Care Economy
COLLECTIVE

Care Economy Collective manifesto

Better care. Built together.

Care depends on people. The system around them should help them do their best work.

We want a person receiving care to be heard, a worker to have the time and information to act, and a provider to be able to sustain a good service. We want public investment to reach the places where it improves people's lives.

The Care Economy Collective exists to help make that happen. We bring lived experience, frontline practice, operational leadership, economics, research and technology into the same work. We start with Australian aged care and learn across disability, health, other industries and countries.

We are ready to challenge the structures, incentives and routines that get in the way. We will do that by designing alternatives, testing them with people and showing what changes.

Start with the person

People receiving care must help define the problem, shape the response and judge the result. Dignity, choice, safety and relationships belong in every design decision. Averages must not hide the experience of people with complex needs, people in rural communities or those whose voices are too often missing. First Nations communities must shape the use of their knowledge and data.

Give the workforce room to care

We will examine the work that fills a shift: repeated documentation, fragmented handovers, avoidable searching and problems passed between teams. We will build with the people doing that work, respect their professional judgement and test whether a change gives them usable time, better support and safer decisions. Staff should be able to report problems without being punished for making them visible.

Make information lead to action

Useful information should reach the right person while they can still act. Our ambition is a coherent care operating system that connects assessment, daily work, monitoring, decisions, costs and learning. A concern needs an accountable owner, a timely response and confirmation of what happened. We will demonstrate those connections step by step and keep a practical fallback when technology is unavailable.

Use technology with purpose

AI, sensors and live data deserve a place when they improve a defined task. We will judge them by their effect on care, workload, cost and trust. People must understand how information about them is used, who can see it and how to challenge a decision. Monitoring needs a clear purpose and appropriate authority. Human responsibility must remain visible. We will test with synthetic examples before considering authorised real-world use.

Make the economics honest

We will design and cost models within existing funding rules, including the cost of transition, training, integration, maintenance and evaluation. We will distinguish time returned to care from money actually saved. We will show who receives a benefit and who carries a cost. Where resources cannot meet a person's needs, the model must make that gap visible. Safety, rights and fair access set the conditions for any financial return.

Learn widely and test locally

Stanford's operating-system case is our opening study, not a ready-made answer for Australia. We will examine its mechanisms, evidence and limitations, alongside useful experience from care and other industries around the world. We will adapt what is promising to local people, services and funding, and publish what the tests teach us, including results that challenge our expectations.

Build a common foundation

We want tools that can work across services and sectors, with clear interfaces, portable information and accountable ownership. Existing software, including the founder's work, can be examined as a starting asset. Every option must earn its place through usability, interoperability, safety, cost and demonstrated value. Commercial interests, licensing and procurement conflicts must be disclosed. Participation does not commit anyone to a particular supplier.

Bring working evidence to government

We will engage peak bodies, providers, communities, researchers and public agencies around concrete models. Our proposals will show how a service operates, what it costs, what improves and what still needs to change. We will explore how timely, authorised evidence can help regulators and funders understand need and direct resources within an agreed funding envelope. Any change to real payments or entitlements requires the appropriate public authority.

Make membership a contribution

Membership is free and reviewed. Bring a problem worth solving, knowledge worth sharing or time to help build. Challenge an assumption. Help map a workflow. Review a cost model. Test a prototype. Contribute lived experience. Help evaluate a result.

Our first shared task is deliberately concrete: follow one care concern from capture to a completed response, identify the duplication around it, and test a better way. Agree the baseline, the people responsible, the full costs and the measures before the test begins. Publish enough of the method for others to question and repeat it.

Our standard is practical: people can use what we build, understand its limits and see whether it makes care better.

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LinkedIn group: https://www.linkedin.com/groups/40982322/

The Collective is an independent initiative. This manifesto describes our commitments and proposed work; it does not claim completed pilots, proven savings or institutional endorsement.