Submission to the Australian Government's Productivity Commission

Inquiry: Delivering Quality Care More Efficiently

From: Redkite (National Australian childhood cancer service provider)
Date: 15 September 2025

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1. Executive Summary

Redkite welcomes the Productivity Commission's *Delivering Quality Care More Efficiently* Government inquiry, particularly its focus on integrated models of care and emphasis on investment in prevention.

Children, adolescents, and their families navigating childhood cancer require seamless, coordinated services spanning acute treatment, mental health, and psychosocial care, including the provision of financial assistance. **The current fragmented health system imposes additional burdens on families impacted by childhood cancer, results in suboptimal supportive care pathways, geographic variations, and adversely impacts health system quality and productivity.**

In this submission, we will outline our key observations about two of the inquiry's three main interim recommendations. We would welcome the opportunity to provide any further clarification on these, and/or engage further in this inquiry towards finalisation of the report in December by representing the unique and important perspectives of children and families impacted by childhood cancer.

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2. About Redkite

For over 40 years, Redkite has provided essential emotional, financial and practical support to families impacted by childhood cancer. We exist because no family should face the devastating trauma of childhood cancer alone. From the moment of diagnosis, the impact is immediate and profound. Families are thrust into a world of medical complexity, uncertainty, and relentless emotional turmoil, often leaving careers, routines, and stability behind.

Redkite provides essential, tailored, professional support to families through every stage of this journey – from diagnosis through to survivorship or bereavement - to help families better manage its wide-ranging psychosocial impacts. Our purpose is grounded in the unwavering belief that supporting the whole family is critical to improving outcomes for both children and their families. Without Redkite, and other professional community support providers and not-for-profits, the burden families carry would be significantly heavier, making our specialised supportive care services delivered both within the hospitals and community not only valuable, but vital. If these services did not exist, it may have substantial impacts on families' long term mental health, social wellbeing and financial resilience - putting extra strain on an already stretched health and social care economy.

In 2024, Redkite supported over 2,100 families and almost 3,000 individuals across Australia throughout their childhood cancer experience.

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3. The challenge in childhood cancer

The substantial advances in childhood cancer treatment and survival - which now sits at approximately 87% (1) - mean the landscape in paediatric oncology has shifted from the focus on cure, to supporting children and families to thrive beyond cancer.

Whilst there are some encouraging examples of local collaborations within the health sector, and between health and community sectors, there is a critical lack of integrated care, leading to stark inequities and poorer psychosocial outcomes for diagnosed children and their families. This substantial variation exacerbates an already highly stressful and traumatic experience**.**

Integrated supportive care that bridges health and community sectors is necessary to help solve this problem. In the paediatric oncology sector, this is best delivered in person alongside hospital, community health and social care professionals, and further enabled by digital solutions. Importantly, this integrated model of supportive care is needed not just within, but beyond hospital walls to reduce downstream costs to the health and social care economy.

We know that not every family impacted by childhood cancer in Australia currently experiences the same level of access to supportive care due to:

- Disjointed referrals and suboptimal supportive care pathways between hospitals and professional community support, such as that offered by Redkite.
- Insufficient, inequitable service access at both 'ends' of the cancer support continuum; either to tailored, early intervention style supports delivered at point of diagnosis, through to professional community services that promote long-term mental health and wellbeing during the transition out of hospital, and beyond.

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4. Redkite's response to the interim recommendations of the inquiry

Redkite's response to two of the three main interim recommendations of the Productivity Commission Inquiry have been developed in consideration of how they could be applied to strengthen the delivery of high-quality and integrated support for children and families impacted by childhood cancer in a more sustainable, efficient and effective way.

Draft recommendation 2.1 - Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings

Redkite accepts the multitude of benefits that moving towards more localised models of care and collaborative commissioning may yield for the broader health system, and remains committed to working with local health districts and providers to develop service solutions that are well informed by local needs. This approach, however, could also have the potential to pose significant challenges for nationally delivered community support services by unintentionally introducing variability in access and funding across different local health jurisdictions and treatment centres.

For national community service providers like Redkite, who provide consistent, equitable support to all children with cancer and their families across Australia, collaborative commissioning models that are entirely locally driven and limited in scope to health care providers risk increasing fragmentation and duplication, discouraging innovation and creating inequities in access to essential supportive

care services that go beyond hospital walls. Such inconsistencies in access to supportive care create a "postcode lottery", undermine the principle of national equity, and place pressure on organisations like Redkite to continually adapt to multiple, potentially conflicting and changing local requirements and governance. **Redkite is calling for a truly networked, collaborative care system where local and primary health networks are enabled to work alongside professional community support providers so that every family has access to truly comprehensive, professional, whole-of-family supportive care, from hospital to home.**

Further, the role of professional community-based providers need to be considered and incorporated into any collaborative commissioning models, else they risk becoming **marginalised in decision-marking processes around service priorities and commissioning, that are often driven by larger healthcare institutions**. This may result in funding models that disproportionately favour the needs of clinical services over holistic, psychosocial support, potentially limiting access to essential non-medical care for children with cancer and their families. Without clear accountability and recognition of diverse service contributions, collaborative commissioning like that described in this interim recommendation may inadvertently reduce the effectiveness and reach of specialised national community service organisations, the opportunities for innovative co-designed services by both health and community providers to the same patient cohort, and access to truly integrated, seamless care. Redkite remains committed to ensuring that families can continue to receive integrated services that balance support needed both within and beyond hospital walls, and seamlessly support transitions to community-based care from larger healthcare providers. To be able to do this within a system that drives collaboration at multiple levels would enable more significant reduction of duplication and improved productivity and care provision across both health and community care environments.

Draft recommendation 3.1 - Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

Redkite would advocate for the inclusion and prioritisation of childhood cancer in the National Prevention Investment Framework, ensuring funding is allocated to early interventions that address the huge mental health burden children and families face both during treatment and into survivorship, as well as the long-term financial toxicity of childhood cancer. By investing in preventative supportive care programs that provide the right assistance to children and families – at the right time - we could avoid unnecessary long-term health system costs and enhance productivity.

Childhood cancer results in significant long-term psychosocial and financial impacts for families and communities, that extend far beyond hospital walls. Our research estimates that 12,000 family members navigating cancer treatment and survivorship across the country have significant unmet needs (2). If early interventions are prioritised, and appropriate follow-up care is delivered into survivorship, then this will reduce downstream costs to the health and social care economy.

Investment in early intervention supportive care programs delivered by professional, national community providers can ensure families are well supported early on in their cancer experience, well prior to their transition out of hospital, and before unrecognised psychosocial problems and challenges become more deeply entrenched. **There needs to be optimised supportive care pathways which are established early on to prevent families' emotional and financial needs**

escalating to a crisis point, especially once they exit the hospital environment and enter the post-treatment phase.

With spending on mental health increasing from $11.8 billion in 2018–19 to $13.2 billion in 2022–23 in Australia (3), investment in early interventions that prioritise reducing the long-term emotional and mental health burden on families have the potential to produce significant cost savings for the health and care economy in the longer term.

Further, the importance of investing in early intervention mental health services was recognised by the Government in Recommendation 23 of their response to the *Senate Community Affairs References Committee report: Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer*. This was reflected in its investment in prevention programs, including the Better Access Program, Medicare Mental Health clinics and, for cancer patients, via the Cancer Nursing and Navigation Program. However, we know that gaps still exist for families facing childhood cancer, and they require more specialised support to address unmet needs, both during treatment and into survivorship.

Additional investment in professional community service providers is critical to support a comprehensive, multi-sector solution to this problem, and will result in health system productivity gains in the long run across both health and community sectors. We also know that community sector organisations typically deliver strong returns on investment. For example, Redkite's most recent Social Return On Investment (SROI) research, conducted by Social Ventures Australia in 2022, demonstrated that for every $1 invested in Redkite, up to $4 of social and economic value is created (4).

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5. Conclusion

Redkite supports the Productivity Commission's vision for a more efficient, integrated and quality health system and its commitment to incorporating insights across a wide variety of stakeholders. While the focus of the Commission's recommendations were the aged, disability and early childhood sectors, we wished to highlight the potential applicability of a number of these recommendations to the childhood cancer supportive care sector.

6. References

(1) Australian Institute of Health and Welfare (AIHW). *Unpublished cancer incidence, mortality and survival data from the Australian Cancer Database, provided to Redkite on request*: AIHW; 2023.

(2) Redkite. *The Hidden Health Crisis – Children's Cancer Needs More Than Medicine*. Sydney: Redkite; 2021 Oct 6. Available at: Redkite-Report-The-Hidden-Health-Crisis.pdf

(3) Australian Institute of Health and Welfare. *Mental Health*; [cited 2025 Sep 5]. Available at: Expenditure - Mental health - AIHW

(4) Redkite. *Forecast Social Return on Investment Analysis:2022-2026*. Sydney: Redkite; 2022. Available at https://www.redkite.org.au/research/forecast-social-return-on-investment-analysis-2022-2026