Name: UnitingNSW.ACT

Submission date: 6/06/2025

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; Disability; Early childhood education and care

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?

   This question addresses complex issues. We provide a high-level response here. We would be delighted to participate in consultations in future, to provide more detailed insights.

   Differences in requirements for worker screening across the care sector creates additional burdens and costs for providers. This should be addressed through a nationally consistent care economy screening tool which enables providers to undertake one check for each employee and enables employees to move flexibility across sectors.

   Differences in industrial relations instruments and Awards across sectors creates additional complexity for providers who are delivering care across multiple service systems.

   Where there are significant differences in quality and safety regulation, it makes it challenging for smaller providers to enter new sectors, or to adapt and integrate their service offerings to meet the needs of their communities.

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

   Somewhat

4. What are the reasons for your answer?

   This question addresses complex issues. We provide a high-level response here. We would be delighted to participate in consultations in future, to provide more detailed

insights.

Many care services operate under similar underlying principles such as quality, safety, respect and care. Wherever possible, underlying principles and regulation mechanisms should be aligned to ensure consistency and enable workers and organisations to deliver high quality care. This also allows both workers and organisations to adapt their service offerings to the needs of their community.

Sectors with unique needs should have requirements which are in addition to and scaffolded from the shared underlying principles, rather than operating in an entirely different regulatory environment.

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

1. What is your experience with collaborative commissioning

We have observed collaborative commissioning as a promising model for improving quality of care and aligning services across sectors, particularly where population needs are complex and multidimensional. In a recent example. Uniting partnered with another Mental Health provider, the Capital Health Network, headspace National and Orygen to establish a headspace Early Psychosis service in Canberra. The initiative involved shared governance, pooled funding, and systematic service-level integration to implement both a primary and secondary care mental health service. The approach resulted in a seamless journey for young people entering the headspace Primary Care service and step up to the Early Psychosis service. It has limited duplication in service delivery and increased the access to youth mental health services

Key success factors included:

Robust governance structures and strong, trusting relationships among partners

Shared objectives centred around the client journey

Well-defined roles, responsibilities, and accountability across all collaborators

Flexible approaches to funding allocation and procurement

Uniting has further examples of this approach and would love to discuss with the Productivity Commission who this concept could be rolled out more broadly to improve service delivery and quality.

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

Collaborative commissioning has the potential to:

Address service fragmentation and duplication, especially at the intersection of health, alcohol and other drugs, physical health, vocation/education, housing, disability, and child, youth and family/community services.

Enable more person-centred, place-based care models that are responsive to local population needs and less defined by narrowly scoped contracts

Improve service efficiency through shared infrastructure, workforce, and resources

Enhance outcomes by embedding cultural competence, especially when working with ACCHOs and other community-led organisations

Build cross-sector capability in data sharing, service evaluation, and continuous improvement

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?

Common barriers include:

Inflexible funding models that do not support pooled resources or shared governance

Siloed responsibilities and duplication across federal and state government

Procurement rules that prioritise competition over collaboration

Short-term contracts that discourage long-term investment or innovation

Limited capacity for data sharing and joint outcome measurement

Suggested solutions:

Introduce multi-year, outcomes-based funding opportunities that reward integration and impact

Embed requirements for partnership governance in funding criteria

Develop national or jurisdictional guidelines for collaborative commissioning, with flexibility to tailor locally

Invest in capacity-building for local leadership, co-design, and data capability

Foster shared platforms for service planning and evaluation across PHNs, state/territory health services and providers from other sectors.

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?

This question addresses complex issues. We provide a high-level response here. We would be delighted to participate in consultations in future, to provide more detailed insights.

At a policy level, there is a focus on responding to immediate needs and priorities. Prevention programs are long-term and can be more difficult to quantify in both benefits and reduced cost to government, which is compounded by savings flowing to different

agencies and levels of government

The care sector is facing a crisis of acute need across service systems including disability, aged care and mental health which requires an intensive and urgent response. While critical, a focus on acute care can result in a missed opportunity to consider how these acute needs can be prevented in the future.

We also believe that the Productivity Commission should consider reablement programs as a form of prevention which ensures that people are able to maintain independence for longer and prevent otherwise avoidable deterioration in care needs.

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

Uniting delivers programs across the community sector which aim to intervene and prevent poor outcomes. These include our intensive family services which work collaboratively with families of children who are vulnerable to, or have already been identified as, at risk of significant harm. Our Brighter Futures and Intensive Family Based Support programs have demonstrated success in enabling children to remain safely at home with their families and prevent removal.

In our work supporting older people, we developed the Continuing2BeMe program which provides older people with mental health support and helps build capacity to avoid deterioration and improve quality of life. This is supported through training for aged care staff and capacity building across facilities to embed mental health prevention and early detection in usual practice.

Finally, we assist young people transitioning from out-of-home-care through our Foyer model of accommodation and support. The Foyer model acts as a preventive factor against homelessness and poor life outcomes by providing accommodation, coaching and support to enable young people to thrive.

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

This question addresses complex issues. We provide a high-level response here. We would be delighted to participate in consultations in future, to provide more detailed insights.

Recognise and respond to socio-economic determinants of health as key factors that can lead to and exacerbate poor health outcomes.

Identify and scale up programs with demonstrated success including providing long term funding for place-based community solutions.

Include funding for collaborative practice in service delivery to enable care providers to engage with other stakeholders in an individual's life to establish prevention activities and goals.