

# Self-managed home care packages: how Mable is improving the quality of life of older people



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Research report  
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## Acknowledgements

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# Executive summary

Recent policy reforms have changed the way home care is delivered to older people in Australia. These reforms include the *Increasing Choice in Home Care* reforms (2017), income testing and a change to consumer-directed care.

Consumer-directed care describes a model of service delivery and the way it is financed. The model aims to provide older people who are recipients of a home care package with greater control by allowing them to make informed choices about (a) the types of services they need and (b) the delivery of those services, including who will deliver the services and when they will be delivered.

This research investigated the effect of consumer-directed care on older people who self-manage a home care package. The research focused on the experiences of older people and their families of using *Mable* to engage independent support workers to provide care and support services in their homes.

*Mable* is an online social platform. Older people and/or their family members use *Mable* to find, connect with and directly hire people (e.g. registered and enrolled nurses, support workers and allied health therapists). Participants described *Mable* as “innovative” and a “disruptor”.

Thirty participants were asked to describe what was good about *Mable*, and what was not good. They were also asked for their suggestions about ways to improve *Mable*. The sample size allows confidence that a wide range of views were captured.

Participants appreciated the opportunity to share their experiences of *Mable* with an independent researcher. Research shows a disinclination for people to be critical of a health service in face-to-face interviews with staff who work at the health service. Talking with an independent researcher enabled participants to speak frankly.

After being assigned a home care package, most participants began with a provider-managed home care package. Some participants did not have a choice because they were assigned a home care package before the *Increasing Choice in Home Care* reforms. Others said they did not know they had a choice to self-manage.

Participants said it was not in their providers' interest to share information about self-management. Some participants said they were “disgusted” their initial provider did not offer self-management. Others said their initial provider offered self-management but it was not “genuine self-management”.

Participants said it was the government's responsibility to ensure recipients of home care packages knew that self-management and *Mable* were an option. They said *My Aged Care*, *Aged Care Assessment Teams* and health professionals should provide information about self-management. This would enable genuine choice about whether to have a provider-managed or self-managed home care package.

Currently, *My Aged Care* provides information to enable recipients of home care packages to compare different providers' fees. However, participants indicated that they valued the opportunity to choose their support workers more than they valued choosing a specific provider.

Participants described many differences between their initial provider (i.e. provider-managed) and *Mable* (i.e. self-managed). They described a self-managed home care package as “much better”, “much easier” and “less stressful” than a provider-managed home care package. As discussed in my national study, *Older people living well with in-home support* (2019), participants described their initial provider sending a large number of support workers to their homes, often at irregular times. In contrast, *Mable* enabled both choice and continuity of support workers.

Participants said the best thing about self-management was *Mable* because the platform gave them genuine choice about, and control over, who worked in their home, when support staff worked, what they did and how much support staff were paid. Several participants described themselves as “consumers purchasing services” to enable them to live well at home.

Participants described provider-managed and self-managed care as two different approaches. Provider-managed is often based on a provider

determining what support services older people need. In contrast, self-managed is based on shared decision making between the recipient of the home care package and their support workers. Participants said *Mable* enabled relationships to develop between the older person and their support workers.

With *Mable*, older people chose the type of support worker they engaged. For example, when Participant 8 needed nursing care (e.g. skin tears), he engaged an enrolled nurse. Most of the time, however, he engaged people to provide social support. He said his support workers helped him to live independently and continue to participate in things that gave his life meaning, purpose and pleasure.

Participants described choice, control and costs as their main reasons for switching to *Mable*. Participants described provider-managed home care packages as giving them no choice of support workers and no control over the time the support workers visited. Consistent with the findings in my national study, participants also described high case management fees and excessive hourly rates for support workers.

Several participants described receiving twice as many hours of support with *Mable* than they received with their previous provider. By paying lower home care package management fees and lower case management fees based on their needs, participants had more money available from their home care package to spend on hiring support workers to assist them in their home and community. In addition, support workers on *Mable* charged significantly lower hourly rates than their previous provider.

Participants said the ability to choose their support workers had improved their quality of life primarily because they felt empowered. Some participants brought people from their community on to *Mable* as their support workers. Others encouraged support workers from their previous provider to sign up with *Mable*. However, some providers did not allow their staff to “moonlight” on *Mable*.

Participants described the *Mable* platform – a website and mobile phone App – as easy to use. Several older people in this sample were computer literate and able to use the *Mable* platform. Others relied on children, partners or friends to use the platform on their behalf. In some cases, the person managing *Mable* lived near the recipient of the home care package; in other cases, they did not. Children who lived interstate spoke about the importance of being able to develop relationships with their parents’ support workers.

Participants described *Mable*’s platform as providing information to help them make an informed choice about support workers. Participants appreciated the fact that *Mable* conducted thorough background checks on support workers. They said the rigorous process for the background checks made them feel “confident” about the support workers in their home.

Participants described *Mable*’s payment systems for support workers as convenient and efficient. They said they appreciated prompt invoices from support workers via the *Mable* platform. Participants were also pleased *Mable* paid support workers promptly.

Participants described the way they could search the profiles of support workers on the *Mable* platform as “fantastic”. Some participants expressed concerns that profiles did not accurately reflect the support workers’ skills, the work they were able/willing to undertake or their availability. They were also frustrated that support workers did not update their profiles when their circumstances (e.g. availability) changed. A participant suggested *Mable* remind support workers to keep their profiles up to date.

Some participants found it easier to post an advertisement on *Mable* than search through the profiles of support workers. Others were reluctant to post an advertisement because they were concerned about privacy issues. One participant described a large number of support workers responding to his advertisement, including some people who were not suitable.

Participants described the importance of interviewing support workers to determine who they selected. Initially, the process of interviewing a support worker was easier for participants who had hired employees during their professional life than those who had no experience in this area. Some participants described having a trial period with a support worker before making a final decision.

Participants said they chose support workers who had the skills required to undertake the required task. Unlike the traditional model, in which a single support worker might do a number of tasks such as showering, cleaning, cooking a meal and shopping, participants said they engaged a number of different support workers with appropriate skills. Rather than one support worker who did numerous tasks, they could engage support workers such as cleaners, gardeners, qualified carers, an experienced cook and someone with whom they were compatible, who spoke their language and had similar interests.

Participants valued the diversity of support *Mable* could provide. Several participants described finding support workers who were willing to undertake a variety of tasks that enabled them to live independently, including looking after pets (e.g. feeding and walking dogs and taking them to the vet), washing cars and computer support.

Participants said they were more likely to get the type of support they required with *Mable* than with their previous provider. They said the process of getting the work done was “easy” because they could discuss what they wanted directly with their support workers. *Mable* support workers were able to decide whether to do a task without having to check with a case manager.

Participants described the ease in which they communicated with their *Mable* support workers. They described this direct communication with their support worker as much more effective than having to ask head office or telephone a call centre to pass on messages to support workers. With *Mable*, participants said they could text, email, phone or communicate with their support workers via the *Mable* platform.

Participants valued being able to negotiate directly with support workers about their hourly rate. They also negotiated with support workers to determine when support workers should arrive and how long they worked. Participants appreciated being able to have support workers in their home at a convenient time.

Participants said they liked being able to negotiate times directly with the support worker rather than via a case manager. This gave participants certainty. Direct negotiation between recipient and support worker also made it easy to change times if required. Participants said *Mable* support workers were often “flexible” around their work times.

Participants said engaging regular support workers from *Mable* ensured workers got to know their clients – and vice versa. This led to genuine relationships. Knowing an older person’s preferences and routines also removed the need for time-consuming briefings/hand overs.

Several participants praised *Mable* for recognising the importance of relationships between older people and their support workers. They described different types of respectful relationships with support workers: professional, friendship and loving. Some participants described the support worker as “part of the family”.

Several participants engaged *Mable* support workers who lived nearby. They said hiring a local support worker from *Mable* was much better for both the support worker and their clients. It not only decreased the workers’ travel time (thereby increasing their reliability) but also enabled split shifts and flexibility when plans changed suddenly. Participants also said proximity was important because support workers who lived close by were more likely to remain with the client than those who had to travel long distances to work.

The qualities of a good support worker depended on what qualities participants were looking for. Some participants said qualifications were the most important. This was particularly the case for those needing medical (e.g. wound dressings) and personal care. However, several participants said qualifications were not as important as compatibility and experience. They said qualifications did not necessarily indicate competency. One participant preferred support workers who did not have a qualification. She preferred to train support workers “to be the way I want them to be”.

Data indicated numerous qualities made a good support worker. While some participants valued qualifications, compatibility and experience, others valued trustworthiness, location and hourly rate. With *Mable*, older people could choose support workers with the attributes that best suited their individual requirements.

Participants suggested *Mable* should actively recruit on to their platform rural support workers with a range of skills– hairdressers, pedicurists and people to do home maintenance (e.g. window and gutter cleaners, carpenters). One participant suggested people who lived in rural areas might need different types of services from those in urban areas.

Participants said it was more difficult to find support workers in rural areas than urban areas. Some rural participants said they were more successful in finding people to help them on social media than on *Mable*. However, they were aware that people recruited via social media might not have insurance or have had a background check.

Several participants suggested an advertising campaign was needed to raise awareness of *Mable*. This advertising campaign would not only inform recipients of home care packages about *Mable* but also encourage support workers to join *Mable*.

The findings provide an opportunity for *Mable* to use consumer insights to help develop its online platform. The findings may also be used to educate health professionals and the public about self-management and raise their awareness of the benefits of *Mable*.

Participants were positive about self-management. Not only were they able to get more hours of support with self-management than provider-managed care, but *Mable* gave them choice and control over who came into their home, when they came, what they did and how much they were paid.

Several participants had established positive relationships with support workers they hired via *Mable*. Some described their support worker as “*part of the family*”. All participants said that using *Mable* had improved their quality of life.

## Report overview

This report begins with some background information followed by a section explaining the research methods. Although this study did not require approval from a Human Research Ethics Committee, the research followed ethical principles of informed consent and confidentiality. All data has been de-identified, including the names of companies that delivered the provider-managed home care package<sup>1</sup>.

The findings section begins with a general discussion of home care, including the difficulties participants had navigating the aged care system. Consistent with the findings of my national study, participants said that living at home was preferable to living in an aged care home. Several participants said the older person on a home care package would not have been able to remain at home without family and/or community support.

The next section describes how participants chose their initial provider after they were assigned a home care package. Most participants said they were not aware of *Mable* and the option to self-manage. As a result, most participants began their home care ‘journey’ with a provider-managed home care package.

There is a brief discussion about participants’ experiences of changing from provider-managed to self-managed, followed by a section comparing participants’ initial provider with self-management and *Mable*<sup>2</sup>.

Next is a brief discussion of wellness and reablement. These are key objectives of the Commonwealth Government’s home-based care programs.

The final section of the report focuses specifically on *Mable* – what participants liked about *Mable*, and what they didn’t like. The report concludes with suggestions for improving *Mable*.

1. Six providers were also named in my national study. These providers have been given the same acronym as they were given in my national study.
2. The section comparing participants’ initial provider with self-management has been submitted to the Royal Commission, including the names of the providers.

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# Introduction

This research project explored consumer experiences of *Mable*. Involving consumers in the development of health services is recommended as a means of improving the quality of these services.

Thirty participants were asked to describe what was good about *Mable* and what was not good. They were also asked for their suggestions about ways to improve *Mable*.

Twenty-two participants began their home care 'journey' with a provider-managed package. The reason participants gave for changing from provider-managed to self-management was dissatisfaction with their initial provider. Several participants described feeling "exhausted" when they first transferred to self-management.

The reasons participants gave for being dissatisfied with their initial provider were similar to those identified in my national study (Russell, 2019). These reasons included:

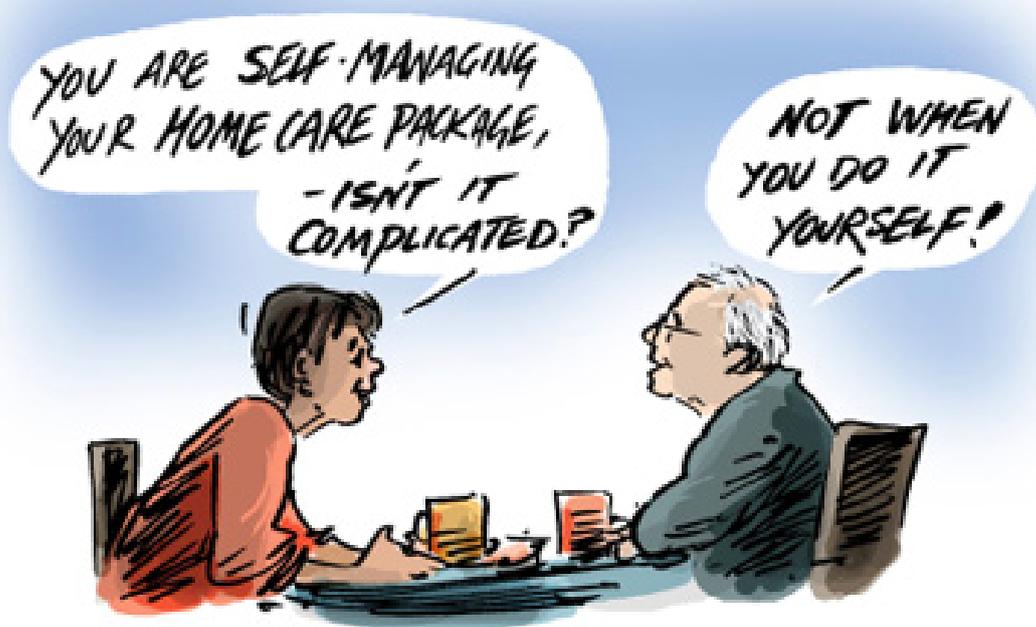
- High case management and administration fees;
- Inadequate hours of support;
- Poor quality of services;

- Lack of transparency;
- Inadequate financial statements;
- Poor communication;
  - Staffing issues
  - Large number of different support workers
  - High hourly rate of support workers
  - Inadequate training of support workers.

The current research project identified additional factors that caused dissatisfaction with provider-managed packages:

- Lack of control;
- Poor value for money; and
- Disrespectful attitudes towards clients.

Participants said that using *Mable* to choose support workers had improved their quality of life primarily because they felt empowered. They described *Mable* as giving them genuine choice and control about who worked in their home, when they worked, what they did and how much they were paid.



# Background

## Home care package program

The home care packages program is designed to assist older people to remain living at home.

The program provides four levels of home care package:

- **Level 1** – \$8,750 a year to support people with basic care needs;
- **Level 2** – \$15,500 a year to support people with low level care needs;
- **Level 3** – \$34,000 a year to support people with intermediate care needs;
- **Level 4** – \$51,500 a year to support people with high care needs;

At 31 December 2019, there were:

- 925 approved home care providers; and
- 145,320 people had access to a home care package<sup>1</sup>.

## Aged care reforms

The Federal Government is the primary funder and the regulator of the aged care system. The Aged Care Act 1997 and the associated Aged Care Principles (2014) set out the legislative framework for the provision of home care packages.

In 1984, federal and state governments implemented the Home and Community Care (HACC) program. Under this program, money was allocated to approved providers, each of whom delivered a set number of packages.

In 2011, the Productivity Commission's inquiry report *Caring for Older Australians* recommended fundamental reform of the aged care system to improve quality, affordability and sustainability. Reforms have been progressively introduced in response to the report.

The *Living Longer Living Better* reforms were introduced in 2013 with bipartisan support. These reforms introduced a more consumer-driven and market-based aged care industry.

In July 2013, *My Aged Care* was established as a single-entry point to access government-subsidised aged care services.

*My Aged Care* comprises a website and a call centre. The two services were designed to be a 'one-stop shop': to provide information on aged care services, refer older people to appropriate experts for their needs-based assessments and help them find a provider in their local area.

In 2014, income testing for home care packages was introduced. As a result, recipients whose income was above a certain level were required to pay a fee towards the cost of their care. The government subsidy was reduced by the amount of the income-tested fee. The fee compensated the provider for the reduction in the government subsidy<sup>2</sup>.

In 2015, home care packages became 'consumer-directed'. Consumer-directed care is a model for delivering and financing services. Home care packages and the National Disability Insurance Scheme (NDIS) are both examples of a consumer-directed care funding model. However, unlike NDIS, home care package funds are paid to an approved provider (i.e. not paid directly to the recipient).

In 2017, the *Increasing Choice in Home Care* reform was introduced. This was intended to give recipients control over how their allocated funds were spent and choice over the services they received (e.g. how and when they received them and who provided them). It also enabled recipients to be able to change providers at any time and transfer any unused funds to the new provider.

In 2019, a single *Charter of Aged Care Rights* came into effect. It replaced previous charters of care recipients' rights and responsibilities. The Charter underpinned the new Quality Standards. The 2019 *Aged Care Quality Standards* expected providers to include older people in decisions about their home care package, including around their health, lifestyle and daily living requirements. This has been a significant cultural change for recipients and providers.

1 Australian Government Department of Health (2020). Home Care Packages Data Report 2nd Quarter 2019-20 1 October 31 December 2019.

2 The income-tested fee was in addition to the basic daily fee.

## Managing a home care package

Recent reforms have given recipients the option of choosing their level of involvement in managing their home care package. The level of involvement ranges from, at one end, fully supported by a service provider to 'self-managed' at the other.

Many providers offer fully supported home care packages as this was the model of service delivery in place prior to the aged care reforms. With a fully supported home care package fees are paid for both care/case management and package management (i.e. administrative fees) as well as for the services provided.

Some providers offer recipients a choice of different levels of support (e.g. fully supported, partnership, self-management), each with different fees depending on the amount of care/case management. A small number of providers offer only self-managed home care packages.

Self-management requires recipients and/or their representative to be responsible for choosing and engaging health professionals and support workers. The recipients buy their own equipment and aids provided they follow the guidelines of the home care packages program. Recipients who self-manage pay lower fees. Under a self-managed approach, the approved provider remains responsible for package management, care/case management and for complying with the Aged Care Act, the Aged Care Principles and the Quality Standards.

Providers are not obliged to offer a self-management option. However, the principles of consumer-directed care must underpin all provider models of care.

## Models of care

The terms 'consumer-directed care' and 'consumer-centred care' are sometimes used interchangeably. However, these terms describe distinct models. With consumer-directed care, consumers are in charge of how their home care package funding is spent. With consumer-centred care, consumers work in partnership with health professionals and support workers.

The types of support older people receive in the home depends on the health models that underpin this support. The biomedical model focuses on illness and treatment; the social model focuses on health

and prevention. Both models have a part to play when providing support for older people at home, as does the relationship formed between recipients and their support workers. Ongoing relationships between recipients and their support workers positively impact recipients' quality of life and the job satisfaction of their support workers.

Services that keep older people well, independent and safe at home are important. However, social isolation can have an adverse impact on health and wellbeing. Hence, services that keep older people socially connected and engaged with family, friends and local community are vital. Having an ongoing relationship with the same support workers also prevents loneliness.

Informed consumers in aged care will increasingly demand responsive and flexible support services. However, some traditional providers continue to deliver 'institutional'-style services underpinned by rigid models of care.

*Traditional providers' rigid models of care invariably involve centralised rostering by head office managers of care workers who rotate in and out of homes and perform set tasks in a set timeframe. This 'institutionalised' style of care is replete with paternalistic and ageist assumptions about knowing what's best for passive and vulnerable elderly care recipients. It does not allow for the personalising of services according to the diverse needs, expectations and preferences of today's more demanding consumers<sup>3</sup>.*

The traditional model of in-home aged care disregards the fact that older people have been making decisions their whole lives. Many have raised families, run businesses, bought houses and possibly self-managed their super funds. Their desire to continue to make decisions about their lives remains integral to their dignity, quality of life and the successful delivery of the support they need to remain living independently.

## Mable

*Mable* is an online social platform. Older people and/or their representatives use *Mable* to find, connect with and directly hire people to support an older person to remain living at home. The online platform gives older people choice about, and

control over, who works in their home, when they work, what they do and how much they are paid.

*Mable* offers support workers the opportunity to run their own business. This has a positive impact on the support they provide. Recipients negotiate the hourly rate directly with the support worker. Although this rate is often lower than the rate charged with a provider-managed home care package, support workers receive more in their hand.

By paying a lower hourly rate, older people are able to buy additional hours of support. With more hours of support, older people get their clinical and domestic needs met. They are also able to engage the support they need to stay connected with their family, friends and community, thereby reducing loneliness.

The *Mable* model includes both medical and social models of health. Some clients require registered nurses to provide treatment and care (i.e. the medical model). Other clients benefit from a range of social support to help them to live independently and continue to participate in things that give their life meaning, purpose and pleasure (i.e. the social model).

To use *Mable* with a home care package, the recipient needs an approved provider to host the government funding. The approved provider is responsible for the package management and care/case management. *Mable* advocates for independent care managers who provide advice that is impartial, free from any conflict of interest and independent of service provision.

By using *Mable*, older people are able to meet and interview individuals (via video or in person) before they start working in their home. Being able to choose one's own local support workers, and connect on the basis of 'likeability' and mutual interests, as well as required experiences and qualifications, underpins *Mable's* model.

The *Mable* model enables continuity of care because older people and their support workers have an ongoing working relationship. The evidence indicates that continuity and expertise are critical for safe quality outcomes.

*Mable* has built a layered approach to safeguarding that enables consumer choice and control, flexible and responsive services, value for money and

transparency. Safeguards incorporated into the *Mable* platform include:

1. Worker screening: police checks, verification of key qualifications dependent on services offered (e.g. to offer personal care, the worker is required to evidence a Certificate III or IV or equivalent qualification or have verifiable experience), reference checks and Australian Health Practitioner Regulation Agency checks for relevant health professionals.
2. The opportunity to choose support workers, rate and review experiences and the ability to change support workers.
3. Worker insurances: public liability, professional indemnity and personal accident cover.
4. Electronic records of services and service notes, visible to family and care managers.
5. Systems and process for recording complaints and incidents.
6. Information shared with workers on sector requirements such as codes of conduct, reporting obligations, incidents and complaints management and general capacity building, including access to the *Mable Learning Hub* and sharing learning opportunities.

Pioneering a new approach in home care and disability support is significant undertaking that has required *Mable* to raise private capital to fund the development of the platform and operations of the business. As such *Mable* has a number of shareholders both large and small.

3 Sammut, J. (2017) Real Choice for Ageing Australians: Achieving the Benefits of the Consumer-Directed Aged Care Reforms in the New Economy: Research Report 24 The Centre for Independent Studies

# Research method

## Recruitment

Peter Scutt, the chief executive of *Mable*, emailed an invitation to clients on home care packages who engage *Mable* support workers for in-home aged care to participate in an independent research project (Appendix 1).

Thirty-eight people contacted Dr Sarah Russell to indicate their willingness to participate in this research project.

Thirty people participated in the research project. Participant 11 was later deemed ineligible because she self-funded her *Mable* support worker.

## Inclusion criteria

To be included in the study, participants must have (1) a home care package; (2) used *Mable* for at least four months; and (3) engaged a *Mable* support worker for more than three hours during the previous week.

## Data collection

Data was collected by phone interviews between 24 September and 21 November 2019. The interview schedule was semi-structured with open-ended questions (Table 1). Interviews were between a half and one-hour duration.

Table 1: Interview Questions

1. How long have you had a HCP?
  - a. What Level(s)?
2. How did you go about choosing your provider(s)?
  - i. What made you change providers?
  - ii. Who is your current provider?
  - iii. What are the differences between your current and previous provider(s)?
3. What aspects of self-managing do you find appealing and why?
4. How has self-managing impacted your quality of life/health and wellbeing?
  - a. Costs? (e.g. support worker rates, admin/case management fees)
  - b. Increased hours?
  - c. Having choice and control?
5. How did you hear about *Mable*?
6. What services do you use? (e.g. domestic help, social, personal care or other - or a mix?)
7. What motivated you to connect with *Mable*?
8. Have you used other platforms to find support workers/services?
  - a. If yes, what are the differences between these other platforms and *Mable*?
9. Tell me about your experiences using *Mable* platform?
  - a. What do you like? What works well?
  - b. What don't you like? What does not work well?
  - c. What do you value most about *Mable's* approach?
  - d. What effect has using the *Mable* platform had on your ability for your HCP to meet your needs?
    - i. Choosing your support workers
    - ii. More hours, more services
    - iii. Quality of life
    - iv. Confidence living at home
    - v. Relationships with family, friends and community
    - vi. Wellness and reablement

**10. Tell me about your communication with Mable head office?**

- a. How easy is it to contact them?
  - i. For advice or extra assistance?
  - ii. If something is going wrong/problems/complaints
- b. How was this resolved?
- c. Compare communication with previous provider.

**11. How did you go about choosing and booking the support workers using Mable? (e.g. Did you post a job/search profiles/bring someone on to Mable?)**

- a. Are your current services meeting your needs?
- b. If your support needs change, how will you address this?

**12. Tell me about the support workers you have found on Mable.**

- a. How many different support workers do you have?
  - i. How did you find them on the platform (post job/messaged worker?)?
- b. What was important to you when choosing support workers?
  - i. Skills/qualifications/experience/competency?
  - ii. Hourly rates?
  - iii. Availability (e.g. do you use same people regularly?)
  - iv. Compatibility? (e.g. personality, interests, values)
  - v. Reliability?
  - vi. Local?
  - vii. Trust?
  - viii. Other?
- c. Who makes the decision about time the support workers arrive?
- d. How do you communicate with the support worker(s)?
  - i. Is communication satisfactory?
- e. Are your support workers reliable?
  - i. Arrive on time?
  - ii. Inform you if late/sick? – How is this communicated?
- f. What do your support workers do?
  - i. How long do they stay with you?
  - ii. Are they flexible? (e.g. can you change arrangements/tasks according to your needs?)
- g. Tell me about the relationships you have formed with the support worker(s)
  - i. How do they show their respect towards your particular needs/circumstances?

*Question 13 only for Culturally and Linguistically Diverse (CALD) participants*

**13. How did you go about finding support workers that speak your language and understand your cultural needs?**

**14. Do you intend to stay with Mable?**

- a. If not, why not?
- b. If so, why so?

**15. What are your suggestions for how Mable can improve?**

The interviews were conducted with the person who managed the process of engaging support workers via the *Mable* platform. With their permission, the interviews were tape-recorded. The recordings were transcribed.

## Sample

The sample contained 30 participants from urban and rural Australia.

- Ten participants used *Mable* themselves;
- Four participants used *Mable* for their partner;

- Two participants used *Mable* for themselves and their partner;
- Eleven participants (10 daughters, one son) used *Mable* for their parent(s);
- Three participants used *Mable* for a friend.

Table 1 describes the person who manages the home care package (i.e. the participant). It also describes the age and gender of the recipient of in-home care, their location (urban or rural) and the level of the home care package (1-4).

**Table 2:**

**The age and gender of the recipient of in-home care, the level of the home care package, their location and who manages the home care package.**

Participant	Age	Gender	HCP Level	Location	Manages HCP
1	77	F	2	Rural	Daughter
2	80	F	4	Urban	Daughter
3	90 92	M F	3 2	Rural	Wife
4	69	F	4	Urban	Husband
5	77 74	M F	4 2	Urban	Wife
6	81 86	F M	3 2	Rural	Daughter
7	87	F	4	Urban	Daughter
8	80	M	4	Urban	Self
9	73	F	4	Urban	Self
10	90	F	4	Urban	Self
12	82	F	4	Rural	Friend
13	82	M	4	Urban	Son
14	43	F	3	Urban	Self
15	73	F	4	Rural	Self
16	92	F	3	Urban	Daughter
17	73	F	4	Urban	Self
18	88	F	3	Urban	Husband
19	58	F	3	Rural	Self
20	92	M	4	Urban	Friend
21	88	F	4	Urban	Daughter
22	90	F	3	Urban	Daughter
23	83	F	2	Urban	Self
24	73	M	4	Urban	Wife
25	77	M	2	Urban	Daughter
26	94	M	4	Urban	Daughter
27	71	F	3	Urban	Friend
28	92	F	4	Urban	Daughter
29	77	F	4	Rural	Husband
30	80	F	2	Rural	Self

Participant 11 self-funded *Mable* support services. Data from her interview has been excluded from the final report.

Participant 3 and Participant 5 manage both their own and their partner's home care package. In addition, Participant 6 manages her mother and father's home care package.

In total, 30 participants described the experiences of 33 recipients of in-home care; 24 women and nine men. The average age of the recipients was 80 years (range 43 – 94 years; median 81 years).

Participants used three different providers to host their self-managed home care package. Participant 13 became a licensed aged care provider to manage his father's package. Participant 7 had a provider-managed package that used *Mable* support workers.

## Data analysis

Data were critically analysed using thematic analysis. This method of analysis is a qualitative research method used to generate common themes. The aim was to produce themes that were solidly grounded in the data.

## Strengths and limitations of research

A strength of this research was that the researcher was independent – she does not work for *Mable* and knew little about *Mable* before undertaking the research. This enabled participants to speak frankly and without fear of repercussions. Research shows a disinclination for people to be critical of health services in face-to-face interviews with staff because of not wanting to jeopardise their care or a fear of consequences.

Another strength is that respondents volunteered to participate in the research. Self-selected samples ensure that those who volunteer are informed about the issue. Self-selected samples may be biased towards people with strong opinions – both positive and negative.

A sample size of 30 allows some confidence that the study has captured a wide range of views. However, the results of the research are not intended to be generalisable, nor was the sample representative in the standard scientific sense.

# Findings

Consistent with the findings of my national study, all participants said that living at home was preferable to living in an aged care home.

*I am very, very grateful. I think it's a wonderful thing that the government does, keeping us in our own homes.*  
(Participant 23)

As in my national study, *Older people living well with in-home support*, several participants said the older person on a home care package would not have been able to remain at home without family support. The current research project provides further evidence that unpaid carers – family and friends – undertake most of the work of caring for older people.

*This home care package only supports about 20 per cent of her needs. I do the rest.*  
(Participant 12)

Participants appreciated the opportunity to provide feedback on *Mable* and self-management. Participant 28 suggested all service providers should investigate consumer views of their service.

*Is there any feedback mechanism to government about the companies they register as service providers? I wish the type of review you are doing for Mable could be done for all service providers in aged care. I think the whole system needs a big shake up.*  
(Participant 28)

## Assigned a home care package

Participant 20 was excited when his friend was “approved” for a home care package. He did not understand the difference between “approved” and “assigned”.

*I thought: “He’s been approved for a home care package.” I thought: “This is great.” But when I went to get it, I found it hadn’t been assigned. Hopeless, no one had explained the difference between approved and assigned.*  
(Participant 20)

Some participants described feeling overwhelmed when they were assigned a home care package.

*I was given so many different bits of paperwork when I was feeling so traumatised. I found it overwhelming. I was left floundering in the dark.*  
(Participant 24)

After being assigned a home care package, some participants contacted a large number of home care providers. Participant 28 said “all the fees” were unbelievable.

*I phoned a lot of providers and I could not believe all the fees they charged. It was daylight robbery. These are supposedly not-for-profit organisations.*  
(Participant 28)

## Initial provider

### Self-managed home care package

After being assigned a home care package, only eight participants were aware of the option to self-manage. Several participants described learning about the option of self-management and *Mable* “by chance” or “googling” rather than from My Aged Care website.

*My first inclination was to go with trusted names; some of the established churches for example and other charities that are highly respected in the community. I had endless phone discussions with people who were not fully informed and didn’t appear to actually know how anything worked ... I therefore, dug deeper ... In the end, everything that I succeeded in doing was by accident. It was a joke.*  
(Participant 20)

*When I looked on My Aged Care there were hundreds of providers. I thought they are all jumping on the aged care boat – they must be able to make money out of this. I chose the one with the lowest fees that also let me self-manage. I found it by googling.*  
(Participant 10)

Participants said My Aged Care, Aged Care Assessment Team and health professionals should provide information about self-management and *Mable*. This would enable genuine choice about whether to have a provider-managed or self-managed home care package.

*I would have changed to self-management a couple of years ago if I had known about it. I didn't even hear about self-management until people discussed it on social media. Provider X did not tell me it was possible to self-manage ... Nobody ever mentioned self-management nor did I know of its existence. This should be given as an option for all of us who start with a home care package. It should be part of the choice.*  
(Participant 9)

*It's not very clear that self-management is an option. The My Aged Care website doesn't actually offer Mable ... They should because My Aged Care is supposed to inform us about what different providers offer.*  
(Participant 15)

Some participants said they were “disgusted” their initial providers did not offer self-management.

*Even though the rules changed for self-management in 2017, the majority of the service providers in my area don't allow it. I spoke with Provider AA and was told their management was looking into it – to see if it is viable.*  
(Participant 14)

Participants said it was not in the interest of their providers to share information about self-management. Participant 19 said self-management was not in her provider's “DNA”.

*What incentive is there for the big providers to share information about self-management? Zip.*  
(Participant 16)

*Every day I had to fight for a thousand little things against a system that was set up for case managing, not self-management. The idea that I was allocated a sum of money and I had power to spend the money on what I thought I needed, not what they thought I needed. It simply was not in their DNA.*  
(Participant 19)

Some participants said their initial provider offered self-management but it was not “genuine self-management”.

*We were with Provider LL and I was supposed to be self-managing but it wasn't really self-managing. They would not let me choose my gardener or handyman.*  
(Participant 3)

## Provider-managed home care package

Twenty-two participants began their home care ‘journey’ with a provider-managed home care package. Some participants did not have a choice because they were assigned a home care package before the *Increasing Choice in Home Care* reforms.

Participants said they found their initial provider via either the My Aged Care website or a health professional's recommendation. As found by my national study, participants said health professionals often recommended large faith-based providers rather than self-management.

*When we went on to My Aged Care, we only saw the big providers ... that is your “choice”.*  
(Participant 9)

*The social workers recommend the church providers, saying they are very, very good. But they are just ripping the packages off. It's horrible ... These big companies are atrocious.*  
(Participant 24)

Participant 15 described her initial provider as “living in the past”.

*I found the local provider was living in the past in the way they delivered support. They were pretending to be consumer-directed but they weren't at all.*  
(Participant 15)

## Changing from provider-managed to self-managed

Participants said more people would self-manage if they knew about it and how easy it was to do.

*I think a lot of people would do self-management if they actually realised how easily it could be done.*  
(Participant 21)

Participants said some providers made it difficult for them to transfer their provider-managed home care package to self-management. Some providers not only charged exit fees but also delayed transferring unspent funds to the new provider beyond the 70-day limit.

*I switched over – but it took 90 days for Provider LL to transfer the money.*  
(Participant 3)

Participant 3 had been unhappy with Provider LL's support workers. When she transferred her husband's home care package, it had a large surplus because he had not spent it on services offered by Provider LL. Since engaging *Mable* support workers, Participant 3 has been able to use support workers who suit her husband. She has spent the surplus in his account on services he needs.

*[With Mable] I am now able to get my husband the support services he needs – so we are spending the surplus.*  
(Participant 3)

Participant 13 decided to not only change providers but also become licensed as an approved aged care provider. He was disappointed to hear small providers like himself described as “bottom feeders” in the Royal Commission. He said evidence indicated some large providers were “rotting the system”.

*I'm a small businessman – and I thought this could be done so much better. So I dusted off a company and got it licensed as an approved aged care provider through the Department of Health. I self-managed Dad's home care package for about two years. Eventually, I got other clients.*  
(Participant 13)

## Commencing self-management

One finding from my national study is that people were sometimes “exhausted” from dealing with their provider. It is not surprising, therefore, that some participants described feeling “depressed” or at “breaking point” when they first transferred to self-management.

Participants who had transferred from a provider-managed package to self-management welcomed the absence of “road blocks” and “argy bargy” with providers. With self-management, participants said they no longer had to “fight” with their provider for their entitlements.

*Everything about self-managing appeals. I can choose what I want. Whereas if I have a provider coming here, there would be some debate and argy bargy. I can work it out how I want to. I have someone helping me with the housework, garden and I use the taxi vouchers a lot.*  
(Participant 10)

*I am so happy that I no longer have to deal with all Provider X's road blocks ... The case manager treated me with a lot of disrespect and condescendingly.*  
(Participant 9)

Participants said self-management was a better option for them than provider-managed. They described self-management as “innovative” and “working well”.

*I would say self-management is a very innovative solution. I've never seen it before. It is good for the community and also the government because government funding is effectively and efficiently utilised. I want to spend the money on my wife's personal care. We get more than twice the hours [with self-management]. And we get to choose compatible support workers. It is so much better than Provider AA.*  
(Participant 4)

Participant 13 hoped self-management would become the “norm” within a few years.

*I hope in a few years' time, self-management will be the norm. And the heavy case management – which has been the norm for years – will be only for those are unable to look after their own affairs and don't have someone who loves them to help them (e.g. those who need Public Guardians). Most of us have lived our lives being capable of doing quite complicated transactions – such as purchase a car, which is a large transaction that may involve a loan with a bank. We are competent to do those things but we are not trusted to supervise a cleaner in our own home. To me, this seems daft.*  
(Participant 13)

Although participants said everyone should have the option to self-manage and engage their support workers via *Mable*, they acknowledged that self-management might not suit everyone.

*I thoroughly recommend it. But it doesn't suit everybody. I can see if an older person doesn't know computers, is not able to organise themselves and doesn't understand financial statement payments and things like that, it would not be possible. But for those of us who are capable, it's a great system.*  
(Participant 18)

## Compare self-management with previous provider

Participants described numerous differences between provider-managed and self-management. They described it like the differences between “night and day” and “chalk and cheese”.

*The difference between the other provider and this is chalk and cheese. There's a range of things. To start with, I wasn't getting anything like the care I needed for Mum. Because Provider VM was taking so much of Mum's package in fees, Mum could not afford the care she needed.*  
(Participant 22)

Participants described a self-managed home care package as much better, “much easier” and less stressful than a provider-managed home care package. In particular, they valued Mable for enabling them to choose the people who worked in their home, what they did, when they came and how much they were paid.

*There are a lot of things about self-managing that are better. From the time we select a care worker. I call them for an interview – to come to our home and meet my wife. My wife gauges whether the person is compatible and then we negotiate an hourly rate. The hours the support workers spend with my wife are flexible. I choose support workers who live locally.*  
(Participant 4)

Participants described several differences between their previous (i.e. provider-managed) and current (self-managed) provider. The main differences are discussed under the following headings:

- Cost
- Financial transparency
- Case management
- Models of health
- Quality of life
- Choice and control

- Continuity of care
- Choosing support worker
- Communication
- Diversity of support
- Dismissing a support worker.

### Cost

Participants described choice, control and costs as their main reasons for switching to Mable. They described self-management as much better value for money than provider-managed care. The high costs charged by some providers to manage a home care package made some participants “angry”.

*Choice and control is important. The third one is the cost. We are trying to minimise the cost. So far, Mable's system has been very efficient and effective for us.*  
(Participant 28)

*Home care packages are a cash cow for providers. I get very angry.*  
(Participant 30)

Although Participant 28 was happy with the services delivered by her initial provider, the high fees meant the home care package did not “stretch very far”.

*I found the money in the package did not stretch very far ... Mable became attractive because it allowed us to decide who we get as Mum's carers. And also at what rate we pay ... Mable is working well for us because it is allowing us to keep the costs down.*  
(Participant 28)

Consistent with my national study, participants complained about the high case-management and administration fees of providers. Participant 21 calculated that her mother received an extra 10 to 12 hours per month in support/care after she transferred from Provider RR to self-management primarily because she eliminated Provider RR's case management fees.

*With self-management, I'm the case manager. So we save case management fees. That can save us anything up to about 10 or 12 hours a month extra care.*  
(Participant 21)

Participants also complained about provider-managed home care packages charging excessive hourly rates for support workers.

Several participants described receiving twice as many hours of support with Mable as they received with their previous provider.

*I'm using a hell of a lot more hours ... and I'm doing it my way.*  
(Participant 17)

By not paying any case management fees and paying significantly lower hourly rates for support workers, participants had more money in their home care package to spend on hiring Mable support workers to assist them in the home.

*They all told me a Level 3 package would give me a maximum of eight hours of support. That was insufficient for me. It was unbelievable. On self-management, I get 16 hours of support including an exercise physiologist twice a week and physiotherapist once a week.*  
(Participant 14)

Participants were also concerned about the difference between what they paid for a support worker and what the support worker received as payment from the provider. They preferred engaging Mable support workers because the support worker received “most of the hourly rate in their pocket not in the provider’s pocket”.

Participants described providers charging travel costs. One benefit of engaging Mable support workers is being able to choose local workers. Participants said hiring a local person from Mable was much better for both the support worker (who did not have to travel large distances) and clients (who did not have to pay the support worker’s large travel costs).

*Main difference is costs. Provider X is charging so much... They were charging \$58-plus for a support worker plus \$11 travel. Provider X was sending people from Toowoomba and Ipswich and we were being slugged with travel costs ... [With Mable], we get local people ... Compare that [\$69] with my Mable support worker for \$31.50 (which includes \$1.50 for Mable) with no travel. And my support worker is 10 times better than workers I had with Provider X.*  
(Participant 1)

Participant 21 said Provider RR arranged numerous occupational therapy assessments before purchasing medical aids. She considered these occupational therapy assessments as “rorts”.

*In my experience, there are some rorts in the system. Large chunks of Mum’s package have been spent on occupational therapy ... The provider insists we have two occupational therapy assessments before they sign off on certain equipment. It’s \$300 every time – because it has to be a new assessment. The provider was unwilling to accept the previous assessment even though it was done a few weeks earlier.*  
(Participant 21)

Participant 5 described Mable and the host of her self-managed home care package as more ethical and competent than her initial two providers.

*There is an awful lot of unethical stuff in the aged care industry. Provider S was a bit like politicians who put themselves first and their constituents second ... Provider S is extremely unscrupulous and incompetent and should not be allowed to be a provider. Provider MM is hopeless because they are so big and inefficient.*  
(Participant 5)

Participant 21 suggested some health care practitioners increased their costs for those who received a home care package.

*We went to an allied health clinic – and because Mum had a home care package, she was charged more than those who saw the physiotherapist privately. They are rorting the individual who needs the package dollars for a whole range of things. I found this abhorrent. It is ripping the government off too – who is providing these services.*  
(Participant 21)

Several participants preferred self-management because Mable was not “ripping off” the government.

*I don’t think the government looks into the providers enough ... Blind Freddy could see that Provider K was taking advantage ... It’s the government they’re ripping off but in the long run it’s the people that are paying tax that are getting ripped off.*  
(Participant 23)

Participant 24 was interested to see if the Royal Commission into Aged Care Quality and Safety had affected providers’ fees.

*I went back to get some quotes from these church companies service providers – to see if anything had changed with the Royal Commission. But nothing has changed. They still want to charge the same fees. Works out to be about \$130 per hour with all their fees. It's a hell of a lot. That is my husband's money – for him to afford carers, not for a company or church to get rich quick.*  
(Participant 24)

Participant 13 provided a possible explanation for the high case management and administration fees charged by some faith-based providers.

*I have detected an attitude among the religious providers that many may not notice. If someone has a Level 4 HCP but doesn't need a lot of care, the faith-based provider gets their money (high case management and administration fees) and uses it on someone else's care who has less funds available. That is 'spreading the Christian charity around' sort of attitude. This is defensible from a religious perspective but not from a legislative perspective and the intent of the funding.*  
(Participant 13)

## Financial transparency

As with my national study, participants said their initial provider sent financial statements that were unclear, complex and inaccurate. They described a lack of transparency about how their home care package was being spent.

*With Provider AA there was no transparency – you didn't know what was happening. They take the government's money and we didn't know how they were spending it. They sent us a brief summary – but not enough. How did they choose the support workers for my wife?*  
(Participant 4)

In contrast, participants in the current study said both the host of the self-managed home care package and Mable were transparent. They provided clear, straightforward and accurate financial statements.

Participants said they appreciated prompt invoices from support workers via the Mable platform and regular financial statements from the host of their self-managed home care package. Participants were also pleased Mable paid support workers promptly.

*Mable is so much better than Provider SM. It is a huge contrast ... When you self-manage, it's transparent ... I can see everything straight away. I get invoices every day [from Mable] that I have to approve.*  
(Participant 2)

*The support worker puts in her invoices and I just have to approve them. The support worker puts in her invoice to Mable before she even left the house. And right away I get a notification that she has claimed this much. And then I can approve.*  
(Participant 3)



Although Participant 20 appreciated the increased transparency in self-management, he said there was a possibility of rorting the system. He said rorting was less likely with self-management than provider-managed care. However, *“wherever there is government money involved, there’s going to be some form of fraudulent activity.”*

*One thing that’s appealing is that I know where the money comes from and I know where it goes and I know what the fee structure is. It’s absolutely transparent. That’s really important and I am 100 per cent confident that the maximum proportion possible of the government funding is actually going to the person who needs the care ... If you’re doing things through Mable, then there is a legitimate person who’s been verified by Mable, there is a timesheet with hours on it, there is an invoicing system which is very transparent and there is a report coming back from [host of self-managed home care package] so that you see every hour that is being paid for ... To that end, a paper audit of home care package administration would identify all of the expenditure from that home care package. That’s not going to identify every hour of care, whether it’s actually been delivered, devices that have been purchased or whatever, but it’s a start ... There are probably ways I could optimise and manipulate. No matter what you do, there will always be clever people who will max out or advantage themselves through some bloody convenient mechanism. Whether an audit is going to identify all of that, I don’t know ... I think the packages are generous, there is quite a bit of money involved. Wherever there is government money involved, there’s going to be some form of fraudulent activity ... That’s just a given.*  
(Participant 20)

Participant 16 suggested that the auditor needed confidence that the home care package was being used to support the older person.

*The auditor needs confidence that Mum is not buying Thermomixes and iPads for my kids ... I think individual case studies at the micro level can be used for a macro analysis of other issues.*  
(Participant 16)

In contrast, Participant 20 said: *“Sending someone into people’s homes to audit might be not well received.”*

## Case management

Consistent with my national study, participants reported being dissatisfied with the quality of case management with their initial provider. They described being charged for case management irrespective of whether they used a case manager. Some participants said they were charged case management fees even though a case manager never visited their home.

*They say it’s managed but you hardly have any access to the person that is assigned to you. They are supposed to do reviews that they never do.*  
(Participant 9)

*When Dad was with Provider RR, he went for three years without meeting a case manager. And yet they charged for case management every month.*  
(Participant 13)

Participant 1 described herself as the case manager yet the provider continued to charge case management fees.

*I was finding maintenance people, gardeners and then referring them to Provider X so they could put them on their books. I was doing the case manager’s job. What the heck was the provider getting all this money for?*  
(Participant 1)

With self-management, some participants said the time they spent ‘case managing’ was “pretty low”. Other participants said organising support workers was time consuming.

*It’s really easy for me to case manage. Really easy. If we talk about the number of hours in my day that I take up on case management, it would be pretty low. I set up all the hours [for support workers]. I do all the equipment purchases. I do all of the incontinence purchases.*  
(Participant 21)

*Organising workers and stuff takes time. I had to find the workers, set up the schedules and so forth.*  
(Participant 6)

## Model of health

Participants valued Mable’s focus on the social model of health. In contrast, they described their initial provider as operating within the “old system”.

*The old system has a very paternalistic approach. It's like I know what's good for you. It assumed we were not able to be responsible for our own health and care. The underlying assumption is that we are unable to assume responsibility.*  
(Participant 19)

*They seem to think that all older people have dementia or are too frail to self-manage. I know quite a lot of older people who are very switched on and could easily do [self-management].*  
(Participant 14)

Participants expressed different views about whether home care packages should focus on health and medical needs or the social determinants of health. Participant 8, for example, said Mable's focus on the social model of health enabled him to continue to engage in things that gave his life meaning, purpose and pleasure. When he needed nursing care (e.g. for skin tears), he engaged an enrolled nurse. Most of the time, however, he hired people to provide social support.

*I can surround myself with people who allow me to live an interesting and exciting life ... I've got social support, personal care, a gardener and an enrolled nurse who comes when I get skin tears that need dressing. I also have a person who is helping me write a book on my family history. That is 21 hours through Mable, more than twice the hours I had before. I don't have anyone on weekends unless there is a function I want to go to. Mostly my family helps me during weekends ... I just had a week's holiday at Port Macquarie. My carer came with me. She did her normal hours while we were away. She got to have a bit of holiday too ... Also one of my support workers took me fishing. She is a 20 year old who loves boats. We hired a fishing boat for the day – we had a great day. How good is that? We didn't catch any fish but got a few bites. We had a lot of fun. We had a barbecue and a couple of glasses of wine. It was just a fun day. For an 80-year-old man [with end stage renal failure], I'm doing pretty well.*  
(Participant 8)

Participant 20, on the other hand, said he wanted home care packages to focus on health and medical needs. He would prefer social and lifestyle activities to be provided by the local community at no cost to the government.

*I think home care packages are about your health, not maintaining your house ... So home care packages should focus on health not social support.*  
(Participant 20)

## Quality of life

Participants said changing their home care package from provider-managed to self-managed had improved their quality of life. Participant 8, for example, said self-management had improved his health and his quality of life.

*It all works so well for me. Everyone tells me how happy and well I'm looking. It has improved my quality of life fantastically.*  
(Participant 8)

Some participants said transferring to self-management reduced their stress levels.

*The stress levels have just gone down markedly. I don't feel gutted any more. I just feel that I don't have to watch them robbing me all the time and pretending that they're caring for me when they actually weren't.*  
(Participant 17)

Participants described their quality of life improving primarily because they could choose their own support workers and get the services they needed. They described developing ongoing relationships with their Mable support workers.

*The quality of life for Mum is fantastic because she has somebody who knows her through and through. Because I've now had the same carers here a long time. So that's a real security thing for Mum and the relationship is really great.*  
(Participant 21)

*The support worker does the things Mum needs – she shops and cooks and cleans. When I see Mum, I wash her hair and do her nails and take her for a drive. It's so different now.*  
(Participant 22)

Some participants said the increased hours with self-management had improved their quality of life.

*I'm getting an extra five hours a week on a Level 2 package. I could probably squeeze a bit more out. I might do this. We're desperately trying to keep*

*Mum at home at the moment. So an extra five hours a week is mind blowing. It's fantastic.*  
(Participant 22)

## Choice and control

Several participants described having “no control” when their home care package was provider-managed.

*We felt out of control with Provider RR. We didn't have any control about what was happening – who they were sending into our home. People would turn up and you were not sure what you were allowed to ask them to do and what was breaching rules. It was very unclear.*  
(Participant 13)

Participants described feeling empowered since they began self-managing their home care package.

*It's lifted the burden of being a client, of being this person who is given care, to where I'm now taking control of my care.*  
(Participant 15)

*My confidence now about living at home has gone up 150 per cent.*  
(Participant 17)

Mable enabled participants to choose how they lived each day. They said they welcomed “calling the shots”. With self-management, participants described feeling “in charge” of how they spent their home care package.

*The biggest thing with self-management is I manage my own time. The provider doesn't manage it, I do. And I control what I do each day. I choose who comes into my life each day. I choose where I go each day and with whom I go each day. I choose how I live my life each day. It is not controlled by some bean counter. Total independence. It's all at my control.*  
(Participant 8)

Participant 19 described a “sense of oppression” lifting when she began self-management.

*Having to deal with services that made me feel like what I said no longer mattered gave me a sense of oppression ... That sense of oppression lifted immediately when I changed to [host self-management home care package]. I now feel more in control.*  
(Participant 19)

## Support provided in the home

Participants said they were more likely to get the type of support they required with self-management than provider-managed.

*I am in control. I can vary what I need and want. I can think outside the dots – and say: “This is what I'd like.”*  
(Participant 30)

*[The case manager] accused me of asking for things that was abusing the system – even though it was within the guidelines, it didn't fit with his idea of what I should have. He wanted to tell me what I could and could not have.*  
(Participant 9)

## Support workers

As in my national study, participants described their initial provider sending a large number of support workers to their homes. They also said the support workers were often untrained, overworked and unreliable (i.e. arriving at different times).

*You just had to accept who they sent you. We had lots of different people but no choice on who came or when they came.*  
(Participant 4)

*My first provider was Provider RR. New carers coming into the house every week challenged us. Mum was getting increasingly disturbed by all of that. So we went looking for an alternative arrangement whereby we could have more stability around carers into the home. Because you were never notified who the carer would be that would be coming. You'd just have a stranger turn up at the door.*  
(Participant 21)

Participants also described their initial provider as not sending support workers at convenient times. They described having to “fit in” with their providers' schedule. Participant 25 also expressed concern about how long support workers stayed with her father.

*Provider X sent all these different support workers. I would have had 50 different people through my house. Also, the people were a little dodgy in that they were meant to show up at 9 am and be here for 45 minutes minimum to shower him and to ensure that he was ready for the day. But they would show up maybe at 9:15 am and leave at 9:30 am after they've showered him and still put in for an hour. I thought: “You cheeky buggers.”*  
(Participant 25)

In contrast, *Mable* gave older people the power to arrange when support workers visited their home and how long they stayed. They described *Mable* support workers as “flexible” around their work times.

*We can also negotiate which days they come. And with Mable the support workers are flexible – when I need extra hours, I can ask the support worker. She decides for herself if she can or can't do it – it doesn't have to go through the machinery of a big provider to get approval.*  
(Participant 7)

Participants said they liked being able to negotiate times directly with the support worker rather than via a case manager. This enabled participants to have support workers in their home at a convenient time. It also gave participants certainty about when the support worker would arrive. A direct negotiation between recipient and support worker also made it easy to change times if required.

*We sort out the times together – so that it works for both of us. Sometimes we tweak it a little bit. If I need to go out or am doing something that day, I ask her to come earlier. We just check our diaries. It is no problem.*  
(Participant 2)

*I like that we chose the worker – and liaise directly with him – not the company who sent a different person every day – and at different times. Arriving at 4 pm to help my husband out of bed was not OK. We make a time with our support worker, and he sticks with it.*  
(Participant 24)

Several participants described the best thing about self-management was *Mable* because they had control over who provided the services.

*Unlike Provider SM, which sent five support workers every day of the week, we are guaranteed to get the support worker we want. We choose that person. This is so important. I don't think the other providers realise just how important it is. When a support worker is showering older people and helping them to get dressed, older people want someone with whom they feel comfortable.*  
(Participant 2)

### *Diversity of support*

Consistent with my national study, several participants described having to “fight” with their previous case manager or support worker to get the work they required done.

*When I was with Provider X, I would phone requesting them to do this or get that for Mum. Whether it was approved depended on how the case manager felt that day and what she thought about it.*  
(Participant 1)

With *Mable*, participants said the process of getting the work they needed doing as “easy” because they could discuss their requirements directly with the support workers. In addition, *Mable* support workers were able to make decisions about whether they could do the tasks without having to check with a case manager.

*One of the major advantages [of Mable] is when you hire support workers yourself, you're their boss. When you tell them what you'd like done, they listen to you. They are not checking with supervisors back in head office. When they turn up for a shift you can say: "I don't need the bathrooms cleaned. What I'd really like is for you to take me to the supermarket." They listen to their boss [the client]. They don't go back to check whether that is in the care plan or whatever. That is a huge improvement in quality of care and lifestyle for the older person.*  
(Participant 13)

Participants said they chose support workers who had the skills to undertake the required task.

*You want different people to do the different tasks. But the traditional model has support workers with the same person doing all the different tasks ... If you want your bathrooms cleaned quickly and well, you are better off with a contract cleaner. And if you want someone to take you to the shops, you really want social care with someone who speaks your language and has similar interests.*  
(Participant 13)

Participant 17 noted that *Mable* sent support workers information about training they could do to improve their skills.

*My carer tells me Mable is always sending her information. You can do this course here, you can do that. They're very good at giving them little tips and she likes that. She says she has no complaints with them.*  
(Participant 17)

Participants valued the diversity of support they were able to get with *Mable*. Several participants described support workers who were willing to undertake a variety of tasks associated with living independently.

*All the providers do personal care and nursing – but the really big difference is the social support you can get on Mable. For example, I recently needed a poem translated. There was a lady on Mable who spoke German. I texted her and we had a meet and greet. She didn't charge me anything in the end because she said it was fun to do it. Another young carer who was at university helped to get me on Facebook. If I had any problems with my computer she'd fix them up. I've also had help to put this book together. I don't think a normal provider would let me do that with my home care package.*

(Participant 8)

*I've been having trouble with my iPad so this morning I put up this job on Mable. A young Japanese woman has said: "I'm an IT technician, I can help you." I was over the moon. She's coming tomorrow. How wonderful is that? I was so excited that Mable could help with that.*

(Participant 17)

Participant 17 appreciated the fact that support workers worked for her rather than the provider. In addition, as the person engaging the support workers, she could instruct support workers to do tasks exactly as she needed them done.

*Carers always kept checking with head office about everything. They didn't work for me. They worked for Provider A. Now they're working for me and not the agency.*

(Participant 17)

Participant 8 was able to negotiate with a support worker to accompany him on a holiday.

*I could never have asked Provider PP to organise a carer to go on holidays with me for a week. Imagine the bean counters. They would have had a nightmare over that. But it was so easy with [support worker's name]. We discussed it – and how we'd do it. And then we booked it.*

(Participant 8)

## Continuity of support

With *Mable*, participants were able to ensure a continuity of support workers. This enabled support workers to get to know their clients – and vice versa. Knowing an older person's preferences and routines removed the need for time-consuming briefings/hand overs.

*The huge difference is that, because of the consistency of carer, you're not having to do briefings with them about Mum's conditions which chews up – for us as the family carer – an enormous amount of your time. ... [With Mable], all the support workers know Mum's history. They know all her medical needs. Everything ... They walk in the next day and it's kind of lift-off from where we were. It's just fantastic.*

(Participant 21)

Continuity of care enabled genuine relationships to develop. Some participants described the support worker as a "part of the family".

*With self-management, the support worker may text to say their child is sick and she can't visit this morning – but she will pop in during the afternoon. That is a relationship model that I love. Rather than going through head office and having them send out a stranger that day, we negotiate directly with our support worker.*

(Participant 13)

## Replacing a support worker

Participants described a benefit of a provider-managed package was that when support workers were unable to work, the provider would find replacements. With *Mable*, recipients were required to find their own replacement.

Participants also noted they could ask their provider not to send certain support workers into their home. With *Mable*, recipients were required to end agreements with support workers if they were unsuitable. Some participants found this easy, others found it difficult.

*The big difference is when you are with a provider and you don't like the support worker, or that person becomes unavailable, it is the provider's job and responsibility to replace them. If they don't turn up or get sick, the provider replaces them.*

(Participant 5)

## Communication

Participants described the ease in communicating with their Mable support workers. They described direct communication with their Mable support worker as much more effective than having to ask head office or a call centre to pass on messages to support workers.

*With Provider X, I could never get through. You could only ever phone the call centre. They may have had somebody handling Dad, but I never spoke to them. Even to get through to the call centre was just so hard. You'd be on hold and then my phone would drop out and then I'd be talking to somebody and their phone would drop out. They wouldn't call you back. They would say: "No. We don't have the facility to call back." I'd say: "I've been on the phone for 20 minutes and then our call dropped out. Couldn't you just call me back?" "No. We can't do outward-bound calls. We're a call-in centre." I'm going Oh my god [With Mable], I contact one person – the support worker. (Participant 25)*

*I can phone [RN's name] when she is on the way and she will bring me some milk or the newspaper because we live out of town. (Participant 3)*

With Mable, participants said they could text, email, phone or communicate with their support workers via the platform. They described being able to negotiate the most convenient way to communicate directly with their Mable support worker.

*One of the best things is I have the contact details of my carer. My carer texts me every day, even if she doesn't come. Even on Saturday and Sunday. Are you OK today? Do you want extra help? I would never have got this from Provider A. (Participant 17)*

*Within half an hour of her shift, [Mums' nurse] generally will do shift notes. I see exactly what she's been able to – not just do, but what sort of shift she's had. [Mum's nurse] would also regularly text me – a couple of times a week and once every three or four weeks, we might have a phone call where she just gives me a bit of an update. (Participant 16)*

Several participants said their previous provider did not inform them when a support worker was sick.

In contrast, participants appreciated their Mable support workers letting them know if they were unable to do a shift or were running late.

*When I was with Provider A, if the worker didn't turn up that day, they didn't even bother to let me know she's not coming. Fortunately, the carer would text me on the sly – she wasn't allowed my phone details, but she would do it for me and told me I'm sick, I can't come. Provider A would never let me know. It was just appalling. (Participant 17)*

*If they're sick, or something happens and they can't get there on time, [my Mable support worker] rings me. They tell me what's going on and we agree to another time. With my previous service provider, support workers sometimes just did not turn up. I haven't had anybody let me down on an important appointment or anything since I switched to self-management. (Participant 15)*

## Wellness and reablement

Wellness and reablement are key objectives of the Commonwealth Government's home-based care programs. Participants provided several examples of reablement. For some, it was as simple as making the bed or cooking a meal with their support worker. They described these activities as "therapeutic".

*They've all been kind but the person who comes in the morning just gets it when it comes to getting him to do things for himself. She just intuitively is therapeutic. She's great. (Participant 26)*

Participant 21 required a registered nurse after her mother had a fall. However, she decided to replace the registered nurse with a less qualified support worker when her mother's health improved.

*We found a carer and a fully qualified nurse through Mable. That was a good mix because the nurse was here in the mornings when there's a lot more things around medications and bathing and all of those sorts of things. We had her here in the morning and then we have a support worker carer in the afternoon for companionship and those sorts of things ... Now, I just have two carers... I replaced [Mum's nurse] with a carer because Mum had come a long way at that stage. (Participant 21)*

The remainder of the report focuses specifically on consumers' experiences of *Mable*. *Mable* was described as "innovative" and "a disruptor".

*Mable will be a disruptor. Particularly for the next generation of aged care. They will be more aware of their rights whereas my Mum is 88 years old. She is from a different generation.*

*(Participant 21)*

Participants were mostly delighted with the services *Mable* offered. Several participants encouraged friends to "get on to *Mable*".

*It is really working for me. It has been so smooth since I found Mable. When I look around at my friends – not that I have many friends left, most are dead now – some are really struggling in their homes. I keep telling them to get on to Mable. It would make their lives so much easier if they had someone to drive them around, take them out.*

*(Participant 8)*

Participant 16 described developing a "good relationship" with *Mable*.

*Even though it's an online provider, I feel that a good relationship has developed. The payments get processed quickly. I feel that the quality of workers has been very high ... I see it as a long-term relationship for my Mum, as well as peace of mind for my brother and myself ... We're now in this stable relationship that has been almost 12 months with the nurse, so the only time I now look at the website is when I'm recommending Mable to other people ... I do a lot of promotion for Mable.*

*(Participant 16)*

Participant 13's positive experience of self-management encouraged him to register as an approved licensed provider. He described *Mable* as an excellent option for support workers, particularly those without any business training.

## Finding out about Mable

Participants indicated that some health professionals who work in home care were unaware of *Mable*. Participant 27, for example, attended a carers' support group at a local community health centre. She was shocked when the facilitator gave misleading information about *Mable*.

*We had this carers' support meeting yesterday ... The second session I went to, they go around and ask people how they've gone over the month. I was talking about Mable and the facilitator pricked up her ears and she said: "Oh, I've heard with Mable, you don't know about their qualifications." I said: "Oh, no, that's not so." Mable had sent me a newsletter, so I forwarded that on to her. I said: "Here's some information for you on Mable. We have plenty of opportunity to find out about carers' qualifications." I would never have known my Provider BC carers' qualifications.*

*(Participant 27)*

Some participants said health professionals advised them to start with a provider-managed health care package and then self-manage later.

*I think it's a little bit daunting, even for someone like me [who is a registered nurse]. I got advice from some ex-colleagues who work in home care packages. They recommended I go with a provider first and then self-manage, but they didn't know about Mable.*

*(Participant 22)*

Several participants stumbled upon *Mable* during an internet search, most often because they were looking for alternatives to their provider.

*I'm a registered nurse, so I've been trying to manoeuvre this for Mum for ages. I just did some research online. I was trying to find another model. I found Mable by accident.*

*(Participant 22)*

Participant 16 knew about *Mable* through her professional connections as a social worker.

*I heard about Mable (then Better Caring) through my professional work connections ... There are some more of these platforms starting up.*

*(Participant 16)*

Participant 7 learnt about *Mable* after she signed with Provider NN. Provider NN had told her they employed support workers who spoke Mandarin. However, after she signed a contract with Provider NN, the case manager told her that no Mandarin speaking support workers were available. The case manager engaged such support workers from *Mable*. Participant 7 had considered changing to self-management but Provider NN told her the process was complicated and expensive.

*The case manager from Provider NN came to our home to sign the contract and again when we changed to Level 4. But she hasn't visited any other time ... I considered changing from Provider NN. But I was told we had to pay exit fees from Provider NN. It all sounded too complicated. I had to spend so much time to establish this, it is operating pretty well, thanks to the workers we get from Mable.*  
(Participant 7)

Several participants described learning about *Mable* from the host of their self-managed home care package.

## Using *Mable's* platform

Participants described both the website and mobile phone application as easy to use. Several older people in this sample were computer literate – and able to use *Mable* independently. Others relied on children, partners or friends to use the *Mable* platform on their behalf.

*I find the Mable platform really easy to use. It's like Airtasker or Airbnb – that are also being run efficiently. The big thing for me is anyone can access it. My daughter is overseas. She can log in – and see what I'm doing. She keeps an eye on her father.*  
(Participant 8)

*It is not something that Mum could ever have been able to use on her own ... Mum is now bedbound but even before she couldn't have done it. She needed me to do it. She couldn't even use a mobile phone.*  
(Participant 2)

Some participants said they had used online dating. They said this helped them to get started on *Mable*.

*Mable is like being on Tinder.*  
(Participant 17)

Other participants required help to get started. They spoke with staff who explained how the *Mable* platform worked. Some participants watched videos on the *Mable* website to help them get started.

*I had long conversations with staff at Mable. They were very good at explaining how the actual platform worked – how to get into it. That was really good.*  
(Participant 2)

*Mable have the videos there so you can quickly learn how to use platform.*  
(Participant 4)

Participant 15 would have appreciated more help, mainly because *Mable* is a different system from anything she had used.

*There are areas that I could use a bit more help with, like finding workers and advertising for workers ... It's not that hard. It's just because it's such a different sort of system to anything I have used previously.*  
(Participant 15)

Participants who had used *Mable* for several years noticed that the initial technical issues had been resolved. Those who joined more recently had no technical problems with the platform.

*I've been with Mable for over a year. The platform from the very beginning was very good. It is very rigid and strongly built ... I've had no problem. It is a very good platform because they have done their work. Very smooth and logically designed and robust – it doesn't hang up, it is fast. Most important it is very logical ... I've been a computer programmer. I know that an excellent team has developed this platform. This is one of the few platforms I have seen in my 30-year career that is so well designed. There is no frustration for users. I have nothing to complain about. A person can use the platform very easily.*  
(Participant 4)

## Worker screening and checks

Participants appreciated Mable doing thorough screening checks on support workers. They said these checks made them feel “more confident” even though some took a long time.

*My support worker was working with Provider A. When she tried to join up with Mable, they put her through this rigmarole for five weeks ... She nearly walked away from the whole thing. However, I was impressed that they were really checking up on her background and all of that. That did impress me.*

*(Participant 17)*

*It's good that Mable put workers through a more rigorous process because sometimes there are people who have had a history of something. It's good that Mable checks them out thoroughly. It makes you more confident.*

*(Participant 19)*

*Even though it may take longer for support workers to register with Mable [than other platforms], we know the right people are on their platform. I know two support workers with similar qualifications – one got approved by Mable, the other didn't. She went to [another platform] because it is very easy for them to be approved. I am glad Mable has a good filtering process.*

*(Participant 4)*

Participant 6 found a support worker on another platform. However, this support worker was not able to join Mable because she did not pass their police check. Participant 6 appreciated Mable's rigorous processes (e.g. police check) before accepting a support worker on to their platform.

*I initially got a cleaner from Gumtree – the references she gave me all checked out. I tried to bring her to Mable. But something had happened so she was not allowed to work with children. So she was also not able to work with vulnerable elderly ... They could not sign her on to Mable. She didn't pass the police check. It was good to know, I certainly don't want someone with Mum and Dad who is dodgy.*

*(Participant 6)*

## Mable support workers

Participants described Mable's platform as providing information to help them make an informed choice about support workers.

*The best aspect is that we can look at people's profiles online. The first thing, I wanted to find a nurse. The website gave me information that we needed about support workers' competency and qualifications. It then gave us choice in terms of male or female. It looked at Mum's different needs, so her medical needs as well as her more mundane household type needs, mowing and cleaning. It did actually give us full control.*

*(Participant 16)*

Some participants found the initial process of choosing support workers difficult. They said some exchanges on the internet were less polite than exchanges in ‘real life’.

*A couple of support workers have started a conversation with me, haven't liked what I was offering apparently, but then never concluded the discussion. They just disappeared – stopped communicating with me. It's maybe just a lack of manners. People think: “No, that's not going to work for me so I won't bother following that through.” Because it's on the internet, it feels sort of a robotic exchange rather than an exchange with a real person. So it doesn't matter if you're a bit rude and you don't finalise a discussion.*

*(Participant 15)*

After Participant 10 was discharged from hospital, she accepted the first support worker who answered her advertisement.

*When I came home from hospital, I didn't really look at anyone on Mable. I put an advertisement on the website asking for help around the house. I didn't put up any profile about me. I just said what I wanted. [Support worker's name] was the first one to answer the advertisement. I said: “You'll do.” I couldn't be bothered checking anyone out or doing anything. I just took the first one. She was a young woman from Ireland who was here on a working holiday. She was quite good. I had her for a year, but recently she moved interstate. She recommended a woman who is fantastic. So at present, I am not using Mable. She does cleaning, gardening – anything I want. But she doesn't have any insurance.*

*(Participant 10)*

Some participants tried several support workers before finding someone who was suitable.

*The first three support workers I used were not suitable. So it took some time to get it all sorted. I got support during this period from support*

groups on Facebook for people with my condition. At first I thought I was going backwards because of these unsuitable carers.  
(Participant 14)

## Profiles of support workers

Participants said the way they could search for support workers on the Mable platform was “fantastic”.

*Here are the reasons why I like the platform. When I started out, I searched for support workers and then I interviewed those who I choose. I chose those who I thought would be a good match for Mum. That was fantastic. The way you could search for support workers is fantastic. I have even searched for support workers when we were taking Mum on holidays and found carer support where we were going on the holiday. It worked well. We were able to go interstate and still get a support worker to come in and do some assistance with us with Mum. So [I] love that. You can just go to the postcode you want to look at and you get to see who's available, those sorts of things, so that's fantastic.  
(Participant 21)*

Some participants chose support workers by the way their profile was written, what was written about them and their photo.

*I chose them by the way they wrote and their photos ... I didn't mind if they'd not had much work in the aged care industry. Like, [Name], who Dad's got. He had no work history in aged care, but a lot of the other questions in his profile seemed to work. Dad liked him. He said: "I'd like to meet this one." I thought: "Fair enough." He is happy and [Name] looks after him quite well. They're quite good friends now.  
(Participant 25)*

Some participants expressed concerns about profiles that did not accurately reflect the skills of the support workers, the work they were able/willing to undertake or their current availability.

*I once hired someone from Mable who couldn't do a heap of things. She had a physical disability. But this was not mentioned on her profile. I wasn't looking for company – I needed someone to provide physical help – making beds, mopping floors, doing gardening, washing, bringing groceries from car and preparing food ... Someone who is not able or willing to do certain*

*tasks should state that on their profile. I waste a lot of time employing people who can't do the job.  
(Participant 5)*

Some participants were frustrated that support workers did not update their profiles when their circumstances changed.

*The support workers don't update their profiles. They give you false information on their profile and this makes us spend more time finding support workers. It is frustrating. When a support worker is fully booked, they should update this information on their profile. It would save those of us searching for support workers a lot of time.  
(Participant 4)*

Participant 5 reflected on whether Mable could ensure profiles were more accurate.

*I don't know how Mable can make people who advertise on their platform act more ethically. I had a look at what support workers go through to sign up. Obviously Mable are helping people to put their best foot forward, but there are obviously people who just need money. So they don't tell their clients they are going to disappear after three or six months. I guess they think you'll just get someone else – but finding support workers is time consuming.  
(Participant 5)*

## Process of engaging a support worker

Participants described the importance of interviewing support workers to determine who they selected. Initially the process of interviewing a support worker was easier for participants who had hired employees during their professional life than those who had no experience in this area.

*We have the ability to choose – and select support workers. We recently interviewed eight people and only selected one.  
(Participant 28)*

*When I find someone on Mable, I give him or her my phone number – so we don't communicate by typing. I talk with them and ask them to come to our home for a short interview – to meet my wife and see our home. When I interview support workers, I explain the work I need them to do. I tell them they will be doing mostly personal care but also a little bit of house-keeping work – tidying up the kitchen, doing washing twice a week.*

*My wife prefers Sri Lankan type of food. So I do the cooking. The focus is on personal care. Then we negotiate the hourly rate. Most of the rates are very fair. We don't need to do much negotiation with rates.*  
(Participant 4)

Some participants described having a trial period with a support worker before making a final decision.

*After selecting, we would put them on a two or three-week trial, on full pay, to see if they are competent with the hoist. Mum's safety is a major concern. We wanted to protect against her falling.*  
(Participant 28)

### Bringing a support worker to Mable

Several participants engaged support workers who were not on the Mable platform. Some participants questioned the need for support workers who were sole traders with an ABN and insurance to join Mable. Others said it was better for a support worker to join Mable than work independently because Mable handled all the invoices, insurance etc. Several participants described Mable's fees as "well worth it".

*When I recruited a neighbour who was prepared to help Dad, I walked them through the process of how to write an invoice. And how to get an ABN, police check and all of that. So Mable just makes all that easier and it's well worth the few per cent they charge.*  
(Participant 13)

*We prefer to use a proper house-cleaning contractor. It was better for her to join Mable than work as an independent contractor.*  
(Participant 29)

Some rural participants were unable to find support workers on Mable. Instead, they found support workers via word of mouth or on Facebook. In some cases, they encouraged the support worker to join Mable.

*I was recommended a worker – she was a friend of a friend who was looking for work. I grabbed her number. I encouraged her to sign up on Mable. Mum and Dad live in a small community. Word of mouth is important if someone can vouch for a person. It took a while to get her on to Mable – her police check was not the one they*

*needed, so she had to get another one. But it all worked out and it is now running smoothly. If you find a good support worker, you look after them.*  
(Participant 6)

Some participants encouraged people in their community to join Mable so they could engage them as their support workers. Participant 8 was able to bring a support worker from his previous provider on to Mable. However, other participants were disappointed their previous provider did not allow their staff to "moonlight" on Mable.

*I've tried to poach Provider SS workers – but they have all told me they are locked into Provider SS with their contracts ... When you work for a provider – even though they may not be happy working for them – they make you sign a contract stating you cannot do private work. They totally screw them.*  
(Participant 6)

Participant 13 became a licensed aged care provider to manage his father's package. He used Mable for most of his clients. On one occasion, Mable rejected the support worker because of a prior worker's compensation claim. Participant 13 described the reasons for rejecting the support worker as "unjust".

*A client found a good support worker. I recommended she join Mable. But Mable made it too hard. So I didn't succeed in signing her up. I found it unjust. The worker has in her past a worker's compensation claim and that confounded the insurance ... If Mable is all about empowering disabled people in their life, a worker who is back in the workforce should be supported. It just got too hard, so we gave up on Mable. I helped her to get an ABN and taught her about invoices.*  
(Participant 13)

### Posting jobs on Mable

Some participants found it easier to post an advertisement on Mable than search through support workers' profiles.

*It was easier for me to put up a job ad because when I tried to search for people, the search was not adequate for what I was trying to find. When I did a search, it came up with lots of people. It was quite laborious going into all their profiles. And before I started to read, the hourly rates were*

beyond what I could afford. There are some who are quite expensive.  
(Participant 14)

Participants who posted an advertisement on Mable described the process as “easy”.

*I got an email from Mable about posting a job ad. I thought: “I didn’t know I could do that.” So I went in and I did it. I got about 35 responses for that job ad. I sat down with my dad and I looked at their pictures. I looked at what they were happy with and what distance they had to travel, because I wanted to be mindful of their travel as well. I let Dad judge on face value on some aspects, but then on others I said: “No, I do like the look of her. She’s doing this, doing that.” I ended up interviewing two people and we put them both on. The hardest thing was rejecting people, saying: “Thank you so much for your response, but at the moment we have filled it. Is it OK if I leave your response on file so I can get in contact if we need more people?”  
(Participant 25)*

Participant 25 posts temporary jobs on Mable when her father stays interstate with her sister.

*I will be sending my Dad to my sister’s place for a little while over Christmas. It is great knowing that I can post a temporary job ad for over there and get somebody to go into her house and help him. Oh my god. I couldn’t have asked Provider X about that. I’m sure they would have said: “Oh, no. We can’t do that.”  
(Participant 25)*

Some participants described a large number of support workers responding to their advertisements, including people who were not suitable.

*I thought it was easier to write an ad about what I needed because I’m complex. When I put the ad on Mable, I received 20 replies. But lots of the people who contacted me weren’t suitable. I could tell from their profile. I don’t think they read the ad. They were just desperate for work.  
(Participant 14)*

*Once I put an advertisement that stated we needed someone from 9:30am to 12:30pm. We had a number of people come for interviews, and after answering our questions they said: “But we*

*only can work after hours, or on weekends.” Did they even read the advertisement?  
(Participant 29)*

Both Participant 4 and Participant 27 posted a job for a physiotherapist. Although Participant 4 received responses, they were not physiotherapists. Participant 27 received no replies to her advertisement.

*I mostly choose support workers. I’ve only posted once when my wife needed a physiotherapist. I told Mable. They suggested I post a job. I got some responses but they were not physiotherapists. They said they had some experience. But I didn’t find a trained physiotherapist – it was not successful. Someone contacted me from interstate. It was a waste of time. In the end, we used the videos I took when my wife had physiotherapy at the hospital. Some support workers watched the videos and then did the physiotherapy.  
(Participant 4)*

Several participants were reluctant to post an advertisement because they were concerned about privacy issues.

*I don’t want to put up a job. It is like broadcasting our circumstance to everyone.  
(Participant 4)*

## What makes a good support worker?

The qualities of a good support worker depended on what qualities participants were looking for in a support worker. Some participants valued support workers with qualifications; others did not.

Data indicates numerous different qualities make a good support worker. These qualities include:

- Qualifications
- Experience
- Compatibility
- Trustworthiness
- Location
- Hourly rate
- Competency
- Availability, reliability and punctuality
- Skills
- Flexibility

- Language and culture
- Relationship with older person.

The importance attributed to these qualities depends on each individual's circumstances.

### Qualifications and experience

Some participants said support workers' qualifications were the most important. This was particularly the case for those needing medical (e.g. wound dressings) and personal care.

*I'm looking for somebody who's qualified but also has had some experience. I just need the baseline carer qualification. If it's nursing – it's the diploma or Bachelor of Nursing depending on what year it was done. So that's first and foremost. But it's qualification and experience together that I look at, not just one or the other.*  
(Participant 21)

Some participants said qualifications were important, but not as important as other factors such as compatibility and experience.

*Qualifications are important to a degree to me because Provider X and Provider BB had sent so many untrained people. They used to send whoever. When I was looking for someone for Mum – I wanted someone older who had experience ... I wanted someone who Mum felt comfortable with, (someone) I could trust and who used her own brain to help Mum. Mum needed someone she could relate to, a companion.*  
(Participant 1)

Several participants said qualifications were not important. They said qualifications did not necessarily indicate competency.

*Qualifications don't matter. Two of my three best support workers have no qualifications. What matters is reliability, being fast learners and support workers who speak English well.*  
(Participant 5)

Participant 15 preferred support workers who did not have a qualification. She preferred to train support workers "to be the way I want them to be".

*I'm not so much worried about qualifications, because I feel that I can train the people to be the way I want them to be. If they come in with a qualification, or if they're preconditioned to think like a nursing home staff, or a care worker, then*

*they're different in the way they react to me and act with me.*  
(Participant 15)

Participant 17 also said qualifications did not matter. She was happy to teach support workers the skills she required. She described both compatibility and trust as the most important attributes.

### Experience

Several participants valued support workers' experience. Participant 27 was prepared to pay a higher hourly rate for a support worker with experience.

*Our new support worker has extensive experience. She's lovely. She's really nice and she's very caring. So, we've struck a bit of gold there through Mable ... Some people were cheaper, but I like the experience this girl's had. She's worked a lot in aged care, and she's been an activities worker.*  
(Participant 27)

### Compatibility

Several participants chose support workers based on their compatibility with the older person.

*Compatibility is the biggest thing for me ... To find people that I'm very comfortable with coming into my house and into my life, and doing fairly intimate things with them, not just social support or cleaning.*  
(Participant 15)

*You've got to get along with your workers because they are the ones that are helping you.*  
(Participant 23)

Participant 13 and Participant 25 were both pleasantly surprised to find support workers with engineering degrees. They said this meant these support workers could chat about topics that interested their fathers.

### Trustworthiness

Several participants described trustworthiness as an important attribute.

*I really wanted someone who Mum felt comfortable with. I needed someone that Mum could feel she could trust.*  
(Participant 16)

Participant 17 needed to trust the support worker not to leave her if she found a better job.

*I needed to know that the person that came to help me was going to stand by me and not find a better job next week. Many of the complaints about Mable are the number of the people who park themselves there because there's nothing better and they'll leave when they get a better deal.*

(Participant 17)

Participant 9 said some support workers told her they were on Mable while they looked for a permanent job. She appreciated their honesty.

*Some people on Mable are honest enough to say they are between jobs, or students wanting extra money.*

(Participant 9)

## Location

Several participants said it was important the support worker lived nearby. This enabled split shifts and flexibility when plans changed suddenly. It also decreased the support workers' travel time and increased their reliability.

*I have learnt that the criteria that matters the most is locality ... If someone lives half a kilometre away, they can whip around for a one-hour shift without any problem.*

(Participant 13)

*We chose support workers who live close by. We prefer this. If we need some extra hours, I can call them and they come. Living close by means they can come twice a day. If they lived far away, they would hesitate to do that.*

(Participant 4)

Participant 16 chose support workers who lived close by because it enabled flexibility to change shift times at short notice.

*Mum had some unexpected bleeding. [Name] was literally there in 15 minutes. So, having proximity, being very close, is important. [Name] is 10 minutes away. That's really important. It's important for Mum because it allows flexibility. [Name] pretty much had said to Mum: "If you need me, you just ring me."*

(Participant 16)

Support workers who lived close by were also more likely to remain with the client than those who travelled long distances to work.

*Someone who lives comparatively close to me is important, because I've found when they live too far away, they don't maintain a job. The travel's too much for them.*

(Participant 15)

## Hourly rate

For many participants, the hourly rate charged by the support workers was the most important criterion.

*Because of the funding restrictions with home care packages (unlike NDIS), the hourly rate is my primary concern. A secondary concern is their aptitude, not necessarily their qualifications. It's also important that support workers are compatible.*

(Participant 14)

Several participants noted that the hourly rates of some support workers on Mable had increased significantly over recent months.

*There is quite a variation in hourly rates. And they have increased dramatically recently. You used to be able to hire a support worker for \$25 per hour; now you are paying \$50 per hour for the same person. It is almost as much as the big providers – but you still don't want to be with them!*

(Participant 13)

Some participants were prepared to pay more for a good support worker.

*I'm happy to pay more for better service. I pay around \$37-\$42. They are getting more than they got working at places like Provider X. And I am getting better value for my dollar as well.*

(Participant 29)

Some participants described remunerating support workers differently, depending on what type of support they provided.

*We pay between \$37-50 per hour, depending on what we need them to do. Mum has a shower three times a week. The carers who shower Mum must have a certificate in aged care. So they get a higher hourly rate.*

(Participant 29)

## Competency

Participant 16 considered competency and compatibility more important than a support worker's hourly rate.

*We have a nurse – she's \$50 an hour. There was no negotiation around rates because she's worth every penny and because Mum and I believe that people must be compensated fairly. So, it was actually less about what rates were being charged, and more about the support worker's competency. The nurse that we have is worth her weight in gold.*  
(Participant 16)

Some participants focused not only on the support worker's professional competency but also their personal competency.

*Over the time we've used Mable, we've interviewed six different staff. Generally people have turned out well. I focus on the support workers' competency. There needs to be competency in terms of their professional competency, as well as personal competency. You need someone who isn't going to take over but can do so in an emergency.*  
(Participant 16)

Participant 13 valued a support worker's life experience.

*A lot of Mable support workers are broken. Burnt out, lost their job, recovering from some life drama – grief or depression or something like that. Mable is a way of getting some work when you don't have any work. However, I have found many to be very competent – they are trained professionals in a prior life. They may have spent the past 20 years raising their children but before that they were a chartered accountant. The people may not have kept up with their profession, but they are great for Dad.*  
(Participant 13)

## Availability, reliability and punctuality

Participant 4 said the first thing he looked for on a profile was availability. He noted that several support workers who advertised on Mable were currently not available. Others were not available at the times his wife required.

*First thing I look for in a support worker is availability. Second is closeness (proximity) and then rates. And, of course, their reliability. After they*

*have been working here for a week or so, I assess how they are with my wife – their caring attitude, how much interest they show my wife and their willingness to do the work that I ask them to do.*  
(Participant 4)

Several participants valued support workers who were reliable and punctual.

*I make it clear to my support workers that time is very important. Some have children that they take to school. Rather than come very early, we've negotiated a start time of 9.30am. This gives them plenty of time to get here. Some come a bit earlier 9.15am – and I explain they have to start at 9.30am because that's the time we agreed upon, and I don't like surprises.*  
(Participant 9)

Participants appreciated being notified in advance if the support worker needed to cancel their shift (e.g. due to illness). They also appreciated being informed if they needed to change the time of their shift (e.g. when they were stuck in traffic).

*They are all very reliable time-wise. Occasionally, one might get sick. They give me enough notice so I can find another worker ... Normally, I ask one of the other support workers to do some extra hours, and they agree.*  
(Participant 4)

## Skills

Participant 10 valued support workers who had a variety of household and gardening skills. She did not continue with support workers who did not undertake simple tasks satisfactorily (e.g. dusting).

*I might ask someone to dust my bedroom. My chest of drawers has a few photos – and they dust around them. They don't go under the bed – lots of things like that. I don't ask people like this to come back.*  
(Participant 10)

Participant 28 needed the support workers to be competent using a hoist.

*In addition to qualifications and experience, we needed to know if they had used a shifter hoist and how competent they were.*  
(Participant 28)

Participant 29 taught support workers how to use the oxygen machine. If they were unable to operate the

machine competently as per his instructions, he did not hire them again.

*My wife has oxygen. I teach them how to use the oxygen machine the first time they come. I make sure they remember – and are competent with the oxygen machine. There is not much involved. It's common sense. If my wife complains they are not looking after the oxygen machine properly, we don't ask them to come back.*  
(Participant 29)

Some participants needed assistance with meal preparation. They said it was difficult to find support workers with skills to prepare the type of food they enjoyed eating.

*If you are looking for personal care, cleaning, gardening or even being taken shopping, it's a lot easier to find someone suitable than it is to find someone suitable with cooking and managing dietary requirements.*  
(Participant 5)

### Flexibility

Several participants negotiated mutually convenient times with their support workers. They also said regular times could be easily changed if necessary.

*I like that I can change the time the support worker comes to suit me. I can negotiate directly with [support worker's name]. It's a one-on-one thing.*  
(Participant 2)

Participant 19 described the flexibility as a “two-way process”.

*I might be really unwell sometimes when they come. I need a lot of flexibility. I need someone who's able to communicate with me effectively and be adaptable and respectful. This is obviously a two-way process. This flexibility system we've got in place with the platforms like Mable of course require a two-way flexibility process.*  
(Participant 19)

### Language and culture

Participant 7's mother did not speak English. So the most important criterion was that the support workers spoke Mandarin.

*Mum now has two regular Mandarin-speaking support workers from Mable ... They work very hard when they are here.*  
(Participant 7)

Other participants chose support workers based on their ethnicity rather than the language they speak.

*Although we are Sri Lankan, I prefer Nepalese support workers. They are very good. They are caring and compatible. They are very gentle and helpful. They do the work I ask and they do it very politely. Because we select them, we know they are the right people.*  
(Participant 4)

Participant 7 hired a Greek support worker who cooked Mediterranean food (i.e. the type of food she likes).

*My background is Egyptian, so I've found a Greek support worker to cook for me. The food she cooks really suits me. She comes for several hours and puts food in containers for the week.*  
(Participant 9)

Some participants did not consider it important to find support workers who shared their mother's culture or language.

*Finding carers who share Mum's culture has not been a big issue though when we had a Nepalese carer, we found a greater rapport between the two. We have found people from Latin America, PNG – and Mum connected with them. We've also had carers from Kenya, Uganda – they were with us for about eight months. We've had some really good carers.*  
(Participant 28)

### Relationship with older person

Several participants praised Mable for recognising the importance of relationships between older people and their support workers.

*The most critical aspect about choosing the worker is the relationship. If the relationship's not right, it won't work.*  
(Participant 16)

Participants described different types of respectful relationships with Mable support workers: professional, friendship and loving.

*I would consider one of my carers as a very close friend. It's loving. It's a very loving, kind relationship. The other one, the social worker, is not the same, but it's very important to me. The social worker and I have a good, professional relationship and*

*she feeds another need in me – she feeds my intellectual mind and that feeds my soul.*  
(Participant 17)

*My friend has a lady who comes in six days a week for two to three hours to provide personal care and social contact. There's a really good relationship between a 92-year-old and 23-year-old and it's just lovely. They just respect each other enormously. Having found one reliable person on Mable, I am very keen to try and maintain their relationship for as long as possible. I know Mable is there and I could get another. I've got choice of probably hundreds of people; I haven't needed to change so far, so it's been great.*  
(Participant 20)

Some participants described the support worker as “part of the family”. Others described the importance of professional boundaries.

*We've both been health professionals so we are mindful of professional boundaries. But it does sometimes feel like we are becoming friends. But if something went wrong, it's hard to fire friends.*  
(Participant 14)

*Both the carers and the physio have got really, really wonderful relationships with my mum. It's a really warm and great relationship but they're also really professional with her. So it's a lovely blend of the two things that you absolutely need for this to work.*  
(Participant 21)

Two participants described disrespectful relationships when they felt pressured to offer support worker more hours.

*I don't want to be a support worker's meal ticket, because that doesn't suit me. I had that with a previous carer. She'd say: "I'm not making enough, love, do you need me more hours this week?" I didn't really want her to come but I'd say: "Oh all right. You can come and clean out the back cupboard or whatever."*  
(Participant 17)

## Negotiations with support worker

Participants described the process of determining a support worker's hourly rates. They also negotiated a work schedule – the time the support worker would start and how long they would work.

## Negotiating hourly rates

Some participants negotiated hourly rates with support workers; others preferred to pay the support worker the hourly rate they requested.

*We discussed the rate. I looked at the profiles – some had higher rates and some lower. We settled on \$40 per hour – which seemed reasonable for us both. With Provider SM, they would send an RN just to chat with Mum – and they would charge \$85 per hour.*  
(Participant 2)

*For us, the rates the carers are advertising are based on the assumption that they will be in our home for a couple of hours. Mum needs a support worker with her for 10-11 hours a day. Most of the time, the work is not hard. It is being there, and taking care of Mum's needs to go to the bathroom, help her with medication and food. The food is pre-prepared and the medication is pre-packed. So it is minimal work, as compared to someone working in an aged care home who is looking after five or more older people. So we were able to negotiate a lower rate because of the hours. We pay \$25-\$27 per hour.*  
(Participant 28)

Participant 18 needed a support worker to stay overnight with his wife when he was in hospital. He negotiated an acceptable rate with the support worker.

*I looked at rates for 24 hours at the weekend and the rate goes up horrendously. [My wife] sleeps most of the night so we didn't want to pay \$60 an hour for a support worker to do nothing ... I was able to ask the support worker to stay the night with my wife when I was in hospital. I made a bed in the lounge. I paid her normal rate of \$37 an hour to be here, to sleep. It worked out well. She stayed here until I got back from hospital.*  
(Participant 18)

Some participants said they were happy to pay some support workers a high rate. Participant 15, for example, paid one of her support workers more given that she helped her to participate in activities that were important to her quality of life.

The support worker was also trustworthy. The participant described trustworthiness as a particularly important attribute in a small town.

*I pay two support workers around \$30 an hour. The other one gets \$47 an hour. It is a bit too high. I'm only using her once a week for social support. I'm paying extra at the moment because she goes to pottery with me and I can't find anyone else to do that job. She drives me to pottery and stays with me and supports me there. She also comes along to a writers' group. She also takes me to podiatry appointments, doctors' appointments, and I have what's called semi-regular Telehealth appointments. She comes in with me. I have that same person every time, coming with me, hearing the conversation. She's kind of my memory, because it all happens quite quickly especially if they're like boom-boom-boom. She sits there and quietly memorises what's going on. Then we can talk about it later. So, that's a really big support, because I've got somebody I can say: "What did he actually say?" So it's got to be someone that I really trust. Especially in a small community, I don't want someone who'll gossip and use that information against me. I trust this support worker so I'm happy to pay her a bit more.*  
(Participant 15)

Some participants insisted their support workers increase their hourly rate.

*I've accepted what they've put up as their hourly rate. I've had a carer here who's been with Mum now for nearly a year and a half and she hasn't put her price up at all in that time. She's on the low end as far as I'm concerned. I would pay more because we know her. So I told her she had to put her price up.*  
(Participant 21)

## Negotiating work schedules

Participants valued being able to negotiate the work schedule directly with support workers. This enabled participants to have support workers in their home at a convenient time. Participants said they negotiated with support workers to determine when they arrived and how long they worked.

Participant 15 found most support workers preferred to work in the mornings. However, she preferred the work to be done in the afternoons.

*I went through quite a few people before I settled on the two people that I have. It's fair enough on their part that most prefer the morning, but I*

*decided I wanted some time to get up and have a shower and get breakfast, and have a bit of a sit-down before somebody came.*  
(Participant 15)

Some participants who hired several support workers prepared a roster.

*I try to do a monthly roster. Because some of the carers are nursing and psychology students, it depends on their timetable for the semester – so I try to do it for that period. But we are flexible – if someone has an exam, or a field trip or placement then we have to adjust the roster ... About three weeks ago, I sent a note out to everyone about the festive season asking who is planning to take time off. I've managed to get information to help me put the roster together with family filling in when no one is available on those days. That is how we go about managing it from our end. It's not easy and it does take a fair bit of time.*  
(Participant 28)

Some participants described the importance of having a back-up plan in case a support worker was not able to do a shift or there was a personal emergency.

*I need to have a back-up plan. I recently put up a job to see if support workers would be interested in being on a list if I needed someone in an emergency ... I told the young lady who we're using at the moment ... She said: "I'm only just around the corner from you. I'd be very happy if you put me on your emergency list."*  
(Participant 18)

Participant 29 chose to hire several support workers – so if a support worker was unable to work on a particular day, or wanted to take a holiday, there was back up.

*We choose to have a different person every day. We found if we get only one person for the whole week, and the person has school-age children, she wants a break during school holidays. So we have different people – to cover holidays or if someone has a sick mother. If you only have one person, you pay for it.*  
(Participant 29)

## Posting reviews

Participants expressed a willingness to post positive reviews about support workers. However, several participants were reluctant to post negative reviews. They did not want to ruin the reputation of a support worker.

*I gave a very positive review for a support worker who had been with us for nine months. She was so good. The other worker who was not good, I chose not to give any review. I didn't want to ruin her reputation. I only write good reviews when support workers are really good.*

*(Participant 4)*

Some participants were advised to choose only those support workers who had positive reviews.

## Payment systems

Participants describe Mable's payment systems for support workers as convenient and efficient.

*I like that the workers do their shift and then pull out their mobile phones and record their shift. An invoice is generated automatically – so the support worker does not have to be business-like. I can log in and download the invoices – designed by someone with an accounting degree who knows what a tax invoice is meant to contain.*

*(Participant 13)*

Participants said they preferred to hire staff via Mable, but this was not always possible. Participant 27 said arranging payment for support workers who were not on the Mable platform was more time-consuming than hiring them on Mable.

*I couldn't get a window cleaner through Mable. I got him privately, locally. He sent me his invoice and I took a photo of it and sent it to [host self-managed home care package]. All this takes a bit of time.*

*(Participant 27)*

Several participants appreciated Mable providing information about invoices, irrespective of whether they accessed this information.

*I appreciate the system that Mable has in place where we as the clients can access information about carers, the invoices issued. It is really good to be able to access those records. I'm aware of the support notes but I don't pay that much attention.*

*(Participant 28)*

## Other online platforms

Several participants did not know about any other platforms. Others knew of some but had not used them.

*I haven't used another platform because I've been happy with Mable.*

*(Participant 23)*

Some participants had used several different online platforms. They decided Mable's IT systems were better. In addition, participants said Mable had more support workers from whom to choose and a more rigorous process for accepting support workers.

*I have used several online platforms. And I tell all my clients that Mable is the one to go with because they are the ones who have spent several million dollars on their IT systems. And they work.*

*(Participant 13)*

*There are some others around but they are not as big as Mable. They haven't got the amount of people on their books that Mable has. So I prefer to use Mable.*

*(Participant 29)*

Participant 4 told support workers who he had found on another platform that they should join Mable.

*I find people through [another platform] and then suggest they go on to Mable. Things will be easier for them – their payment will be prompt.*

*(Participant 4)*

Some participants tried engaging support workers from online jobs platforms. They preferred Mable because it had a rigorous screening process.

*I have used [online job platforms]. I wasn't impressed with the men who came. I don't think these platforms do any screening. Both experiences turned me off.*

*(Participant 10)*

## Communication with Mable

Several participants said they did not need to contact Mable "because the platform is so easy to use".

*I don't communicate with Mable because I find the platform so easy. I don't need advice or assistance.*

*(Participant 4)*

Participants who needed to contact Mable mostly described good communication.

*On the odd occasions when I've had to ring the office, the girls on the switchboard are most helpful. They're very, very good at Mable. When I first got my package, I was a little bit green. They were very eager to help. They were very good. I don't have to use them a lot now, but I know if I need help, they're there.*  
(Participant 23)

Two participants requested information from Mable but received no reply.

*I was just trying to get some information. No reply at all. I just gave up. I just worked it out for myself what was required. If you are going to provide a service that you are charging us for, then you should bloody well be available to support your clients.*  
(Participant 9)

*I spoke with someone at Mable who was going to help me set it up – like a co-ordinator. It never happened. In the end, I just decided to do it myself.*  
(Participant 14)

Participant 15 complained to Mable about a support worker. She wanted Mable to have “control” over how this support worker behaved.

*One time I tried to complain about someone who made a time to come out and meet me, and then just didn't bother to turn up. She then just cut off all contact. I was uncomfortable – the person I spoke to at Mable didn't seem to care. They didn't seem to have any – I don't like to use the word control, I can't think of another one – control over how people who signed up on the platform to work behaved towards clients. Possibly even vice versa, of course. They just seemed to think: “Well tough, too bad, go find someone else.”*  
(Participant 15)

## Dealing with complaints

Participant 8 said Mable dealt quickly with complaints from both clients and support workers.

*I asked [a support worker] to come for a meet and greet in the morning. She replied asking if she could send one of her staff. I thought that*

*was a bit odd. I think she was running a business through Mable. I phoned the Mable office to warn them. They told me they had deleted her out of the system.*  
(Participant 8)

Participant 24 was pleased that Mable took her complaint about a support worker seriously. This person was removed from the Mable platform.

*The first support worker we got from Mable was hopeless – we had a terrible time with him. I complained to Mable about him. He is no longer [on the Mable platform].*  
(Participant 24)

# Conclusion

This research focused on the pro and cons of self-management and *Mable* from the perspective of older people with a home care package and their family. A strength of this research was that the researcher was independent – she does not work for *Mable* and knew little about *Mable* before undertaking the research.

On August 30, 2020, during a hearing at the Royal Commission into Aged Care Quality and Safety, Mr Gray QC, counsel assisting, said: “Measures for consumer feedback and engagement will be a key element of home care quality regulation.” In addition to assisting with regulation, consumer feedback (including complaints) is a key element for improving the quality of home care services.

*Mable* has used the data (i.e. participants’ experiences, insights, critical feedback and suggestions on how to improve *Mable*) to improve its service. Although many insights from participants have been shared in this report, some critical feedback and suggestions on how to improve *Mable* were deemed commercial-in-confidence. This includes the report’s final section, ‘Suggestions for improving *Mable*’. This section has therefore not been made public to avoid sharing participants’ ideas with *Mable*’s competitors.

The research findings highlight the importance of relationships between the recipient of the home care package and their support workers. The *Mable* platform enables older people and their family to choose support workers according to criteria that are important to them. It also enables support workers to choose their clients.

*Mable* connects people with people. Those who use the online platform are primarily older people, supported by their family/friend or a care manager. Some aged care providers use the *Mable* platform to engage staff, but it is predominantly for home, not residential, care.

All participants who changed from provider-managed to self-managed said that using *Mable* had improved their quality of life. Being able to choose their support workers had been empowering. They chose support workers who had

the skills to undertake the required task. Unlike the traditional model, in which a single support worker might do a number of tasks such as showering, cleaning, cooking a meal, shopping and cleaning the gutters, participants said they engaged different support workers with appropriate skills.

The main reasons for using *Mable* were choice, control and costs. In addition to choosing who came into their home, participants also valued the opportunity to negotiate with the support worker about when they came, what they did and how much they were paid. Having undertaken many complex negotiations during their professional and domestic lives, participants said they were capable of choosing, and negotiating with, their support workers.

Some traditional providers made ageist assumptions that denied older people the opportunity to be in control over their own lives. Participants preferred *Mable*’s self-managed model over a provider-managed home care package because it put them in the driver’s seat. *Mable* enabled a personalising of support according to diverse needs, expectations and preferences. Some participants said they preferred being treated as consumers purchasing services than vulnerable older people needing care.

While participants spoke positively about the *Mable* model for its person-centred and flexible approach to support, some aged care advocates who speak on behalf of older people believe *Mable* should be banned, describing it as an “*Uber-like app*”. However, unlike passengers who meet their Uber driver only once, participants described developing long-term relationships with support workers that enabled continuity of care. Evidence indicates that continuity of care is critical for safe quality outcomes.

Another criticism of *Mable* is that its model puts older people at risk of abuse, neglect and undue influence. Protecting older people against risk is an issue for both self-managed and provider-managed home care packages. Participants said they appreciated *Mable*’s thorough screening checks on support workers. They also described *Mable*’s complaint mechanisms as effective.

The findings of this research may help to educate health professionals, aged care advocates and the public about self-management. While self-management may not suit all older people on a home care package, everyone is entitled to know that self-management is an option. Those who choose to self-manage a home care packages need to be informed of the options for engaging support workers. One option is the *Mable* platform.

# Appendix 1: Invitation

I am writing to invite you to talk about your experiences with *Mable* – what you like about our platform and what you don't like. We also want to hear your suggestions about how *Mable* can be improved.

This information will help *Mable* to improve the service it provides to older people.

To help us with this research, we have engaged an independent researcher, Dr Sarah Russell (Director, Aged Care Matters). Sarah has no affiliation with *Mable*.

If you decide to take part, Sarah will arrange a time to talk with you on the phone for around 30 minutes. Sarah will keep your name confidential and no identifying information about you will be shared with *Mable*.

If you would like more information about this project or to participate, please contact Sarah before 20th October 2019.

Sarah can be contacted by email: [sarahrussell@comcen.com.au](mailto:sarahrussell@comcen.com.au) or phone: 0435 268 357.

Sarah looks forward to hearing from you.

Regards,



**Peter Scutt**  
Founder and Chief Executive Officer  
[www.mable.com.au](http://www.mable.com.au)



