

Submission – National Strategy for the Care and Support Economy

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Sydney Policy Lab

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Introduction

The Sydney Policy Lab at the University of Sydney is grateful for the opportunity to make a submission to Prime Minister & Cabinet’s consultation on the Draft National Strategy for the Care & Support Economy.

About the Sydney Policy Lab

The Sydney Policy Lab was created by the University of Sydney to be a multi-disciplinary, nonpartisan space where the academy and the community can come together to investigate, test and solve complex policy issues that face our world, build relationships and make progress. It represents a powerful contribution by the university to the common good.

The Lab’s prime focus is on and with community. We build relationships with and between people from diverse backgrounds to encourage greater empathy and understanding, supporting them to create community-led policies. In particular, we want to work with those who have been excluded from power.

It is in this context that we approach the challenges facing the care and support economy, and the role of collaborative partnerships in codesigning long-term solutions.

The Sydney Policy Lab’s *Australia Cares* project is a response to the multiple, long-standing and overlapping crises in care made more evident as services and communities fractured along pre-existing fault lines during the COVID-19 pandemic.

Australia Cares is working with people from different backgrounds, holding deep conversations with diverse coalitions to radically transform Australia’s systems, practices and cultures of care. This is a project that aims to challenge the way we live and the way we organise our communities. Our goal is to help Australia become a more caring nation.



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Our deeply collaborative way of working is grounded in the idea that the way to achieve lasting change is by harnessing the collective and complementary expertise of practice and research and the experience and wisdom from First Nations people and other Australians in all their diversity. We invert the model of top-down policy development to enable this work to be community-led and forward-looking.

Summary of Key Points

1. **The government should maintain a holistic approach to care and identify the core principles for a care & support economy**, while addressing the serious vulnerabilities that have been left unattended for far too long.
2. **A person-centred approach is integral to this task.** However, caution must be used with this term to ensure that it is not used interchangeably with individualism, marketisation and commissioning that abrogates shared responsibility and foists too much responsibility onto an individual in need of care and support. **Government should clarify the person-centred framework to be used and we commend the framework used for over 20 years, developed by McCormack and colleagues¹.**
3. **Addressing critical workforce issues that are required to secure decent jobs is essential, within the frame of ‘meaningful work.’** The government was right to sound the alarm on the state of the nation’s care systems and the workforces who carry the load. Those in the formal and informal care workforces deserve a sense of dignity, control over their own lives and a recognition of the value of their work.
4. **Norms that shift cultures of care, especially those that make visible solidarity, family, and community, must be strengthened and supported.** Government should be careful not to be swept up by a false hope of a tech-driven economy but rather act purposefully to enable the R&D of assistive technologies with governance and ownership models that will prioritise reciprocity, users, equitable access and wellbeing.
5. **We must measure what matters.** How wellbeing is conceptualised, and the data that supports this, should inform measurement in the care and support economy. This should be complemented with deep consideration of how productivity can be understood and measured.

¹ McCance, T and McCormack B. (2021) The Person-centred Practice Framework, *in* McCormack B, McCance T, Bulley C, Brown D, McMillan A & Martin S (Editors) (2021) *Fundamentals of Person-Centred Healthcare Practice*. Oxford, Wiley-Blackwell) PP 23-32

6. **Care infrastructure should enable fit-for-purpose care financing models and appropriate marketisation.** A marketised, individualised, fee for service model only works for some parts of the 'market'. The government should take a longer-term approach and develop fit-for-purpose models for application in particular markets; and should develop and support new thinking about care infrastructure to ensure that quality is rewarded and barriers to R&D generation are minimised.

7. **Community level as well as national conversations will be essential to understand the principles that are relevant to communities and to develop an understanding of contemporary community expectations and aspirations.** Care and support as topics are, by nature, intimate at the same time as being of collective concern. There is great difference within and across cohorts and communities in the way that care is understood, provided, received and valued. Government should engage in broad and deep consultation on the care & support economy, supporting new applications of consultative and deliberative methods.

Discussion

1. **Maintain a holistic approach to care and identify the core principles for a care and support economy.**

We welcome the approach in the draft Strategy which recognises the connections and similarities across aged care, disability support, veteran's care and early childhood education and care. We work with a diverse coalition of people across care communities, researchers and policy makers that has recognised the shared characteristics of how care is funded and delivered across different sectors, and advocates for a holistic approach.

Further, this coalition has developed principles and values that might underpin transformed systems and practices of care in Australia. New thinking and research has informed our shared understanding of care and caring, and in our context it is the unifying values of *relationships, agency and dignity* that underpin our policy initiatives.

A collaborative process to identify core principles for the care and support economy would ensure that the National Strategy explicitly recognises the deep undercurrents of culture, prejudice and practice that shape our care systems; and intentionally challenges these across shifting times and contexts. It would further anchor the Strategy towards its furthest horizon of 2033.

2. **A person-centred approach is integral to this task.**

We very much welcome the reference to person-centred services in the draft Strategy. We also recognise that 'person-centred' is often used interchangeably with individualism,

marketisation and commissioning that abrogates shared responsibility and foists too much responsibility onto an individual in need of care and support.

Further clarification of the person-centred framework that will underpin the Strategy should be given, and should go beyond person-centred *services*. Whilst a person-centred approach elevates the centrality of persons, people and populations in care decision-making, this must be undertaken from a *whole systems* perspective. To this end, we recommend that the government use the framework used for over 20 years, developed by McCormack and colleagues², to guide policy in this direction and to aid transparency of decision-making.

3. Addressing critical workforce issues that are required to secure decent jobs is essential, within the frame of ‘meaningful work.’

We urge the government to continue its work to support decent jobs for all workers, and to set a higher level aspiration for futures workforces, both paid and unpaid.

A shift from the frame of ‘decent work’ to ‘meaningful work’ opens up considerations of quality, worker autonomy and voice, support for high level career aspirations in professional and direct care roles, and respect and satisfaction. We must intentionally develop the cultures that are needed to retain paid care workers and to sustain those in informal roles. We must develop practical ways of treating them with dignity and respect, maximising their competence and expertise. We need to develop career progression models that join up care work with TAFE and HEI programs of study and with pay bands that enable people to see a progression and that they can easily navigate, and that employers are committed to implementing when they are awarded contracts.

Extending the consideration of ‘meaningful work’ to informal care workers challenges some entrenched cultural norms and powerful signals around the status and value of care-giving. There is extensive international research and evidence about informal and family carers, the economic benefits they bring to society as well as the challenges they experience in sustaining caring roles. A full consideration of decency, meaning and respect in care work must include the knowledge and experience of informal carers alongside those in paid roles.

Adopting a whole-systems approach to the development of person-centred services (see point 2 earlier) will ensure that those providing care are treated with the same values as those receiving care. Without this fundamental shift in philosophy, the ambition of providing safe, effective and person-centred care will *never* be realised – there is no person-centred care without a person-centred culture of care.

² McCance, T and McCormack B. (2021) The Person-centred Practice Framework, in McCormack B, McCance T, Bulley C, Brown D, McMillan A & Martin S (Editors) (2021) *Fundamentals of Person-Centred Healthcare Practice*. Oxford, Wiley-Blackwell) PP 23-32

4. Norms that shift cultures of care, especially those that make visible solidarity, family, and community, must be strengthened and supported.

There are significant depths of community ‘wealth’ and capacity to care that might be tapped to build new cultures, systems and practices of care and support. Many academics and organisations are exploring active, peer-to-peer solutions that challenge the dominant models which assume those receiving care are passive recipients rather than active participants and community members.

For example, this includes the pioneering work of Community Disability Alliance Hunter (CDAH), a peer-led support organisation run for and by people with disability with the support of their allies and families. With a vision for a just and inclusive society, CDAH is currently in the process of developing a peer led co-operative model for a lived-experience cultural change consultancy. This co-operative will offer organisations genuinely interested in cultures of inclusion a service that is developed and delivered by people with lived experience of disability and a deep grounding in peer leadership and community.

Government should be careful not to be swept up by a false hope of a tech-driven economy but rather act purposefully to enable the R&D of assistive technologies with governance and ownership models that will prioritise reciprocity, users, equitable access and wellbeing.

We recognise technology as an aid to new solutions rather than a new solution in itself. We would welcome greater investment in digital literacy programs across the care sector, assisting people to use the available digital platforms to navigate care systems. Too often we hear from communities, including those most disadvantaged, that they have not accessed available supports due to the difficulties they face using digital platforms.

5. We must measure what matters.

We welcome the development of a first national framework on wellbeing and the development of the *Measuring What Matters* statement. In the care and support economy, measurement frameworks should recognise the importance of wellbeing for those receiving care along with workers and informal carers.

Linked to this, deep consideration must be given to how productivity can be understood and measured within the care and support economy, looking to both efficiency and effectiveness and including non-monetary outcomes in productivity measurements. This could include recognising strong and meaningful relationships, increased social and emotional wellbeing, job satisfaction, increased carer capacity and other quality outcomes as productivity gains.

6. Care infrastructure should enable fit-for-purpose care financing models and appropriate marketisation.

We support the challenging of 'cost' narratives that fuel concerns about our capacity to deliver care in the future, and recommend a re-conceptualising of care as social infrastructure: a vital social and community asset in which we collectively invest. Financing of this investment should go beyond a marketised, individualised, fee for service model which is not delivering for people in numerous contexts.

The government should take a longer-term approach and develop fit-for-purpose models for application in thin markets and sectors such as aged care. Examples of innovative care finance from Australia and elsewhere should be explored and developed further. The government should also support new thinking about how quality is rewarded and barriers to R&D generation are minimised.

7. Community level as well as national conversations will be essential to understand the principles that are relevant to communities and to develop an understanding of contemporary community expectations and aspirations.

Care and support are intimate experiences, tied up with our deepest needs and our instincts to nurture wellbeing. There is great diversity in the ways that care and support are understood, provided, received and valued in communities across the nation. We are concerned that this includes experiences of 'care' that strip people of their power and entrench disadvantage, and that those with such experiences are often excluded from policy making processes.

Australians, like many others around the world, are losing faith in democracy. They are calling for greater engagement with policymakers to address a perceived failure to tackle the serious global and domestic challenges we face as a nation.

Community level conversations employing participatory methods are essential to ensure that care systems and practices are underpinned by principles that reflect our community expectations and aspirations, and that policy decisions made by governments are supported by the communities in which those decisions will be implemented.

Deliberative democratic methods, which have been applied with increasing frequency in key OECD countries including, experimentally, in Australia, are one such methodology the government could explore further for deep engagement with communities.

Conclusion

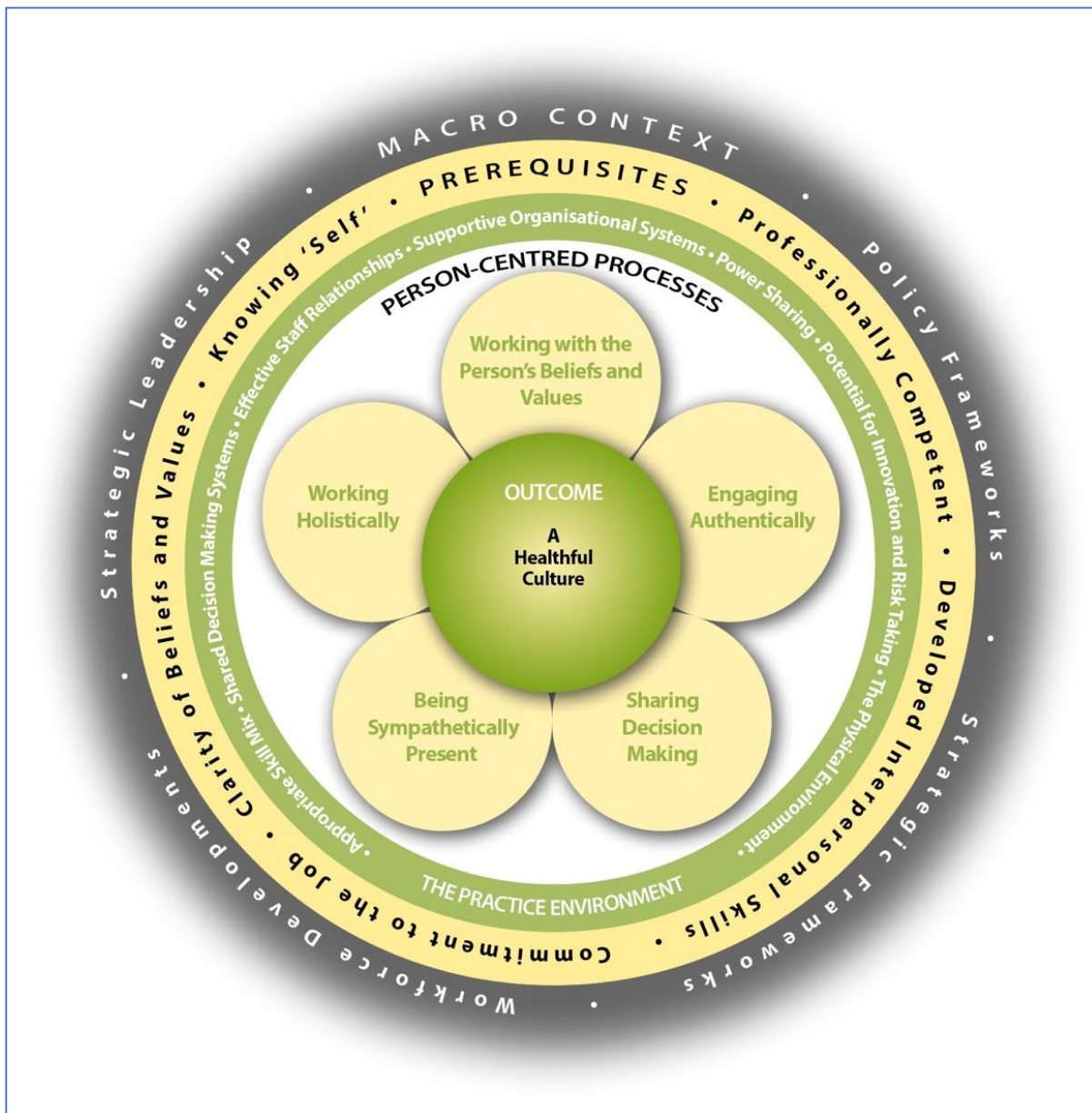
The Sydney Policy Lab welcomes the Draft Strategy for the Care and Support Economy and this opportunity to make a submission. We urge the government to take every opportunity in developing the National Strategy to consider the principles and cultures underpinning

care that will guide planning and implementation over the coming decade. We recommend the person-centred practice framework as a guide to policy and decision making.

We urge the government to invest in community conversations and participatory policy making processes for the care and support economy, including questions of ‘meaningful work’ and care financing. Participatory policy-making can strengthen outcomes, ensuring that policies are fit-for-purpose and are supported by the diverse communities in which they will be implemented.

- *Appendix 1: Person-centred practice framework*
- *Appendix 2: Methodologies for community-led policy making*
- *Appendix 3: Reimagining care: How might citizen-led policy development improve ideas and policy to address the crisis in care in Australia?*

Appendix 1: Person-centred practice framework



McCance, T and McCormack B. (2021) The Person-centred Practice Framework, in McCormack B, McCance T, Bulley C, Brown D, McMillan A & Martin S (Editors) (2021) *Fundamentals of Person-Centred Healthcare Practice*. Oxford, Wiley-Blackwell) PP 23-32

Appendix 2: Methodologies for community-led policy making

The Sydney Policy Lab has two streams of work exploring new methodologies for community-led policy making: ‘Care Labs’ and People’s Assemblies on Care.

In our **Care Labs** we will convene people with diverse expertise (including lived expertise and academic expertise) from across different geographies to work together to develop new policy solutions. In 2023, the Care Labs are focused on two areas of policy: provision of disability care for under 5s; and aged care in the home and community.

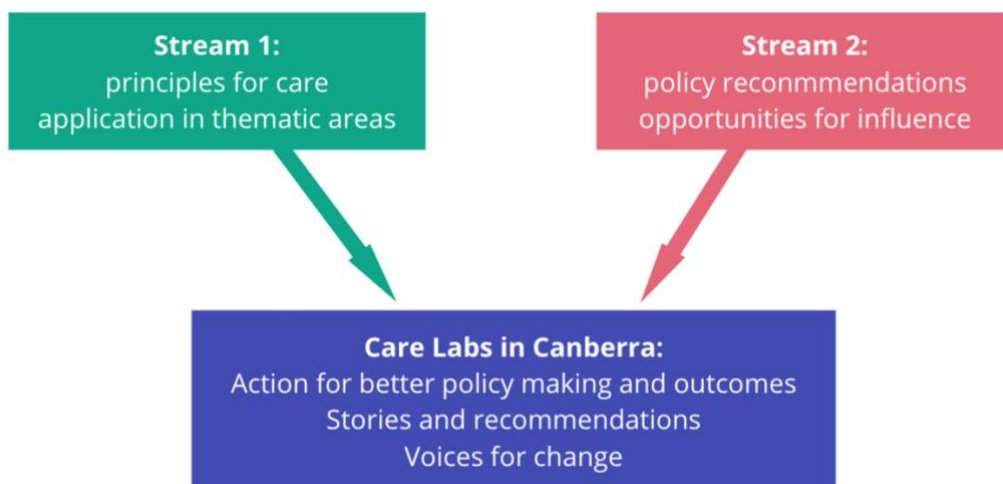
Stream 1: Care Labs principles and application

These workshops draw on Theory U³ methodologies and are grounded in person-centred practice. In these sessions participants will develop the principles for care and consider how they might apply in the 2 thematic areas. Participants in this stream of work bring diverse experiences and we are intentionally including voices often missing from ‘policy thinking’.

Stream 2: Care Labs policy recommendations and opportunities for influence

These workshops draw on networked change models and campaigning methods. They will link the principles from stream 1 with pragmatic opportunities for influence; and will develop recommendations for different audiences. Participants in this stream are from a variety of organisations and communities who are able to embed potential policy developments in diverse social contexts.

Care Labs in Canberra will powerfully link stories and experiences with policy recommendations. We will convene a representative group from across the project at an in-person meeting in Canberra in November to share stories, advocate for particular policy recommendations, and demonstrate this participatory, community-led policy making process.



³ <https://www.u-school.org/aboutus/theory-u>

This year we are also piloting the concept of **People’s Assemblies on Care** in two locations where the University of Sydney already has a physical presence: Westmead and Broken Hill.

These Assemblies draw on deliberative democratic methods and enable members of the public to write their own agenda for care, deliberate over relevant evidence, and determine key priorities for the future of care policy, thereby improving outcomes and, in turn, strengthening our democracy.

Phase 1: Evening workshop for community agenda-setting

On a mid-week evening, the Assembly members in each location will be invited to reflect upon what care means to them. The groups will then discuss the challenges in care in the communities represented. By the end of this session the groups will be able to identify a care issue that matters most to them and their local community upon which they will deliberate in the second phase of the Assembly.

Phase 2: Day-long workshop for group deliberation and recommendations

On a weekend day, the Assembly members from the first phase will be reunited and presented with evidence and expert moderation to enable the co-design of solutions, policy recommendations and identification of what requires further community-led research to address their concerns.



Appendix 3: Reimagining care: How might citizen-led policy development improve ideas and policy to address the crisis in care in Australia?

The Sydney Policy Lab at the University of Sydney to trial People's Assemblies on Care

“Not another Royal Commission!” is now a common lament. In Australia and around the world, the COVID-19 pandemic made clear that we face a crisis of care. At the same time, Australians, like many others around the world, are losing faith in democracy. They are calling for greater engagement with policymakers to address a perceived failure to tackle the serious global and domestic challenges we face as a nation.¹

To rise to the challenge presented by the dual crises of care and democracy, The Sydney Policy Lab, based at the University of Sydney, seeks to strengthen how care policy is conceived. We seek to do that by inverting the Royal Commission model of looking at what went wrong, and instead support forward-looking, collaborative policy development that is led by the communities and the people whose lives and livelihoods are most at stake.

Taking inspiration from consumer health movements and person-centred models of care, the Sydney Policy Lab, will convene People's Assemblies on Care to give citizens the opportunity to deliberate on the care policy matters most important to them and come up with new ideas to address the pressing problems within Australia's broken care sector with the support of expertise from the University of Sydney.

The Sydney Policy Lab believes care-giving and care-receiving are fundamental functions of society. Policy to support these functions cuts across our most intimate and social bonds and determines the extent to which we can all live well and with dignity. The development of care policy therefore demands sustained engagement with affected communities and individuals. When there is an active role for communities in policymaking, a rich diversity of lived expertise is brought to bear on policy design, outcomes and evaluation.

By exploring the potential of deliberative democratic methods, which have been applied with increasing frequency in key OECD countries including, experimentally, in Australia,² we hope to develop new means of addressing the dual crises in care and democracy.

With the support of the Paul Ramsay Foundation, the Sydney Policy Lab will initially trial two pilot People's Assemblies on Care in locations where the University of Sydney is part of the community landscape. We look forward to working with communities in Broken Hill and Westmead in New South Wales (NSW). Our aspiration is for the People's Assemblies on Care to enable members of the public to write their own agenda for care, deliberate over relevant evidence, and determine key priorities for the future of care policy, thereby improving outcomes and, in turn, strengthening our democracy.

What is deliberative democracy, and what can it achieve?

In Australian representative democracy, citizens elect their representatives to form a parliamentary body. Those elected representatives then deliberate on matters in parliament, including on policy made through legislation. Parliamentary democracy allows for representation and deliberation, subject to party discipline, but limits the ongoing direct participation of citizens.

Deliberative democratic methods complement and strengthen representative parliamentary democracy by creating additional opportunities for members of the public to directly and carefully weigh and discuss important public questions. What has been described as a “deliberative wave” prioritises discussion among members of the public, learning and collaborating with the support of trained facilitators and experts to form collective recommendations for policymakers.³ Possible formats include citizens’ assemblies, citizens’ juries and citizens’ panels. Each of these provide opportunities to arrive at better solutions to policy problems because they tap into a diverse range of community perspectives that are tested through social interactions with others.

Careful determination of who participates in deliberative activities ensures that those who are normally excluded from policymaking are included. Deliberative processes can also strengthen support for policy outcomes in the broader community because people are more likely to trust, and consider legitimate, a decision that has been informed by their fellow citizens, as opposed to decisions made by government at a distance from community needs.

Piloting the People’s Assemblies

The pilot People’s Assemblies will be held in two locations. The first pilot takes place in the regional town of Broken Hill in far-western NSW, the home of our colleagues and research partners at the University of Sydney Broken Hill University Department of Rural Health. The second pilot takes place in Westmead in Western Sydney, where the Sydney Policy Lab collaborates with University of Sydney colleagues based at the Westmead Health Precinct.

Pilot 1: Broken Hill

Broken Hill is within the Far West Local Health District (FWLHD) which covers almost 200,000 square kilometres of remote NSW. The FWLHD is sparsely populated, with 62% of its estimated 30,000 residents living in Broken Hill. The remainder of the population live in agricultural towns along the Murray River, in small remote communities of between 80 and 800 people or on stations. The FWLHD is the most sparsely populated local health district in NSW and has the highest proportion of Aboriginal residents (12%). The population is decreasing, ageing and experiencing significant morbidity related to lifestyle factors and chronic illness.⁴

Pilot 2: Westmead and surrounds

Located approximately 28 kilometres from the Sydney CBD, Westmead is a suburb in the demographically-diverse urban domain of Western Sydney. The suburb is home to the Westmead Health Precinct, one of the largest health, education, research and training precincts in Australia. Westmead and surrounds are home to a large community of Indian-born residents. Neighbouring Harris Park, a suburb where almost half of its residents were born in India, has recently been renamed Little India in honour of its diaspora communities.

Responding to the demand for greater democratic input from communities, each of the two pilot People's Assemblies will occur in two phases. In each phase, approximately 20 members of the public will come together to reflect on the most pressing public questions related to care in their everyday lives and communities.

By exploring the issues relevant to participating individuals and their broader communities, we seek to uncover obstacles to the effective delivery of care, chart the social and material resources available to the communities in question, and identify new avenues for community-led reform of the care sector.

The two phases of the People's Assemblies

Phase 1: Community agenda-setting

On a mid-week evening, the Assembly members in each location will be invited to reflect upon what care means to them. The groups will then discuss the challenges in care in the communities represented. By the end of this session the groups will be able to identify a care issue that matters most to them and their local community upon which they will deliberate in the second phase of the Assembly.

Phase 2: Deliberation and recommendations

On a weekend day, the Assembly members from the first phase will be reunited and provided with resources, including insights from diverse experts, to enable their development of new policy ideas and recommendations.

Stipends, meals and all necessary materials for participation will be provided to participants in the People's Assemblies.

The Sydney Policy Lab is excited to put this democratic innovation into practice. We will make every effort to ensure that participants have an engaging experience, and perhaps even some fun, as we experiment with this venture in deliberative democracy.

What happens after the People's Assemblies on Care?

We are working to ensure that there are multiple paths to impact for the policy recommendations developed in these People's Assemblies on Care. Our priority is that these deliberations inform and engage policymaking processes in Australia.

We envision working with more communities who wish to hold a People's Assembly on Care and establishing a People's Commission on Care, housed at the Sydney Policy Lab. The Commission would act as an anchor, a resource and an innovator for the forward-looking, community-led approach to care policy development in the People's Assemblies, supporting Australia's communities to play an active role in care policy development and reform.