CHAPTER 5

THE MARKETISATION OF AGED CARE IN AUSTRALIA

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Over the last quarter century, there have been major changes to the provision of aged care services in most developed countries, including Australia. These changes can be seen, for example, in the levels, sources and distribution of funding, the nature of demand for care, and the supply of care, in terms of both its forms and who provides it. These changes have emerged primarily from two major reform processes that have unfolded throughout the period. As with society more broadly, there has been micro-economic policy change, which in this case has been effected via the marketisation of publicly funded aged care services. Alongside this, there have been changes in the philosophy, goals and practice of what is considered to be good care for older people, a process that has been driven by professional and clinical considerations. While the two reform processes arose largely independently of each other, they have become intertwined through the impact of the economic changes on both aged care service systems and the actual services in a range of ways, as this chapter will note.

The main focus of this chapter, however, is the first of these processes, marketisation, here defined as the introduction or extension of market mechanisms and non-government bodies to functions and activities formerly funded and delivered by government agencies. The chapter notes the ageing of the population and developments in aged care practice that have

been central to producing the context in which marketisation has occurred. It then examines the drivers of the marketisation of aged care in Australia, the history of its implementation, the outcomes of the process, and some alternatives to current policy.[1] Importantly, the story of aged care in Australia over the last quarter century is also a valuable case study of the experience of the marketisation of human services more broadly, illustrating the rationales, mechanisms, dynamics, players and private interests that come into play.

The Context of the Marketisation of Aged Care

As in most developed countries, the population of Australia has been ageing for some years, a process that is projected to accelerate from 2020 onwards, and continue until the middle of the twenty-first century. Alongside this, there are other demographic and societal changes that continue to affect the number and composition of people who provide care, both paid and unpaid, including the greater participation of women in the workforce, lower birth-rates, smaller households and migration (Productivity Commission 2008; Australian Treasury 2010). Together, these developments will generate significant pressures on the aged care system over the coming decades, substantially increasing the demand for and cost of care and limiting the growth of the supply of people who can provide that care. In turn, these developments have a range of major long-term implications for governments, most fundamentally requiring them to address the fiscal implications of the growth in demand, and to establish the conditions to ensure an adequate supply of quality care. Changes to aged care services have thus been necessary – but that did not necessarily require extensive marketisation.

Most aged care is 'informal' care, which is unpaid and provided by family or friends. For older people without access to informal care or with high care needs, there are two major types of 'formal' (paid) care: residential care and home care. While the large majority of older people receiving paid care in Australia receive home care, the unit cost and total cost of residential care are much higher (Productivity Commission 2011). For both fiscal and quality-of-life reasons, government policy is aimed at increasing home care in order to enable older people to stay at home as long as possible, rather than go into residential care.

There has also been continuing development of a wider range of care services, supports, and activities in both major forms of paid care, including specialised services (for example, for dementia), more personalised services to respond to individual needs, and a focus on the enablement of older people to maximise their independence and activity.

The Drivers of Marketisation

The most fundamental driver of the marketisation of aged care in Australia over the last thirty years has been the broader neoliberal transformation of the economy and society in that period, with its core messages of the power and superiority of markets, and the desirability of reducing the role of the state. Within this broader ideology, governments have developed a particular rationale for the marketisation of human services in general, as well as more specific rationales for each human service. For example, there are common elements in the arguments used to justify the marketisation of aged care and higher education, but there are also distinct arguments used for each sector.

The public rationale for the marketisation of aged care services presented by governments has been primarily based on two elements. First, it has been presented as essential in ensuring the financial and operational sustainability of services in the face of demographic and societal changes. Second, it has been promoted as an essential element in improving the services, in terms of their effectiveness (quality, diversity and responsiveness), equity, and efficiency, and by enhancing choice and control for service users, the transparency of decision-making, and the accountability of providers and government. Behind this public rationale, however, there have been a number of other powerful drivers of marketisation that explain not just its widespread adoption but why it continues to be extended, even as the limits and problems of markets in human services are increasingly revealed. The pro-market ideology and philosophies of powerful entities in government and business have been a central factor in shaping the culture, mindset and language of stakeholders and the wider public on this issue. Debate about marketisation is typically conducted in a context where untested assumptions about the desirability of markets and the benefits of for-profit providers are default positions for government, while the public is encouraged to

regard human services such as aged care as simply another commodity to be purchased, rather than as an essential service that is their right as citizens.

Marketisation has also often been co-opted as a smokescreen or Trojan horse to enable decision-makers to introduce changes they believe to be essential but politically contentious. The presumed virtues of competition and choice have been used to progress hidden or opaque political agendas to reduce the power of unions, reduce total government expenditure, transfer costs to users and reduce government responsibility for higher-risk activities.

Marketisation also creates many private interests, including large organisations whose primary aim is to gain access to public funds that can provide a large and stable source of revenue, and whose substantial economic and political power enables them to influence government in changing the design and management of human services programs and markets in ways that benefit them (Gingrich 2011). This factor becomes increasingly important as marketisation takes hold within a sector, accelerating its expansion, although this is often a subtle and opaque process (Murray and Fritjers 2017).

The Implementation and Limits of Marketisation

The marketisation of human services has taken many forms across different locations and types of services. While each specific case is unique to some extent, there are also common features across human services more broadly that provide valuable lessons for policymakers. This section presents some of the key considerations about the marketisation of human services in general, before describing how marketisation has unfolded in aged care in Australia.

There are four core mechanisms by which the marketisation of human services is implemented or extended: *contestability*, enabling the potential for new entrants; *competition* between providers (where providers may be chosen by government, users, or a combination of both); *choice*, whereby service users (or their families) are able to determine the services they receive and who provides them; and *co-payments* by users in addition to a government subsidy. The differences between human service markets essentially arise from differences in how these mechanisms are applied in each case.

While there are sound social and economic reasons for using each of

these mechanisms to some extent in most human services, there are limits to the extent to which market mechanisms can be used in the provision of any human service limits. These limits emerge naturally from inherent features of both markets and human services. In summary, these limits exist for the following reasons:

(a) Virtually all markets, including in the broader economy, are imperfect to some extent;

(b) Human services have a number of common distinctive characteristics that, taken together, distinguish them from other 'products' (goods and other services);[2]

(c) These distinctive characteristics create issues for the provision of human services *irrespective of markets*, including problems commonly ascribed to markets and/or for-profit-providers (FPOs);[3]

(d) Flowing directly and inevitably from (c), government has to play a major role in most human services if the quantity and quality of these services are to be maintained at the level demanded by a modern developed nation. In particular, government must be both a major source of purchasing power and a regulator of the entry and behaviour of providers; hence, most markets for these services are 'managed markets' (also known as quasi-markets), which operate in some fundamentally different ways from conventional markets (Le Grand and Bartlett 1993, Davidson 2015); and

(e) Notwithstanding the point in (c) above, the distinctive characteristics of human services are also a source of significant and intrinsic market failure such that when human services are provided via markets, the above problems arising from the general failure of markets and the inherent problems of providing these services are exacerbated.

The combined effect of these factors is that market mechanisms are most effective in human services when used in a limited and strategic way, and the excessive use of one or more of them generates a range of problems, as discussed later.[4]

One important implication of these factors is that regulation is critical for the effective marketisation of human services, given the extensive asymmetries of information and the limited capacity of many 'consumers'. The approach most commonly proposed is to increase the regulation of the actual services – that is, the regulation of the *behaviour* of providers – but

historical experience suggests that once the regulation of the *entry* of providers is relaxed and a sector is opened up to many providers, especially large corporate FPOs, the regulation of services not only has limited effect, but can be used by powerful incumbents to entrench and extend their privileges. Economic theory points to the problems that can emerge from high barriers to entry, but to obtain a 'second-best' market situation (Lipsey and Lancaster 1956), especially in human services where major public funding and many vulnerable people are involved, there needs to be tight control of the entry of new providers, with a particular focus on their demonstrated capability and commitment (Davidson 2017).

The marketisation of aged care in Australia is no simple story, with many confounding variables in any attempt to determine its true drivers and effects. For example, the 'product' is very diverse, and marketisation has unfolded alongside other major developments. Path dependency, or the power of established institutions and past policies to shape and limit future policies (Liebowitz and Margolis 1995), is important. Marketisation did not begin in the 1990s with a clean slate of total government provision, but rather there had been a significant presence of non-profit organisations (NPOs) and FPOs in residential care and NPOs in home care since the 1950s. Indeed, government had already intervened to reverse the growth of FPO nursing homes in the 1970s (Sax 1985). Moreover, at different points since the early 1990s there has been a range of goals and mechanisms for the marketisation of aged care in Australia.

We can identify three major stages in the modern marketisation of aged care in Australia. The first stage, from the early 1990s until 1996, saw the introduction of competitive processes for the allocation of funds, and the opening of government-funded home care to FPOs. During this period, the major goals of marketisation were to establish a more consistent and planned basis for administering aged care funding, to extend new forms of home care services as quickly as possible, and to make funding more explicitly contestable The second stage, from 1996 to 2011, began with the election of the Howard government, which sought to make the sector more dependent on market forces and the 'user pays' principle. The ultimate changes to policy were less significant than the rhetoric suggested, but over time there was a gradual and controlled extension of market

mechanisms and new government-funded services, a key goal of which was to increase the diversity of providers and services.

The third – and current – stage of marketisation was triggered by the Productivity Commission's inquiry into aged care (2011), and the subsequent Gillard government's 'Living Longer Living Better' package (Department of Health 2012). Since then there have been continuing changes to funding and regulation aimed at moving towards a 'consumer-driven competitive market', and at transferring part of the financial burden from government to users. A key development that has evolved during the current stage has been to change the basis on which providers are chosen and funding is distributed under each of the major programs. Under the system in place since the early 1990s, governments used competitive processes to assess and shortlist the best providers in each locality from which service users could then choose; since 2012, there has been a staged movement from this system to a 'demand-based' model, giving users more freedom to choose providers, and making provider revenue more dependent on the decisions of users. In 2016 the *Aged Care Roadmap* (Aged Care Sector Committee 2016) was released, signalling an intention to further marketise aged care. This document argued the need for 'attitude shifts' by users, and proposed 'increased competition, supported by an agile and proportionate regulatory framework' with 'financing arrangements where the market determines price, those that can contribute to their care do, and government acts as the safety net and contributes when there is insufficient market response' (Aged Care Sector Committee 2016).

An important development in aged care over the last quarter-century has been the growing power of large non-government providers, both non-profit and for-profit. The substantial growth and consolidation of larger non-profit charity and religious providers has occurred at the expense of smaller community-based ones. While the strength of the large NPOs and the nature of the funding system has limited the extent to which FPOs have increased their overall market share in both residential and home care, there has been a significant change in the composition of the FPOs over time, from a multitude of small, commonly single-facility, family-owned organisations, towards the greater presence of large corporations. Marketisation has led to a stronger focus by providers on commercial objectives – lower costs, financial viability, growth, profit – at the expense of social objectives,

as shown in the mission drift by NPOs large and small (Weisbrod 2004), and the greater presence of large FPOs that are legally obliged to maximise shareholder returns. Importantly, policy and regulation are now also substantially influenced, if not captured, by larger providers, both NPO and FPO. Not only are policy and advisory forums dominated by these providers and by consumer groups sympathetic to market mantras, but representatives of providers sit on regulatory bodies.

The Outcomes of Marketisation

This section considers the outcomes of marketisation in relation to the three major public goals of the process outlined earlier in the chapter.

Reducing the Long-Term Cost of Aged Care for Government

While the continuing growth in the number of older people and the increasing diversity of funded services has meant that the total cost to the public purse of aged care has continued to rise, substantial costs have been transferred to users through means tests and a range of co-payments. Unfortunately, one effect of that has been to reduce access to and/or the quality of care for a number of people.

One mechanism by which marketisation is claimed to reduce pressure on future government expenditure is by improving the allocative and productive efficiency of the service system and of individual providers. The unit cost of delivering services appears to have been reduced under the influence of marketisation, but there is little robust evidence as to the extent to which that reflects a better use of resources or simply lower quality services as has clearly been the case with some providers. While there have been various measures that constitute genuine improvements in efficiency with no loss of quality (for example, through the use of technology or better organisation of staff time), it is not at all clear that marketisation has driven these improvements. There are also a number of significant efficiency costs arising from competition, such as the transition costs of ownership changes and users changing providers; the potential inefficiencies from excess supply under the differentiated competition market model now characteristic of the sector; and dynamic efficiency costs such as the uncertainty of future

revenue leading to reduced investment by providers (Davidson 2015: 98).

One counterproductive effect of marketisation on resources has been the generation of significant 'leakages of the service dollar' on costs that are only present because of markets. These leakages come in many forms, including through multiple and large transaction costs (for example, from tender processes), the many 'satellite functions' generated by marketisation (for example, marketing, IT systems for individual payments; private care advisers; etc.), and the large profits extracted by some providers (Stewart Brown 2011).

Establishing the Conditions to Ensure Supply Over the Longer Term

A key plan of the government strategy to ensure the future supply of aged care services has been to encourage more providers to enter the market, an approach that in part has involved reducing the barriers to entry based on standards. While new providers have entered, marketisation has also led to many takeovers and mergers, with the result that in total there are now fewer providers of residential aged care than at the turn of the century. Moreover, an increase in the number of provider organisations is unlikely, by itself, to increase the supply of services. The real need is for action to ensure the supply of key *inputs*, notably labour (in both residential and home care) and financial capital (for investment in building residential care facilities). However, uncertainty about both of these inputs means that the future supply of sufficient quality care for the ageing population over the next thirty years is far from secure.

The government estimates that the aged care workforce needs to grow 'from around 360,000 currently to almost one million by 2050' (Wyatt 2017) in order to meet projected demand. Drawing on the work of Folbre (2006), a 'high road' approach would aim to make the aged care sector a more attractive place to work through measures such as supporting improved wages, training and qualifications; setting mandatory minimum staffing levels; raising the status of care work; and promoting positive work environments and career paths for staff. While there is evidence that competition has led to some providers improving the quality and training of staff, the commercial pressures generated by marketisation have led others to take a 'low road' approach, based on less skilled staff, more casual staff, minimum wages and little training. Similarly, marketisation has produced a

situation such that the sector is now almost totally dependent on non-government bodies – particularly large corporations – for financial capital, the continuing flow of which will likely remain dependent on such bodies being able to extract large profits. In a relatively low-risk industry that is heavily underpinned by public funding and has a guaranteed clientele for decades to come, this is an inefficient use of available funds.

Improving Services

Despite a range of concerns about aged care (see below) and regular media horror stories about the sector, the aged care system in Australia remains fundamentally sound in terms of its basic quality, and the access to care available to large numbers of older people. Indeed, judged against the key service objectives set out earlier, aged care may be better than it was a quarter century ago. However, while it is possible to identify a number of positive outcomes of marketisation (for example, some new service options and higher quality services for some older people), there is strong evidence that the overall improvements in the sector have primarily resulted from other factors, especially the professionally driven reform of aged care practice; the industry structure and norms shaped by earlier policies that are now threatened by increasing marketisation; and various non-market-based structural and administrative changes to government programs.

There are also various aspects of aged care services where the overall effects of marketisation are mixed or uncertain, We have seen above that this is the case in regards to efficiency. Another such aspect concerns choice and control. While the rhetoric of marketisation is that it gives service users more choice and control over the services they receive and who provides them – and this has in fact been the case for substantial numbers of people – marketisation has led to a general diminution of the rights of users as *citizens*, which have increasingly been replaced by their 'rights' as 'consumers' or 'customers'. The result is that many older people, especially those with less financial and cultural capital, no longer receive as much advice and assistance from government agencies or from socially focused providers, and their choice and control has been reduced.

Beyond these mixed results, there are a number of other more clearly negative effects of marketisation on the quality, equity and accessibility of

services for many users that have developed in the wake of processes such as fiscal restraint, the additional financial burden on users and their families, and the greater focus by providers on commercial objectives. Marketisation has reduced equity, intensifying the duality of services, especially in residential care, with higher-quality care in more expensive facilities, and poorer care further down the price ladder. It has also encouraged more providers to give priority to more affluent or lower cost users (cream-skimming) so as to improve their financial bottom line, while the demise of government providers means that there is now no guarantee of a provider-of-last-resort. In those cases where providers have reduced the quality of their care, this is revealed by aspects such as less qualified and experienced staff, lower staff numbers, a greater reliance on casual labour, lower quality facilities and meals in residential care, and instances of neglect and abuse arising from systemic deficiencies.

Marketisation has reduced the stability and continuity of aged care services. Contrary to the predictions of pure neoclassical theory that markets will reach a competitive equilibrium, an implicit goal of markets, built as they are on competition and innovation, is *instability*, with all of these processes predicated on a continual struggle between suppliers ever-seeking to change their products to be more appealing to buyers than their competitors. This instability is reflected, for example, in the frequency with which the ownership and internal organisation of residential facilities change. Overall, marketisation has led to less financial and service quality accountability by providers to both government and users, despite more detailed requirements for some aspects. Far from the enhanced transparency promised by the advocates of marketisation, the concept of commercial-in-confidence has increasingly come to dominate over other considerations, leading to a reduction in the financial and operational data that is publicly available.

The Way Forward

A central argument of this chapter is that while reform of aged care services has been necessary, and that some limited and strategic use of market mechanisms was a desirable element in that reform, government policy has been misguided in some important respects. In some cases, change has gone in

the right direction but too far; in others, it has gone the wrong way. The remainder of this chapter presents some alternative policies and approaches that point to an ideal greenfield arrangement while also keeping in mind what can realistically be achieved in the context of the current industry and realpolitick given the major movement to markets since 2012.

On the demand side, ideally the eligibility and entitlements of service users should be determined independently of providers, funding should follow the choice and decisions of service users, and there should be some level of co-payment that varies according to the financial means of the user. These settings are now largely in place. However, policy has commonly overestimated the capacity of most service users and their families to function as effective 'consumers', as would the rational, fully informed *homo economicus* of neoliberal theory. There has been insufficient recognition of both the limited personal agency of many users, the major information asymmetries that are at the heart of the distinctiveness of human services, and the many limitations inherent in human service markets (Davidson 2015). Current policy emphasises the need for better information, a desirable step, but one that by itself cannot overcome these inherent limits and the resulting potential power of providers in a marketised environment.

However, the most concerning aspects of current policy are on the supply side. The current policy to increase the decentralisation of delivery and to expand the diversity of providers and services is desirable, but in other ways policy has moved further away from some of the essential features of a well-functioning aged care system – in particular, the need for rigorous control of the entry of new providers. Given the now substantial presence of large profit-focused corporations and smaller FPOs, many with no prior experience in aged care, we may now have passed the point beyond which effective control of entry can be restored. In this context, the regulation of actual services becomes even more important, with a need for additional mandatory requirements on key matters like staff-to-user ratios in nursing homes. One feasible step would be to review the composition of funding, regulatory and advisory bodies to ensure they are not dominated by narrow sectional interests, but rather reflect the user and public interests that the system is supposed to serve.

Notwithstanding the thrust of much of this chapter about the limits of human service markets and greater information, policy in regard to these

markets is likely to be more effective where it strengthens the operation of the market. This especially applies with regard to the regulation of provider behaviour and ensuring better information for those who pay for and use the services. Even in the absence of mandatory requirements on key matters, providers should be required to make detailed information on their service capability, use of resources, finances and performance publicly available. Requiring greater transparency in these and other ways would recognise that the concept of commercial-in-confidence should have limited relevance when substantial public funds and the welfare of vulnerable people are at stake, especially when there are multiple organisations capable of providing these services. It would also be an essential step towards ensuring that consumers have access to essential data in a competitive market where 'consumer choice is at the heart of services' (Harper et al 2014), which the government now claims is its key goal. Shining a spotlight on the service and financial behaviour of providers should reduce their capacity to extract large profits, rein in potential abuse in their behaviour, and desirably lead to poorer providers withdrawing from the industry.

A central issue in ensuring the supply of aged care in the future will be to meet the demand for labour. In this respect, policy should support 'high road' measures aimed at improving the status, training, wages and conditions of workers so that the sector becomes one that can attract and retain quality staff.

There are two powerful messages from the story of aged care in Australia. The first is that however carefully and gradually marketisation is introduced, it brings with it a number of problems and costs. The second is that eventually powerful private interests, both NPO and FPO, come to substantially determine what happens in the sector. Marketisation has led to some positive outcomes, but overall it has not achieved its own ostensible goals, and, in a number of ways has been counterproductive. It has turned aged care into a lucrative business for large providers, often at the expense of users and public funds. Overall, it may be better than it was a quarter century ago, but the improvements are likely to have resulted substantially from factors other than marketisation. Extending marketisation further, as is current policy, will exacerbate the current problems. Yet short of a major crisis in the sector returning to a more socially driven sector would seem very difficult now.[5] Tight regulation of the entry of providers is fundamental to effective

marketisation, but it is now almost certainly too late to turn back the tide of large FPOs, or to stem the mission drift of many NPOs, or to restore strong government competitors to the field.

Aged care in Australia provides a powerful example of how, once the regulation of the entry of providers is relaxed in a human services sector, the problematic features of marketisation emerge inexorably over time. Contrary to the rhetoric, the power of larger providers relative to that of the users and buyers of human services increases under marketisation. In such a context, the regulation of providers becomes even more important, but no amount of the regulation of provider behaviour will lead effectively to optimum service standards. Nonetheless, there are measures that involve working through the market that could generate better outcomes in the current environment, especially by requiring all providers to open up their operations and finances to greater public scrutiny.

Endnotes

1 A more detailed discussion of the processes and outcomes of the marketisation of human services can be found in Davidson 2012, 2015 and 2016. Fine and Davidson (2018) outline the wider context of these changes in relation to global forces and care services more broadly.

2 These characteristics are a direct result of the greater likelihood and relative immutability of certain critical limits of most human services in relation to demand (limited personal agency and financial capacity of many users), supply (limited capacity to increase productivity) and the final product (limited measurability, observability and homogeneity) (see Davidson 2015: 47–63).

3 For example, even monopoly government providers cannot observe or measure much of the work done by staff working with service users; are limited in how much they can reduce unit cost and increase productivity without harming quality; and are subject to budget pressures that may lead them to 'cream skim' (give priority to less costly or more affluent users).

4 These problems can be seen in other human services such as child care (see Chapter 1), employment services (see Chapter 7) and higher education (See Chapter 13). The most extreme example in Australia has been the debacle in recent years in the vocational education and training services (VETS) sector, as discussed in Chapter 3.

5 Alternatively, change might flow from a crisis for the nation more broadly (for example, war or depression), where the public accepts the need to redress the imbalance between public and private power that inevitably comes from a prolonged period of excessive reliance on 'the market'.

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