malleefamilycare

Australia's Productivity Pitch – Delivering quality care more efficiently

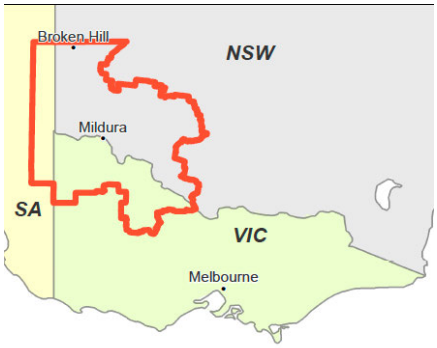
Response to the Interim Report
September 2025

www.malleefamilycare.com.au

Introduction

Mallee Family Care (MFC) delivers integrated community services across aged care, NDIS, veterans' care, family services, mental health, housing and early childhood programs. We operate across a vast, cross-border catchment, spanning Victoria, New South Wales and South Australia, servicing some of Australia's most geographically dispersed and disadvantaged communities.

Our experience demonstrates that fragmented systems, short-term funding cycles, duplicative reporting and cross-border jurisdictional complexities are undermining service quality and workforce sustainability.



This submission highlights key reforms needed to:

- Integrate reporting and regulatory frameworks across aged care, disability, veterans' care, early childhood and family services.
- Invest in digital infrastructure to reduce duplication and enable interoperability.
- Address cross-border barriers through coordinated, whole-of-government policy and funding models.
- Prioritise early intervention and prevention, particularly in early childhood and family services, to reduce long-term costs.
- Stabilise the workforce and improve service quality through long-term, sustainable funding.

Response to the interim report

Information Request 1.1 – Quality and Safety Reporting

MFC delivers services across multiple regulatory regimes, including aged care, NDIS, veterans' care, early childhood programs and family services. This results in:

- Multiple incident reporting systems, each with its own portals and definitions.
- Duplicated behaviour support plans and restrictive practice authorisations for clients engaged with both NDIS and aged care.
- Separate audits and compliance reporting for clients receiving supports under overlapping programs.

- Multiple consumer satisfaction surveys, adding administrative burden for both clients and staff.

Example: A child receiving NDIS-funded disability supports alongside a Victorian kindergarten inclusion program requires two separate plans, audits and reports, despite services being delivered by the same team.

In relation to early childhood services, families face significant barriers navigating early learning, health and disability supports, including:

- Poor integration between state-funded kindergarten programs, long day care and services for children with additional needs.
- Limited integration of health, early learning, parental education and disability supports, creating missed opportunities for early identification of risks.
- Families are often left to manage complex systems themselves, which delays access to timely supports.

Operating across VIC, NSW and SA compounds this duplication and complexity, raising additional issues including:

- Misaligned funding, legislation and policies increase service delivery costs.
- Additional disadvantages for Aboriginal and Torres Strait Islander communities face when service hubs are located in other states.

Diverting resources from direct client care due to the need to navigate multiple eligibility criteria and reporting frameworks.

Example: MFC provides services to an Aboriginal community based in Dareton, NSW. People from this community frequently seek services at the nearest service centre, Mildura, which is in Victoria.

Recommendations

To address these issues MFC recommends:

- Developing a cross-sectoral, standardised reporting framework that:
    - Uses common definitions of incidents, quality indicators and consumer outcomes.
    - Enables single-point data entry mapped to all relevant regulators.
    - Incorporates early childhood, family services and housing supports into integrated systems.

- Invests in digital infrastructure to support interoperability and reduce duplication.
- Includes public reporting of contextualised quality data, focusing on outcomes, not just raw compliance metrics.
- Explicitly funds service delivery organisations working across programs, sectors and jurisdictions to undertake the additional administrative burden and coordination activities that this entails.

Information Request 1.2 – Single Quality and Safety Regulator

MFC sees potential benefits and also some risks in developing a single regulatory approach across multiple sectors, as follows:

Benefits:

- Simplifies compliance and reduces duplicative audits and reporting.
- Promotes consistent standards across aged care, disability, veterans' care and early childhood.
- Improves consumer experience, particularly for clients engaged with multiple programs.

Risks:

- A one-size-fits-all regulatory model risks ignoring sector-specific needs and diverse client groups.
- Significant transition costs for regional providers adapting to a new framework.
- Potential loss of specialist expertise unless supported by advisory panels for each sector.

It is also important to note that without harmonising state-based funding and eligibility rules, a single regulator alone cannot solve the underlying complexity and other challenges facing cross-border organisations.

Information Request 1.3 – Aligning Behaviour Support and Restrictive Practices

MFC supports aligning regulatory requirements across aged care, NDIS and early childhood supports in order to reduce duplication where clients receive supports across multiple systems and ensures consistent safeguards and a rights-based approach.

However, it is important that workforce shortages in rural areas are addressed prior to this in order to avoid delays in approvals, resulting in reduced access to services for communities. It is also important that frameworks be trauma-informed and tailored to children and families with complex needs.

Information Request 2.1 – Joint Governance and Outcomes Framework

Integrated Governance

Current systems operate in silos, resulting in missed opportunities for early intervention, specifically:

- Limited integration between health, early learning, parental support, disability and housing services.
- Lack of collaboration across government portfolios, for example, much needed moves to professionalise foster care are currently being limited by taxation policies and inconsistent state legislation.
- Housing insecurity programs are disconnected from risk assessment and tenancy support frameworks, limiting their effectiveness.

MFC recommends a whole-of-government, cross-portfolio governance model that integrates planning, funding and service delivery across sectors and states, as follows;

- Cross-Border Coordination:
    - Align funding and administrative processes across Victoria, NSW and SA.
    - Provide targeted support for Aboriginal and Torres Strait Islander communities living in cross-border areas.
    - Ensure policies recognise place-based service delivery models that reflect regional realities.
    - Explicitly fund cross-border organisations for the additional load required to provide services in rural/regional areas and across jurisdictional boundaries (MFC recommends a minimum 15% regional loading on base funding).
- Outcomes Framework:
    - Include measures for early identification of risks, service integration and equity of access.
    - Use place-based evaluation frameworks incorporating community co-design and qualitative insights.

- Develop shared dashboards for joint monitoring across agencies and portfolios.

Information Request 2.2 – Funding for Collaborative Commissioning

Resourcing Needs

MFC recognises the potential that collaborative commissioning has to address the inter-related and compounding nature of disadvantage experienced by many regional communities. We believe that to maximise its potential to deliver more effective, enduring outcomes, this model should take a strategic and place-based approach that engages local stakeholders and responds to community-specific needs. This includes prioritising contracts with local businesses, social enterprises and Indigenous-owned organisations, in order to improve service delivery in the short term and also build local capacity, create jobs and retain wealth within the community over the long term. When embedded into government procurement processes, these strategies can ensure that public dollars deliver both economic value and social benefit, contributing to long-term, sustainable improvements in regional wellbeing and resilience.

Governments can drive place-based collaborative commissioning by embedding social and economic value into procurement frameworks, policies and practices. Key strategies include:

1. Embed Social Procurement in Policy – Develop frameworks that align procurement with broader social and economic goals, focusing on addressing urban–regional inequities and prioritising local services to support employment and workforce diversity.

2. Define “Place-Based” Clearly – Create a shared, stakeholder-informed definition to ensure procurement genuinely supports local organisations and avoids exploitation by non-local providers.

3. Strengthen Relationships and Build Capacity – Engage directly with social enterprises, community organisations and under-represented groups, offering support like pre-tender engagement, simplified processes and capacity-building initiatives.

4. Target Local Social Needs – Collaborate with communities to identify systemic drivers of inequality and incorporate tailored strategies, such as pricing adjustments, local engagement requirements and employment targets.

5. Monitor and Evaluate Outcomes – Establish measurable, verifiable social impact goals and regularly evaluate procurement outcomes through co-designed processes to ensure alignment with community and government objectives.

Information Request 2.3 – Implementation and Boundaries

MFC supports the recommendations to improve integration and coordination across the health, aged and social care sectors. We believe that this represents a significant opportunity to scale up and embed place-based models of care across the sector, prioritising local co-design, integrated funding, and cross-jurisdictional collaboration in order to deliver a system that:

- Responds to the unique needs of rural and cross-border communities.
- Reduces duplication and fragmentation by aligning governance, funding, and reporting frameworks.
- Builds capacity within local service ecosystems, supporting long-term sustainability and workforce development.
- Ensures that Aboriginal and Torres Strait Islander leadership is central to planning and decision-making.

Information Request 3.1 – Prioritisation Frameworks

MFC recommends that reforms be prioritised based on the following key principles:

1. Equity – Ensuring that rural, regional, cross-border, and Aboriginal and Torres Strait Islander communities have equitable access to integrated, high-quality services. These communities often experience significant disadvantage due to fragmented service systems, workforce shortages, and geographic isolation. Prioritisation frameworks must address these systemic inequities to avoid further entrenching disparities.

2. Cost-effectiveness – Focusing on prevention and early intervention to reduce long-term demand for acute and crisis services, particularly in areas where limited service availability already strains health, education, and social systems. Investments that improve early outcomes are especially impactful in rural and regional areas, where the costs of responding to entrenched disadvantage are disproportionately high.

3. Integration potential – Giving preference to reforms that break down silos between health, education, housing, social services, and aged care to make it easier for families to navigate support systems. In rural and cross-border contexts, where administrative complexity often creates barriers to access, integrated approaches are essential to delivering better outcomes and using resources more efficiently.

While frameworks such as the Productivity Commission's cost-benefit models and UK NICE thresholds provide useful starting points, they must be adapted to reflect the unique

challenges of rural, regional, and cross-border service delivery. Standard models often fail to capture the additional costs and complexities of working with small, geographically dispersed, and higher-needs populations, which can make prevention and integration investments appear less cost-effective on paper, despite their greater real-world impact.

MFC strongly recommends embedding a place-based approach within the prioritisation framework to ensure reforms are locally tailored, community-informed, and responsive to diverse regional contexts. Unlike centralised models, place-based frameworks:

- **Recognise local needs and strengths** – Rural and cross-border communities often face overlapping challenges, such as housing insecurity, limited access to early childhood programs, and shortages of specialised services. Place-based prioritisation enables reforms to be designed around these realities rather than applying one-size-fits-all solutions.
- **Integrate funding and governance** – By coordinating investment across health, education, social care, and early childhood sectors, a place-based framework can reduce duplication, simplify navigation for families, and ensure funding flows to where it is most needed.
- **Empower local organisations and communities** – Embedding community-led co-design, particularly for Aboriginal and Torres Strait Islander programs, leads to culturally appropriate, more effective solutions that reflect community priorities.
- **Address cross-border complexities** – For regions like those served by MFC, which operates across Victoria, South Australia, and New South Wales, a place-based framework is vital for aligning policies, funding models, and eligibility criteria across jurisdictions, reducing administrative burdens and improving client outcomes.

By prioritising reforms through a place-based lens, governments can ensure that investments deliver equitable, efficient, and sustainable outcomes, particularly in rural and regional areas where needs are greatest and resources are stretched.

Information Request 3.2 – National Prevention Investment Framework

Implementation

MFC strongly supports the Report's recommendations to strengthen prevention efforts in order to reduce long-term negative impacts on the health, welfare and productivity of Australians. We believe the proposed National Prevention Investment Framework provides a critical opportunity to adopt a place-based approach that recognises the diverse needs and circumstances of different communities, particularly those in rural, regional and cross-border areas.

A place-based approach ensures that prevention initiatives are locally tailored, community-informed and responsive to the specific social, economic and health contexts of different regions. In rural and regional areas, challenges such as workforce shortages, service fragmentation and limited access to health and social care require integrated, collaborative solutions designed in partnership with the communities they serve.

Recommendations

To support this, MFC recommends:

- Adopting a whole-of-system approach across health, education, aged care and social support systems, including integrated early childhood programs to address risk factors early and promote lifelong wellbeing.
- Using shared funding agreements between the Commonwealth, state governments and Primary Health Networks (PHNs) to incentivise collaboration and ensure resources are effectively targeted to local needs.
- Ensuring maintenance of effort, so that new federal funding complements, rather than replaces, existing state and local investments in prevention.

A place-based approach also requires governance structures that embed local expertise and community leadership. MFC recommends:

- Including regional and cross-border service providers on advisory boards to ensure rural perspectives and practical challenges are represented.
- Embedding community-led co-design, particularly for programs designed to support Aboriginal and Torres Strait Islander communities, where culturally appropriate, locally developed solutions are critical to success.
- Aligning national efforts with state prevention frameworks, while promoting holistic, system-level approaches that reduce duplication, streamline access and strengthen integration between services.

By taking a place-based approach to the development of this framework, the government can ensure prevention strategies are equitable, effective and responsive, maximising impact in rural and regional areas where needs are greatest and service gaps are most significant.

Key contact

For more information or to discuss this submission, please contact:

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