Delivering quality care more efficiently inquiry

Questionnaire response 24

Name: The Salvation Army Australia

Submission date: 4/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aged care; Early childhood education and care; Health; Social and community services

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   Somewhat

2. What are the reasons for your answer?

   The Salvation Army is committed to ensuring compliance with all applicable regulations, and as a national provider of social services we often see state regulations which overlap, or where duplication causes an administrative burden.

   One of the areas where we see this most strikingly is Working With Vulnerable People (WWVP) accreditation. Each jurisdiction has slightly different requirements for these checks and in some jurisdictions it is difficult to obtain the accreditation outside of the jurisdiction. When our staff or volunteers operate in multiple jurisdictions (such as when there is a climate disaster) these differing arrangements add complexity and burden in a way that does not appear to contribute to safeguarding.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   The safety of people from all jurisdictions should be at the centre of all quality and safeguarding mechanisms. Streamlining safeguarding mechanisms, such as WWVP checks, contributes to transparency and consistency while minimizing unnecessary bureaucratic burden.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

The Child Health Pathways Project

The Child Health Pathways Project, a co-designed response to the complex systems with which families interact when pursuing information and support for their children's health needs, was an example of The Salvation Army delivering a program in Collaborative Commission with the Logan community.

The program was funded in part by The Salvation Army, Logan Together, The Paul Ramsey Foundation, The Bryan Foundation, and the Brisbane South Primary Health Network (BSPHN) as part of the Thriving and on Track (TOTS) program. Other project partners included the state Department of Education, Children's Health Queensland (CHQ), local Early Childhood Education and Care centres, and community organisations.

The program aimed to inform and facilitate changes within these systems to allow for more responsive, targeted and successful provision of health care services for children at the earliest possible point in their developmental journey. The project did this by walking alongside families to capture their individual and shared experiences of challenges and opportunities to successfully navigate service systems, to receive health care and support services in line with their needs and resources.

The Child Health Pathways program had observed a high demand for the support offered by Connectors. This, combined with the fact that most Connectors work part time due to funding restrictions, meant demand far outweighed capacity. A return and expansion of the program, including an increase to full time workers and more geographical locations, would greatly benefit many families across Logan.

The program has not been continued due to difficulty securing long-term funding.

2. What are the benefits of pursuing greater collaborative commissioning?

Collaborative Commissioning can mean that providers can work with multiple government departments, providing feedback to improve service design and processes which may prevent positive outcomes, or where different services and policies may be acting against one another.

Collaborative commissioning also provides an effective method for on the ground providers to feed insights into service improvements and delivery imperfections on the ground to government and departmental decision makers.

The Salvation Army's experience with collaborative commissioning has also shown how this process can lead to providers developing highly robust, place-based solutions, and the flexibility to improve services on the ground. We have been able to guide project design and allow time to develop and tailor services.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

Partnering in a Collaborative Commissioning sense is dependent on the buy in of all parties to work toward improvements on a mutual basis. Feedback mechanisms need to be robust, allowing feedback to be considered in a timely way that leads to real change.

Similarly, Collaborative Commissioning relationships must exist over the long-term. Short-term funding agreements and design periods are not conducive to developing robust service delivery frameworks which provide the most effective assistance. Short-term arrangements also do not allow time for the impact of programs to be felt and measured in the community.

Collaborative Commissioning agreements and contracts need to balance flexibility to tailor services to the community, with simplicity. A unified contract format, that makes it easier for providers to adopt and comply with terms is desirable, but terms must also allow for program design to be built and refined

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

The main barriers we have seen that prevent governments investing in evidence-based prevention programs across the care economy, particularly in the social services sector, are:
- A focus on short-term, visible outcomes over long-term benefits that can be harder to quantify. It often takes substantial time to achieve and show evidence of program effectiveness and meaningful impact in the social services sector.
- Fractured and siloed funding models that make it difficult to invest in holistic prevention programs that cut across sectors or levels of government. This is especially so where benefits are spread across sectors and government priorities, making it hard to attribute outcomes to a single investment.
- Difficulty in quantifying the impact of prevention, especially in terms of disadvantage that did not occur, making it harder to measure and communicate benefits to the public and other key stakeholders.
- Operational and workforce constraints. Even if programs are evidence-based, services often lack the resources, workforce continuity, or systems to implement them with fidelity.
- The absence of shared data systems and longitudinal tracking throughout the sector.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Baby Makes 3
Baby Makes 3 is a unique, evidence-based, and award-winning educational program that aims to build equality within relationships. This is the only primary prevention initiative for first-time parents highlighted in the Victorian Government's Family Violence Reform Rolling Action Plan 2020-2023, and the Royal Commission into Family Violence cited Baby Makes 3 as an example of an effective place-based initiative to prevent family violence within communities.

Alexis Family Violence Response Model
The Alexis Family Violence Response Model was established in 2014 as a partnership between The Salvation Army and Victoria Police to provide a coordinated and effective response to family violence, particularly in serious risk and recidivist situations. The program integrates Specialist Family Violence Practitioners within Police Stations' Family Violence Investigation Units and is currently active in four police stations across three divisions in Victoria.

Evaluations by RMIT (2017, 2024) have demonstrated significant benefits of the model. We would be happy to provide these evaluations and further information if useful.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Governments can better support investment in prevention activities that have broad and long-term benefits for the Australian community by ensuring:
- Dedicated and ongoing funding for high-quality Australian research and evaluation on prevention, including:
longitudinal studies and modelling approaches (measuring long-term benefits of prevention such as reduced healthcare costs),
* cost-benefit analyses (to justify upfront investments), and
* culturally safe evaluation with First Nations communities.
- Research and evaluations have cross-sector collaboration (e.g., health, housing, education), and are co-designed and community-led wherever possible.
- National repositories for evidence-based prevention programs are developed.
- Workforce capacity and stability are supported across the sector to ensure evidence-based programs are implemented with fidelity.
- Shared client data systems can track outcomes and broader social impacts across sectors. This should include:
* investment in data systems and evaluation tools that are evidence-based, fit for purpose, and track outcomes over time.
* evaluation for program design and promoting sharing of findings broadly to inform policy and practice.
- Development of national monitoring and evaluation frameworks and tracking progress on key indicators. Allowing providers to use baseline data and trend analysis to determine what did not happen, enhancing causality analysis from prevention programs.

The Salvation Army would like to highlight that disadvantage is one of the most significant precursors of requiring access to the care economy. Poverty, in its many forms, is positively correlated to many forms of disadvantage and entry points into the care economy. Significant research into the total economic opportunity cost of poverty would be vital to inform evidence-based prevention initiatives that should be strongly considered by governments and the Commission.