based practice. There is an opportunity to examine this now to ensure systems are in place as further implementation of consumer directed care models happens across different sectors.

### Potential future actions:

- Form a "convening group" of employers, employee representatives and consumer groups to host a process with other critical stakeholders aiming to:
  - 1) more deeply understand the nature of the new environment they are moving into
  - 2) consider what levers of influence or change are available to support a smooth transition towards consumer directed care
  - 3) identify new ideas, initiatives, alliances, projects that can be worked on by some or all players to help transition towards a better future for consumers and those who support them
  - 4) carry out the key initiatives to make a positive difference

### *Learning together and tapping into innovation*

Organisations need to learn from each other in an increasingly consumer directed environment. To date, 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.

Quickly tapping into innovation locally, nationally and globally is also important for consumers, workers, organisations and industry bodies. 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.

There are also opportunities to examine collective, industry branding that supports the attraction of new workers and builds a profile of quality service delivery.

### Potential future actions:

- Convene meeting with interested forum attendees to examine mechanisms for cross-sector learning and drawing in innovations from other industries.
- Engage Advance Queensland to support innovation in the social services sector
- Inform and share learnings on innovations as they improves and impact on each sector

## **7. How you can get involved**

A number of potential actions have been identified, but we must prioritise these and seek further support to move them forward.

You can get involved in two ways:

1. Help us prioritise areas for action by completing this online poll:  
<https://goo.gl/forms/WcQi8yMCpcoHJFQO2>
2. Register your interest to participate in any of the actions identified above. You can do this by contacting Anne Curson, Government Relations and Policy Advisor, Churches of Christ in Queensland – [anne.curson@cofcqld.com.au](mailto:anne.curson@cofcqld.com.au)