Marketising Disability Services
A love-hate relationship in a neoliberal world

Naomi Joseph
Master of Social Work (Qualifying)
Sydney University

Abstract

The introduction of the National Disability Insurance Scheme (NDIS) in Australia highlights a trend in policy towards marketising social care services. This paper analyses the effects of marketisation on service delivery by discussing its impact on organisations, workers and service users. In a marketised system, agencies that deliver care have been forced into a competitive market and have adopted principles of New Public Management in social service delivery as a way of becoming more competitive. This approach has intensified work processes within the sector, contributing to erosion of professional identity, poor working environments and poor-quality care services. The NDIS has introduced personalised care budgets as a vehicle for providing disability services in a competitive open market. The scheme propounds empowerment, choice and control for people with disabilities while remaining grounded in neoliberal economic ideals. Amongst various points-of-view that defend the benefits of marketising disability care, this paper discusses the way such policies have in fact, created tension in the disability sector, promoted poor working conditions and contributed to poor quality care provision. Despite the rhetoric that offers participants choice and control under the National Disability Insurance Scheme (NDIS) (the Australian Government's key social policy

response to supporting people with disability) this essay seeks to critically analyse whether the scheme can truly offer empowerment and promote social justice for Australians living with disability.

Neoliberalism and Marketisation in Social Policy

Over the last thirty years, public policy and social welfare in Australia has shifted away from a public welfare state towards a marketised model of service delivery (Carey & Dickinson, 2017). This change corresponds with the rise of neoliberalism as a political and economic ideology in the 1970s-1980s. This approach is characterised by principles of leadership that promote free-markets as a way to regulate a capitalist economy and focuses on market-oriented governance and economic rationalism (Spies-Butcher, 2014). Neoliberalism emerged as a response to economic crisis as a way for governments to reduce public spending on welfare in favour of more privatised, market-based ways of delivering social policy and shifting social welfare responsibility from the public to the private sector (Abramovitz, 2019). Neoliberalism argues that individual freedom is maximised by limiting the involvement of government in regulating a market and hence favours individualised, rather that collectivist approaches to social policy (Abramovitz, 2019).

In the 1980s the Australian government began to shift provision of social care from the public sector to the not-for-profit (NFP) sector by offering tenders for government contracts (Baines, Charlesworth, Turner & O'Neill, 2014). In this competitive process, agencies were required to focus on efficiency, cost-cutting and outcome measures in order to compete within the market (Cunningham, et al., 2017). This offered the NFP sector an enormous opportunity for growth but also required social care providers to adopt new managerial models such as New Public Management in their pursuit of efficiency and effectiveness (Baines et al., 2014). New Public Management emphasises the need for accountability and efficiency in the work process with a focus on quantifying outcome measures (Baines et al., 2014). The impact of these policies and models has had a profound effect on the disability sector and has put a strain on service delivery (Onyx, Cham & Dalton, 2016).

Indeed, Australia has followed an international trend to integrate human rights with economic policy that uses markets to deliver social services (Foster, M., Henman, P., Tilse, C., Fleming, J., Allen, S., & Harrington, R., 2016). The rise in this international trend has been a reaction to competing economic and social pressures in industrialised countries and dovetails with a neoliberal economic agenda that asserts that 'consumer sovereignty' will produce better services at lower prices (Macdonald, 2017; Onyx, Cham & Dalton, 2016). Spies-Butcher states that in Australia, governments have introduced marketisation as a tool to "ensure efficiency, while aligning incentives to the social good and ensuring equitable distribution of funding through public spending" (Spies-Butcher, 2014, p. 191). This paper aims to explore how this move towards adopting markets in social care provision has had significant effects on social care providers, staff and service users.

The NDIS market

In recent years, Australia has introduced a reform in social policy and funding of disability support services known as the National Disability Insurance Scheme (NDIS). At the heart of the scheme is a shift towards personalised funding (Carey, Malbon, Reeders & Llewellyn, 2017) where service providers (both for-profit and not-for-profit) compete within an open market for funds held in individual insurance packages (Fawcett & Plath, 2014). When the NDIS is fully rolled out across Australia, funding in the disability sector is planned to increase from $8 Billion to $22 billion and is expected to support 475,000 participants (Gurd et al., 2018). The NDIS is a scheme that aims to offer three tiers of support:

1) Insurance for all Australians against significant disability.

2) A standardised approach to assessment for support needs for people with significant and ongoing disabilities and individualised funding packages to purchase services.

3) Information and referral for people who are affected by disability but are not eligible for an individualised budget (Fawcett & Plath, 2014).

International Context

The NDIS closely follows international trends towards individualised funding, 'consumer directed care' and personalisation (Carey & Dickinson, 2017). In other countries, including the Netherlands, Canada, Belgium, France, Austria, Finland, Sweden and Germany we have seen various forms of personalised funding policies and the use of public sector markets to provide social care services (Dickinson, Needham & Sullivan, 2014). This trend towards individualised funding is, in part, a reaction to the idea that universal funding approaches do not adequately address the diversity of needs of people living with disability. In the case of the NDIS, the Australian Productivity Commission saw the previous block-funded disability care system as a "piecemeal and inequitable system" (Carey et al., 2017, p. 3) that was disempowering for people living with disability. The NDIS is in some ways unique compared to other international schemes due to its vast geographic coverage (Carey & Dickinson, 2017), as well as its all-encompassing characteristics in the sector. In other countries, participants have the option to opt-in to individualised payments. However, the NDIS has now encompassed the whole provision of disability services in Australia (Fawcett & Plath, 2014). These distinctions have led some researchers to assert that "the NDIS is one of the most ambitious personalised funding schemes in the world" (Carey et al., 2017, p. 9).

Such a scheme requires "new practices that often demand fundamental system and organisational change" (Gurd et al., 2018, p. 133). Architects of the scheme have highlighted the benefits of markets that encourage innovation in the sector to address issues that arise (Carey & Matthews, 2017). However, Green and Mears (2014) point out that such innovation requires significant capital and investment that can be a challenge for providers given the nature of government funding. Under the NDIS, providers are paid in retrospect for services and prior to the NDIS roll out, government funding covered approximately 70 per cent of service provision, requiring agencies to return any surplus. In such climates it is difficult for providers to build investment capital to promote innovative growth in the sector (Green & Mears, 2014).

Economics and Human Rights

In 1986 the Australian Disability Services Act recognised disability as a social issue that required structural changes to address marginalisation and the Australian National Disability Strategy 2010-2020 committed to improving life for people with disabilities through a unified national approach (Gurd et al., 2018). A social model of disability posits that “people with impairments are disabled by socially constructed oppressive barriers” (Fawcett & Plath, 2014, p. 175). Proponents of individualised funding and personalisation see the NDIS as an opportunity to break down such barriers and seek empowerment for people with disabilities. Supporters of the scheme profess that personalised budgets move away from a ‘one-size-fits-all’ approach to funding and offer consumers choice and control over service delivery (Carey et al., 2017). In this way people with disabilities are positioned as actively purchasing services, rather than being passive recipients of services (Carey et al., 2017). In other parts of the world an alternate label for such systems is ‘cash for care’ (Macdonald & Charlesworth, 2016). This label highlights the shift from providing social care within a rights-based, empowerment framework, to viewing social policy within a framework of economics. Given the economic focus of the NDIS, a critical observer questions whether the scheme will challenge existing, disabling social structures in society, or whether it will merely operate as a veneer of inclusivity (Fawcett & Plath, 2014).

Personalised funding has become popular because it knits together ideals from a neoliberal economic perspective as well as a human rights perspective (Needham & Dickinson, 2018). In designing the NDIS, the government and policy-makers have sought to embrace key elements of neoliberal economics while trying to hold on to a commitment to address inequality (Spies-Butcher, 2014). The NDIS raises complex questions about theoretical underpinnings of policy making and bears the question whether markets are an appropriate vehicle to deliver social policy (Miller & Hayward, 2017). Critics have argued that the NDIS has framed disability care as an "efficient investment in social insurance" (Miller & Hayward, 2017, p. 130) rather than promoting self-determination for people living with disability; and that marketising social care frames disability as an economic issue rather than a social policy and human rights issue (Fawcett & Plath, 2014).

Eligibility and 'Reasonable and Necessary' Services

Within marketised frameworks, disability welfare principles are contested and political. The international trend towards integrating human rights with economic policy has seen an increase in welfare recipients needing to earn their right to access support (Foster et al., 2016). Under the NDIS, standardised assessments are conducted to determine the level of funding and resources that are allocated to support each participant (Fawcett & Plath, 2014). Within the first three months of operation, the average cost of services per person was 30 per cent higher than initially anticipated (Foster et al., 2016). In a system grounded in neoliberal values, it is likely that eligibility will be tightly regulated, and increasingly so, as the scheme progresses (Foster et al., 2016).

The National Disability Insurance Agency makes decisions about what supports and funding are 'reasonable and necessary' for each NDIS participant based upon an assessment of the functional impact of their disability (NDIS, n.d.-b). Prioritisation and allocation based on what is 'reasonable and necessary' means that the support needs of a participant are balanced against cost and sustainability. For example, if an individual with high needs wishes to live at home with in-home support rather than moving into a supported-living facility, an NDIS planner will decide whether this is cost-effective and will allocate funds accordingly. In a block-funded model of support, agencies holding government funds would have some discretion over how to allocate funds to best support the participant. However, a 'reasonable and necessary' approach places these decisions about allocation in the hands of government bureaucrats rather than in the hands of specialised service providers. While advocates of NDIS would argue that this is more equitable, it can also be seen as a form of markets being used as a tool for government control.

NDIS and Economic Austerity

By funding reasonable and necessary supports, the NDIS seeks to open up more workplace engagement for people with disabilities and their carers. In this way, the scheme is designed to be partially 'self-funding' (Miller & Hayward, 2017). Moreover, despite a long-standing deficit in the federal budget, the Australian government committed to almost doubling funding to the disability sector by rolling out the NDIS. Hence, critics argue that "it is distinctly possible that the delivery of a new, fabulous service for those with disabilities - the most important social policy innovation for a generation - may in fact not be the main point of the NDIS, nor indeed what it actually delivers" (Miller & Hayward, 2017, p. 145). Indeed, the NDIS can be seen as a scheme that allows the Australian government to stimulate a job market in the disability sector, having lost ground in employment opportunities in the manufacturing industry (Miller & Hayward, 2017). Furthermore, as this paper will go on to explain, in such an economic climate, agencies are forced to adopt managerialist leadership approaches to respond to the increasing demands of a competitive market which contributes to reduced quality of care services (Baines et al., 2014). From this point of view, the NDIS appears less focused on providing quality care for people with disabilities, and more focused on achieving economic outcomes by stimulating a market for employment.

Regulating the market

The NDIS completed its trial period in July 2016 and is now in the process of a full roll-out across Australia (NDIS, n.d.-a). As such, we are witnessing a market develop that has been "created, funded and regulated by government to fulfill a public purpose" (Carey, Dickinson, Malbon & Reeders, 2018, p. 388). While designing the scheme in 2011, the Productivity Commission highlighted the need for the market to be regulated in order to develop national standards that apply to all providers, encourage spread of best practice across the sector, provide participants with information about the quality of service providers, establish an innovation fund to support creative industry growth and monitor compliance (Carey et al., 2018). Such regulation would require government to work closely with industry, providers and participants to develop knowledge about how the market is operating and whether it is meeting the needs of consumers. However, almost twelve months after full roll out commenced there is still no regulatory framework for the market and ambiguity exists about government's role in regulating the market (Carey et al., 2018). Carey et al. (2018) speculate that this is because Australia is idealistically committed to the idea of a deregulated disability market that will find its own innovative solutions to issues as they emerge. However, the issue of regulation is significant because there is currently no framework that specifies who will be responsible for identifying and addressing issues as they arise (Carey et al., 2018). The NDIS has been described as "like a plane that took off before it had been fully built and is being completed while it is in the air" (Whalan, Acton & Harmer, 2014, p. 7). Without a sufficient regulatory framework, it is a real possibility that the market will serve to extend existing inequities and leave complex issues unaddressed. The implementation of the NDIS within a largely unregulated market, leaves government and policy makers somewhat unaccountable to address issues that arise, and puts pressure on the disability sector to produce innovative solutions to social issues.

Impact on Organisations

Competing values

Within the care industry, marketisation of disability services has significantly affected the way care providers are required to conceptualise their delivery of services. One confronting issue for service providers has been having to manage competing values between a caring logic and marketised logic (Gurd, Lim & Schuler, 2018). This tension can be linked to a sense of 'mission drift' where organisations find it difficult to reconcile their core values with market-driven service delivery; especially in the NFP sector (Clancey & Westcott, 2017). NFP workplaces attract and retain workers who uphold the values and mission statement of the organisation (Venter et al. 2017) and a sense of mission drift can erode professional identity (Baines et al., 2014). Further, research confirms that social justice oriented practice has been reduced or removed through the introduction of New Public Management in organisations (Ross, 2011), and has thus contributed to the weakening of the ethos of care and quality service provision in organisations.

To compete within a market, providers need to have an attractive range of services at competitive prices. To achieve this, they need to re-educate staff with a combination of both caring and economic logic (Gurd et al., 2018). In care work, this logic intersects with gendered stereotypes and workers often end up providing many additional hours of unpaid work in order to provide quality care (Baines, 2016) and agencies begin to rely on unpaid work to accomplish their goals and make their service more attractive. The competitive nature of a market of social care leads to strict timeframes and quantifiable outcomes that leave agency, worker and client feeling powerless (Baines, 2016).

Competition, Work-Intensification and De-Skilling

Further to this, current funding contexts have generated a climate of competition and 'survival' in non-government organisations. Competitive markets have contributed to the closing of small NFP providers or forced them to amalgamate with larger organisations as their only option to survive within a market (Clancey & Westcott, 2017). The effect of this restructuring of social care has led to a loss of specialised services and discouraged collaboration within the sector (Onyx et al., 2016). In a marketised social welfare system, we also see skills and workplaces that focus on social justice traditions being removed or reduced as these outcomes are difficult to quantify (Baines, 2016). With the closure of many small, grass-roots organisations, the sector has lost the knowledge and specialised skills that these small organisations grew through their commitment to community-informed development and advocacy (Green and Mears, 2014).

Impact on Workers

Care Deficit

The Organisation for Economic Cooperation and Development (OECD) has recognised a worldwide 'care deficit' in which we see a growing population of people who need care, alongside a dwindling number of people who provide care (Baines, 2016). Factors that contribute to this deficit are: more women moving out of unpaid care work into the workforce, a growing population of people who require care, and a reaction by welfare states to austerity policies and personalisation of services (Baines, 2016).

Beginning in the 1970s, the feminist movement encouraged payment for caring roles, as women increasingly joined the labour force and were less able to provide informal, unpaid care (Macdonald, 2017). In more recent times, we have seen a growing demand on the care sector, as populations age and as people with high care needs live longer (Miller & Hayward, 2017). This demand in the care workforce is a major challenge to policy makers (Gurd et al., 2018). Neoliberal ideas about competition and choice, coupled with advocacy for choice and control by disability rights activists have advanced cash-for-care systems and marketisation of services (Macdonald, 2017). Welfare funding cuts also mean that people who require care typically present to services for support in later stages of need and hence their needs are often more complex (Baines, 2016). All these factors contribute to the ‘care deficit’ along with intensification of workloads in the care sector (Baines, 2016).

Working Conditions

Intensification of workloads across the care sector has had a detrimental impact on working conditions. In 2011, a Productivity Commission report regarding the NDIS specified the need to increase workplace conditions for disability care workers in order to attract more people to the sector. Then in 2017, a further Productivity Commission report specified the need for growth in the disability support workforce but was virtually silent regarding work conditions (Macdonald, 2017). As the welfare market has become more competitive, there is little to no resources for training opportunities, supervision or investment in staff career paths which, de-incentivises skill development (Green & Mears, 2014), erodes professional identity and contributes to deskilling of the workforce (Baines et al., 2014). As services become more generalised, there is also an increased need for workers to support people with more diverse and complex needs for the same low wages, further reducing service quality (Green & Mears, 2014). Further to this, increasing competitiveness calls for increased flexibility as clients pick and choose between providers and so marketisation has led to increasing casualisation of the workforce (Green & Mears, 2014).

Studies have increasingly demonstrated that major drivers for quality care are low staff-user ratios, well-qualified, experienced staff and appropriate wages to attract and retain employees; however, marketisation has seen the very opposite of this occur under the NDIS (Miller & Hayward, 2017). Despite the argument of care markets offering more flexibility, choice and control to customers, it is highly likely that customers actually receive service of less quality, as the workforce is increasingly built on low-paid, deskilled, time-poor supports where workers contend with increasingly insecure working conditions (Macdonald, 2017).

Economies of care

Baines (2016) describes different ‘economies of care’ in this climate of marketised social care services. Issues relating to the formal economy of care have been addressed above, however, increasingly care is being provided by a rapidly growing informal workforce. Additionally, as the care deficit grows, more and more service users are resorting to paying from their own savings to subsidise government-funded care and this often takes the form of payment to informal workers. In cash-for-care systems such as the NDIS where people are able to ‘self-manage’ their funds, participants are able to negotiate the rate of pay and conditions of the people they employ to provide care (NDIS, 2019). In such cases, it remains the responsibility of self-managing participants to ensure rates of pay are in line with relevant awards (NDIS, 2019). However, the NDIS sets only maximum benchmark rates of pay and provides little protection or regulation for workers employed directly by self-managed participants (Macdonald & Charlesworth, 2016). With increased reliance on an informal economy of care, workers may opt to work at lower rates and are generally highly compliant and highly exploitable due to fear of repercussions of losing income and absence of protection by industry regulations (Baines, 2016).

Another important factor to consider within this context is Australian immigration policies and the accessibility and tight control of working visas for people migrating to Australia. Such policies, combined with cash-for-care schemes, have led to an ‘off the books’ care market that has developed a workforce vulnerable to exploitation (Miller & Hayward, 2017). Miller and Hayward (2017) refer to this workforce as the ‘migrant precariat’. The majority of this workforce are migrant women who are not protected by employment law due to temporary visa status and who are willing to accept low wages and poor working conditions to earn money to support themselves or family overseas, but risk deportation or other legal immigration issues if they are not compliant (Baines, 2016).

In addition to this informal economy of care, in other marketised systems, in other countries, social policy has increasingly placed onus of care on unpaid carers (Foster et al., 2016). Unpaid work is often performed by female family members and often relies on the assumption that caring is natural for women (Baines, 2016). These blurred boundaries between paid and unpaid work reinforce a gendered undervaluation of care work (Macdonald, 2017). This "highly gendered, increasingly racialised and wholly classed phenomenon" (Baines, 2016, p. 197) of undervaluing the work of carers feeds social norms that contribute to underpaid work in this field and is becoming "more visible in the Australian context of disability support work" (Macdonald, Bentham & Malone, 2018, p. 84).

Systemic Issues Contributing to Poor Working Conditions

In the context of marketisation and the NDIS we can see that "New Public Management and managerialism reframe paid, formal care work as an endeavour that can be taylorised and rationalized, and increasingly paid at austere and constrained levels" (Baines, 2016, p. 207). This issue needs to be considered within the context of the system that has led organisations to adopt these harsh conditions. The Productivity Commission have made clear that the NDIS market relies on providers being able to innovatively provide care at lower costs. To achieve this, agencies have adopted managerialist principles in service delivery. The consequent result is that low-cost services are delivered through deteriorating wages and job quality for care workers (Macdonald, 2017). Uncertain, inadequate funding has a direct impact on organisations being able to attract and retain staff and in turn, poor pay is linked with high staff turnover and poor service delivery (Clancey & Westcott, 2017).

In the context of the NDIS, there is an absence of legal responsibility on lead organisations who are not direct employers, but who control how jobs are conceptualised and constructed (Macdonald et al., 2018). They contend that their findings "support the view that the NDIS is further institutionalising employment practices that produce wages underpayment” (Macdonald et al., 2018, p. 93). Recent research suggests that prices set by NDIS are set too low to allow providers to pay their staff at minimum award rates (Macdonald et al., 2018). It is important to consider the systemic issues of funding and policy that are contributing to low-paid, low-quality work under the NDIS.

Impact on Service Users

Proponents of the NDIS highlight the strength of individualised budgets to empower service users to exercise choice and control over the services they receive and positions them as active consumers who can decide how and when to spend their money to suit their needs (Dickinson et al., 2014). Whether these personalised models of care actually offer improvements for consumers is a matter of debate (Carey et al., 2017). Despite negative media coverage about the NDIS, 84 per cent of participants reported they were satisfied with their NDIS experience in 2016-2017 and between 40-45 per cent of participants believed they had more choice and control over services and providers (Gurd et al., 2018). However, it has also been argued that personalising funding does not automatically equate to equitable, quality services and “there has been a trade-off between equity and efficiency” of support (Carey et al., 2018, p. 401). It has also been suggested that passion for individualised funding models is, in fact, overtaking the evidence in this area (Needham, 2010). This is because personalisation brings together economic logic, as well as notions of disability activism and is hence very attractive to policy-makers. However, there is actually little evidence that personalisation is bringing about better outcomes for clients (Carey et al., 2018).

Choice and Control

While the NDIS focuses on providing participants with increased choice and control in their lives, scholars argue that the association between consumer choice and personal power is complex and question whether increased ‘choice’ really equates with ‘control’ (Fawcett & Plath, 2014). Indeed, individuals hold different capacities to exercise choice and control, whether in intellectual capacity or social capacity (Carey et al, 2017). For example, a person living with an intellectual disability who has a supportive informal network will find it easier to self-manage their funds over a person with the same disability who is socially isolated. In this way, individualised budgets can, in fact, widen inequities between people with different types of disability (Carey et al., 2017).

Furthermore, choice-making within a market carries systemic issues because markets shape choice by the very options they present to consumers (Fawcett & Plath, 2014). In some contexts, the quality and accessibility of services may in fact make 'consumer choice' redundant. For example, the majority of NDIS providers will charge a minimum of one hour for services. So, an individual who wishes to travel to and from a day program that is twenty minutes from home will find it difficult to find an NDIS provider who will not over-charge them. In this case, the market excludes choice and control for the person with disability and in many cases like this, individuals would rely on informal or unpaid carers to fill this gap in service delivery.

Moreover, choice and control for NDIS participants exists within the context of what is deemed 'reasonable and necessary' by the statutory agency appointed to implement the NDIS (the NDIA). While consumer decision making is at the forefront of the scheme's design, the ultimate decision-making power comes from professionals using standardised tools to determine the scope of services available, the level of care required and the expectation of care from informal supports (Foster et al., 2016). This policy acts as a "gatekeeping process that protects limited government resources and offers accountability for the use of public funds" (Fawcett & Plath, 2014, p. 757). For example, under the NDIS, clients are allocated different pools of funding for different purposes and these pools are not interchangeable. For instance, if a participant's insurance package includes a certain budget for equipment, these dollars cannot be used for therapy or social participation (NDIS, 2016).

In designing the NDIS the Productivity Commission has acknowledged these issues and offers the service of Support Coordinators and Local Area Coordinators as a strategy to counteract these challenges (Fawcett & Plath, 2014). However, workers filling these roles are subject to the same working conditions and intensification described earlier in this paper. Therefore ,opportunities to promote social justice in these roles is limited or usually occurs during unpaid time (Baines et al., 2014).

Despite the rhetoric that claims empowerment for consumers in a marketised sector, there is no evidence that people with disabilities hold more power in society within a market-driven system (Onyx et al., 2016). The NDIS does allow for “modest customisation” of service delivery (Needham & Dickinson, 2018, p. 734) but does not necessarily address structural and systemic barriers that are themselves disabling. To truly effect structural change, the sector would need to adopt a bottom-up, human-rights framework that decentralises power in society (Needham & Dickinson, 2018). However, with a scheme grounded in a market-led agenda, there is a real possibility that a neoliberal economic focus will continue to dominate over a human-rights based model (Fawcett & Plath, 2014).

Regressing or Entrenching Inequality

While individualised budgets have the potential to enhance empowerment for consumers, they also have the ability to widen existing social inequalities. Early evidence indicates that this is a real risk for the NDIS and bears the question as to whether a market-driven sector can deliver equitable services to all participants (Carey et al., 2017). People can be marginalised from accessing organisations and services for a variety of reasons, for example: historical, cultural, logistical, environmental, mental health, communication difficulties and complexity of needs (Fawcett & Plath, 2014). Within an open market, competition can reproduce underlying structures of marginalisation (Spies-Butcher, 2014). For example, when service providers compete to deliver services, there is a risk that they will ‘cherry-pick’ clients who have the greatest capacity to pay and the least expensive support needs, and exclude or dis-service participants with complex needs (Green & Mears, 2014). This problem of unequal access becomes even more widespread when clients can supplement profits by payments for service (Spies-Butcher, B. (2014).

As outlined earlier, choice-making is a complex process that can be shaped by the market itself. Despite the notion of choice for consumers, marketised systems may disadvantage consumers whose access is limited by the market choices available to them. A ‘thin market’ can occur when there are not enough providers in a market for it to function as intended and can lead to market failure (Carey et al., 2017). It is easy to imagine how market failure or thin markets are likely to occur in regions outside major cities for people with complex needs (Carey et al., 2017). In these situations, marketising social care can be seen as widening social inequality and entrenching systems of disadvantage for communities that are under-resourced.

Designing a social care system based on neoliberal principles creates markets where marginalised groups of people enter into a free-market to receive services. With this basis, it is not surprising that outcomes are likely to reflect structural disadvantages that are evident in other free-market systems (Fawcett & Plath, 2014). Cary and Crammond (2017, p. 306) summarise: “choice-based models can create economic, social and racially stratified communities because they depend on market-based approaches which, ultimately produce winners and losers”.

Conclusion

Marketising social care is a contentious and complex topic. This is demonstrated in the way that market-based social policies have driven organisational change in Australia and how this affects workers and care recipients. Reviewing current literature about Australia’s NDIS policy implementation, this paper has mapped out how neoliberal economic principles have been spread through social policy, inadvertently eroding a strong care ethic and professional identity in the social welfare sector. Organisations have adopted styles of New Public Management to compete within the market which has resulted in work intensification, standardisation and deskilling of the workforce. These results have flow-on effects for the provision of poor-quality care for consumers. These issues have been examined within the context of the NDIS and its provision of disability care using individualised funding packages within an open-market.

The NDIS purports empowerment for people living with disability by offering increased choice and control over the services they receive and positions them as active consumers that purchase services within the open-market. This paper acknowledges the strengths of this approach, in hope of a more socially equitable system for people with disabilities. However, it critically analyses a market-led approach to service provision and highlights issues that arise relating to working conditions and quality of care within this system. This essay has also questioned the effectiveness of marketised services to provide equitable support to marginalised groups and considered whether the NDIS is truly offering empowerment to participants.

As the scheme rolls out, the challenge for the NDIS will be whether policy-makers can adopt a bottom-up, rights-based perspective that informs regulation of the market and decentralises power to address social inequality. Without this perspective, there is a very real risk that the rhetoric of empowerment, choice and control for consumers will be merely “inclusive window dressing” (Fawcett & Plath, 2014, p. 760) for policies that support government control and economic outcomes.

Reference List:

Abramovitz, M. (2019). *Political ideologies and social welfare.* In C. Franklin (Ed.), *Encyclopedia of social work.* Washington, DC: National Association of Social Workers Press and Oxford University Press. Retrieved from https://oxfordre.com/socialwork

Baines, D., Charlesworth, S., Turner, D., and O'Neill, L. (2014). Lean social care and worker identity: The role of outcomes, supervision and mission. *Critical Social Policy, 34*(4): 433-453.

Baines, D. (2016). Care, Austerity and Resistance. In Williams, C. (ed), *Social work in the city. Urban themes in 21st-Centuary social work (*pp. 193 – 214). London: Palgrave.

Carey, G., & Crammond, B. (2017). A glossary of policy frameworks: the many forms of "universalism" and policy "targeting." *Journal of Epidemiology and Community Health*, *71*(3), 303–307. https://doi.org/10.1136/jech-2014-204311

Carey, G., & Dickinson, H. (2017). A longitudinal study of the implementation experiences of the Australian national disability insurance scheme: Investigating transformative policy change. *BMC Health Services Research, 17* doi:10.1186/s12913-017-2522-7

Carey, G., & Matthews, M. (2017). Methods for delivering complex social services: Exploring adaptive management and regulation in the australian national disability insurance scheme.*Public Management Review, 19*(2), 194-211. doi:10.1080/14719037.2016.1148194

Carey, G., Dickinson, H., Malbon, E., & Reeders, D. (2018). The vexed question of market stewardship in the public sector: Examining equity and the social contract through the australian national disability insurance scheme. *Social Policy & Administration, 52*(1), 387-407. doi:10.1111/spol.12321

Carey, G., Malbon, E., Reeders, D., Kavanagh, A., & Llewellyn, G. (2017). Redressing or entrenching social and health inequities through policy implementation? examining personalised budgets through the australian national disability insurance scheme.*International Journal for Equity in Health, 16* doi:10.1186/s12939-017-0682-z

Carey, M. (2009). It's a bit like being a robot or working in a factory': Does braverman help explain the experiences of state social workers in britain since 1971? *Organization, 16*(4), 505-527. doi:10.1177/1350508409104506

Clancey, G., & Westcott, H. (2017). "This rabid fight for survival": Small NGO manager's experiences of funding reform. *Australian Journal of Social Issues, 52*(2), 163-179. doi:10.1002/ajs4.9

Cortis, N., Meagher, G., Chan, S., Davidson, B., & Fattore, T. (2013). *Building an Industry of Choice: Service Quality, Workforce Capacity and Consumer-Centred Funding in Disability Care*. Final Report prepared for United Voice, Australian Services Union and Health and Community Services Union. University of New South Wales, Sydney: Social Policy Research Centre.

Cunningham, I., Baines, D., & Shields, J. (2017). "you've just cursed us": Precarity, austerity and workers participation in the non-profit social services. *Relations Industrielles-Industrial Relations, 72*(2), 370-393.

Dickinson, H., Needham, C., & Sullivan, H. (2014). Individual funding for disability support: What are the implications for accountability?: Individual funding for disability support.*Australian Journal of Public Administration, 73*(4), 417-425. doi:10.1111/1467-8500.12106

Foster, M., Henman, P., Tilse, C., Fleming, J., Allen, S., & Harrington, R. (2016). 'reasonable and necessary' care: The challenge of operationalising the NDIS policy principle in allocating disability care in australia. *Australian Journal of Social Issues, the, 51*(1), 27-46. doi:10.1002/j.1839-4655.2016.tb00363.x

Green, J., & Mears, J. (2014). The implementation of the NDIS: Who wins, who loses?*Cosmopolitan Civil Societies: An Interdisciplinary Journal, 6*(2), 25-39. doi:10.5130/ccs.v6i2.3915

Gurd, B., Lim, C., & Schuler, E. (2018). Adapting to person-centred care: Changes in caring organisations in the australian disability sector. In Gurd, B., Lim, C., & Schuler, E., *Hybridity in the governance and delivery of public services* (pp. 123-140): Emerald Publishing Limited. doi:10.1108/S2051-663020180000007003

Macdonald, F. (2017). Marketising social care. *Arena Magazine (Fitzroy, Vic)*, (149), 22-25.

Macdonald, F., Bentham, E., & Malone, J. (2018). Wage theft, underpayment and unpaid work in marketised social care. *The Economic and Labour Relations Review, 29*(1), 80-96. doi:10.1177/1035304618758252

Macdonald, F., & Charlesworth, S. (2016). Cash for care under the NDIS: Shaping care workers' working conditions? *Journal of Industrial Relations, 58*(5), 627-646. doi:10.1177/0022185615623083

Miller, P., & Hayward, D. (2017). Social policy 'generosity' at a time of fiscal austerity: The strange case of australia's national disability insurance scheme. *Critical Social Policy, 37*(1), 147;128;. doi:10.1177/0261018316664463

National Disability Insurance Scheme. (2019). *Directly engaging your own staff*. Retrieved from https://www.ndis.gov.au/participants/using-your-plan/self-management#the-benefits-of-self-managing

National Disability Insurance Scheme. (n.d.-a). *Our Sites.* Retrieved July 21, 2018, from https://www.ndis.gov.au/about-us/our-sites

National Disability Insurance Scheme. (2016). *Understanding your NDIS plan*. Retrieved from https://www.ndis.gov.au/participants/understanding-your-plan-and-supports

National Disability Insurance Scheme. (n.d.-b). *What are reasonable and necessary supports?*. Retrieved from https://www.ndis.gov.au/participants/reasonable-and-necessary-supports

Needham, C., & Dickinson, H. (2018). 'Any one of us could be among that number': Comparing the policy narratives for individualized disability funding in Australia and England. *Social Policy & Administration*, *52*(3), 731-749. doi:10.1111/spol.12320

Needham, C. (2010). Debate: Personalized public services-a new state/citizen contract? *Public Money & Management, 30*(3), 136-138. doi:10.1080/09540961003794246

Onyx, J., Cham, L., & Dalton, B. (2016). Current trends in australian nonprofit policy.*Nonprofit Policy Forum, 7*(2), 171-188. doi:10.1515/npf-2015-0023

Ross, M. (2011). Social work activism amidst neoliberalism: A big, broad tent of Activism. In Baines, D. (ed.), *Doing Anti-Oppressive Practice: Social Justice Social Work* (pp. 251-264). Halifax: Fernwood Publishing.

Spies-Butcher, B. (2014). Marketisation and the dual welfare state: Neoliberalism and inequality in australia. *The Economic and Labour Relations Review, 25*(2), 185-201. doi:10.1177/1035304614530076

Venter, K., Currie, D., & McCracken, M. (2017). 'You can't win': The non-profit double-bind and experiences of organisational contradictions in the non-profit and voluntary sector. *Work, employment and society,* 1-18 .doi:10.1177/0950017017713949.

Whalan, J., Acton, P. and Harmer, J. (2014). *A review of the capabilities of the National Disability Insurance Agency*. Canberra, Australia: Australian Department of Human Services