

**MISSION
AUSTRALIA**

Submission

Response to the
Delivering quality care
more efficiently
Interim Report

September 2025

CONTENTS

EXECUTIVE SUMMARY	3
Make government spending more productive with investment in prevention and early intervention	3
Mandate collaborative commissioning as the default approach	4
Harmonise regulations without compromising quality and safety	4
1. Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure.....	5
Recommendation (1): The Framework is progressed and accountable through the Council on Federal Financial Relations	6
Recommendation (2): The Framework is led by a central Federal department such as Treasury or Department of Finance in partnership with State/Territory counterparts	6
Recommendation (3): The Framework is funded by an invest/reinvestment approach backed by a ringfenced prevention transformation co-contribution fund.....	7
Recommendation (4): The Framework is responsible for investment decisions in universal prevention measures (such as income support settings, housing affordability) as well as investment decisions that are programmatic measures for at-risk sub-populations.....	7
2. Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings ...	9
Recommendation (5): Expand the scope of embedding collaborative commissioning to service systems outside of health care	10
Recommendation (6): Develop robust, fit-for-purpose outcomes frameworks with adequate funding, to support both government commissioning agencies and their commissioned partner organisations to adopt outcome-focused approaches	12
Recommendation (7): Continue to develop not-for-profit organisations' evaluation capability through adequate funding and support, including support from the Australian Centre for Evaluations	14
Recommendation (8): Work with the non-government sector, the AIHW and State/Territory governments to design and implement consistent national minimum data sets with outcomes and service data, to be coordinated across governments by service type.....	14
3. The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users.....	16
Aged care and NDIS.....	16
Worker screening processes	18
Further areas for harmonisation.....	18
REFERENCES	21

EXECUTIVE SUMMARY

The care sector plays an important, and underappreciated, role of boosting Australia's workforce. There is nothing more unproductive than people who cannot contribute to social, cultural and economic life due to the intersecting factors of homelessness, poverty or other disadvantage, and failed by service systems that don't deliver the appropriate type or amount of support when required. We know that when people receive proper care, they have a better chance of living the lives they value and can meaningfully participate with agency.

Mission Australia welcomes the Productivity Commission's *Delivering quality care more efficiently interim report* and its recognition that productivity isn't just about getting more products and services, but better ones; increasing quality in the care sector will boost outcomes and effectiveness.

We strongly endorse the three draft reform areas in the Interim Report being recommended to government following incorporation of the advice and specific recommendations we have made in this submission. Our response is guided by a combination of insights from our long history of service delivery and our frontline and supporting staff, along with our research and policy development work.

While all three areas of reform identified are important, we have structured our submission in order of priority with regards to where greatest urgency lies and greatest impact can be realised.

Make government spending more productive with investment in prevention and early intervention

Significant increases in prevention and early intervention investment will deliver better outcomes and reduce government expenditure over time. If we build capacity and capability to respond to people sooner with the right assistance, we will avoid unnecessary human misery and foster resilient, thriving and productive lives, along with reduced costs to, and demands on, government.

Based on the proposed elements of the National Prevention Investment Framework and questions posed in the Interim Report, we strongly recommend that the Framework is:

1. progressed and accountable through the Council on Federal Financial Relations
2. administered within government and not outsourced to an external advisory body, with the lead taken by a central Federal department such as Treasury or Department of Finance in close partnership with State/Territory counterparts
3. funded by an invest/reinvestment approach backed by a ringfenced prevention transformation co-contribution fund

4. responsible for investment decisions in universal prevention measures (income support settings, housing affordability) as well as investment decisions that are programmatic measures for at-risk sub-populations.

Mandate collaborative commissioning as the default approach

Current service commissioning practices are inefficient and a significant barrier to achieving desired outcomes. In combination, governments' practices (e.g. contract flexibility, length and funding) constrain providers' ability to deliver efficient and therefore more effective services which in turn has negative impacts for providers, communities and service recipients, and governments themselves. Implementing changes that ensure services remain responsive to evolving needs of recipients outside of three-, five- or longer-year contract periods, approaches such as Formal Relational Contracting and Alliance contracting methods should be widely adopted and used in commissioning practices.

To strengthen this critical reform to benefit people and communities in need sooner and more wholistically, we recommend to:

5. expand the scope of embedding collaborative commissioning to service systems outside of health care
6. develop robust, fit-for-purpose outcomes frameworks with adequate funding, to support both government commissioning agencies and their commissioned partner organisations to adopt outcome-focused approaches
7. continue to develop not-for-profit organisations' evaluation capability through adequate funding and support, including support from the Australian Centre for Evaluations
8. work with the non-government sector, the AIHW and State/Territory governments to design and implement consistent national minimum data sets with outcomes and service data, to be coordinated across governments by service type.

Harmonise regulations without compromising quality and safety

National consistency around data, quality and safety requirements could release productivity gains. For example, the sector's efficiency is limited by unnecessarily complex and inconsistent service data and reporting requirements within and across multiple government entities, and by quality and safety regulations, frameworks, guidelines and standards across the jurisdictions.

2023-24 IN FOCUS



of income went back into services last year

Homelessness

23,441 
people assisted

Alcohol & other drugs
3,422 
people assisted

Employment, education & training
16,821 
people assisted

Mental health recovery
2,914 
people assisted

Housing

7,740 
people assisted

Children & families
24,914 
people assisted

Family & domestic violence
1,569 
people assisted

Justice & corrections
1,392 
people assisted

Aged care

236 
people assisted

Community development
34,920 
people assisted

Financial wellbeing
8,076 
people assisted

NDIS
34,750 
people assisted

ABOUT US

Mission Australia is a national non-denominational Christian charity that has been providing support for over 160 years.

We have 477 services across Australia which address homelessness, provide housing, assist struggling families and children, address mental health issues, fight substance dependencies, support people with disability and much more.

1. Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

Recommendations

Based on the proposed elements of the National Prevention Investment Framework and questions posed in the Interim Report, we strongly recommend that the Framework is:

1. progressed and accountable through the Council on Federal Financial Relations
2. administered within government and not outsourced to an external advisory body, with the lead taken by a central Federal department such as Treasury or Department of Finance in close partnership with State/Territory counterparts
3. funded by an invest/reinvestment approach backed by a ringfenced prevention transformation co-contribution fund
4. responsible for investment decisions in universal prevention measures (income support settings, housing affordability) as well as investment decisions that are programmatic measures for at-risk sub-populations.

Mission Australia welcomes the bold proposal to develop a Framework to catalyse meaningful investment in prevention and early intervention measures which, referenced in the Interim Report, avoids both unnecessary human misery and costly crisis interventions. It is clear that status quo approaches to addressing layered and intersecting deep-rooted problems (child safety, homelessness and poverty for example) are not working. Despite the numerous strategies, program tweaks, and funding announcements by successive governments, very little has been achieved in aggregate terms. The rate of children on care and protection orders has increased over 10 years¹, the homelessness rate hasn't shifted for 20 years², and poverty remains high comparable to OECD countries³. As a necessity of this failure, Australia needs to fund ever increasing levels of crisis support.

Aside from the Framework's primary objective to make government expenditure more productive by focusing on prevention and early interventions, it also provides a mechanism to overcome the structural barriers in meeting wholistic needs of people and communities, such as fragmented, siloed approaches within and across levels of government that holds back impact at meaningful scale.

We encourage looking to the Victorian Government's Early Intervention Investment Fund (EIIF) to inform the Framework's development. In operation since 2021, it is a natural starting point for an

=nationally adapted, coordinated Framework. Research was commissioned to inform its establishment from the Centre for Evidence and Implementation and ANZSOG, and resources and tools have evolved to guide its processes, including modelling to inform outcome measurement and calculate avoided costs, a co-designed approach and inclusion of non-government stakeholders (e.g. service delivery organisations).

Recommendation (1):

The Framework is progressed and accountable through the Council on Federal Financial Relations

The budgetary, cross portfolio and intergovernmental nature of the Framework makes it a sensible fit for the Council on Federal Financial Relations. The Council, led by the Federal Treasurer, brings the ministers responsible for budget processes from each jurisdiction together, and complements the existing responsibility for Federation Funding Agreements. This then naturally follows into the following recommendation.

Recommendation (2):

The Framework is led by a central Federal department such as Treasury or Department of Finance in partnership with State/Territory counterparts

To equip Australian governments to have a modern and capable bureaucracy, they must embed the functions of the Framework as core work and not have it outsourced to an advisory body. That approach won't facilitate mind shifts and resourcing into uplifting skills in the areas of commissioning and evaluation practices which should be essential functions of central and line departments over time.

For example, the recent machinery-of-government changes that brought housing and homelessness responsibility into the Federal Treasury Department shows that a significant productivity initiative around prevention and early intervention in services should be led by these central agencies.

We point to ANZSOG's report, which nominates the natural home for such a wide-ranging collaborative approach to investment and service delivery to be centralised within government:

*"The roles of central financing and coordination agencies, such as DTF and the Department of Premier and Cabinet, are to manage their jurisdiction's financial commons. These agencies take a whole-of-government approach, providing economic, financial and resource management advice and tools to help the Government deliver policies and common services for the public. In this way, DTF can be seen as the steward of the commons. This is a role that seeks to resolve issues through the passage of annual appropriation legislation. It also involves long-term considerations and planning to ensure sustainable budgeting and the optimisation of fiscal resources to achieve value-for-money outcomes."*⁴

Recommendation (3):

The Framework is funded by an invest/reinvestment approach backed by a ringfenced prevention transformation co-contribution fund

Mission Australia supports the option raised in the Interim Report of a dedicated fund being established with co-contributions from all governments. It should operate under the basis that the benefits accrued from investments are reinvested to increase and sustain impact overtime, and as it demonstrates positive outcomes. There should be a phased step-up approach to lifting the floor of investment percentage over time by government as triggered by the Framework.

Recommendation (4):

The Framework is responsible for investment decisions in universal prevention measures (such as income support settings, housing affordability) as well as investment decisions that are programmatic measures for at-risk sub-populations.

The Framework should do more than just inform interventions based on personal and relational risk factors. Furthermore, the Framework should address structural factors such as economic and social conditions like poverty, a lack of affordable housing, a high unemployment rate, racism and discrimination that will benefit the resilience of the broad population. The interplay of these factors can affect client outcomes as:

- Poverty affects the ability of families to engage effectively in psychosocial supports.⁵
- Countries with robust poverty-reduction measures have lower levels of homelessness, and homelessness is determined by housing market conditions⁶ including, in Australia, the availability of public housing which is a strong protective factor against homelessness.⁷
- Mission Australia's own homelessness and housing support services evaluation demonstrated that access to brokerage funding¹ was a critical service element and can minimise and de-escalate crisis situations for people experiencing homelessness⁸

People with access to resources may avoid the need for formalised forms of support, or supports of an intensive or prolonged nature, even if they experience personal crises.

Addressing inequality will aid productivity and growth

Despite pervasive beliefs that a 'generous' welfare state will hamper productivity with disincentives to participate in the formal economy, research has found European countries with highly developed

¹ Examples of brokerage funding included, to (1) achieve goals, including educational or employment requirements such as buying uniforms or work gear, or paying course fees; (2) address crisis situations, such as transport expenses, paying phone credit bills or removalist expenses; and (3) establish a new home, such as buying mattresses or fridges.

welfare states are more successful in meeting innovation goals, have sustained reputations as innovative leaders and show welfare costs do not necessarily reduce competitiveness.⁹

Extensive research into the area of cash transfers, for example, has found people living in poverty spend the money on meeting basic needs, and concerns over wasteful spending and tabloid-fuelled welfare stereotypes are not borne out in analysis of aggregate data.¹⁰ In turn, boosting people's economic security also reduces need for other forms of crisis assistance, as a difference-in-difference analysis of charitable-assistance data from Australia over the COVID-19 pandemic found that increases in income-support payments reduce the demand for charity.¹¹

In fact, a recent report by the OECD Economics Department advised policymakers to avoid looking at productivity in isolation to addressing societal inequality – noting that inequality of opportunities distorts efficient allocation of talent.¹²

Case study – JobSeeker COVID Supplement Payment and JobKeeper

The COVID-19 pandemic demonstrated boosting income support payments reduces poverty, increases wellbeing and doesn't disincentivise work, as the following research demonstrated:

- ANU modelling determined the increased payments (JobSeeker COVID Supplement Payment and JobKeeper) prevented 2.2 million people from entering poverty and poverty reduced from 67% prior to COVID-19 to just 7% for recipients of JobSeeker and Youth Allowance in under the initial coronavirus supplement payment rates.¹³
- Research published by the University of Melbourne unsurprisingly found that increased payments provided recipients with improved financial security and ability to meet basic needs, but also increased psychological wellbeing and greater capacity to better meet their children's needs.¹⁴
- In a separate piece of analysis by Professor Borland of the University of Melbourne, it was found that the doubling of JobSeeker did not affect the search for and take up of work.¹⁵

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

Recommendations

To strengthen this critical reform to benefit people and communities in need sooner and more wholistically, we recommend to:

5. expand the scope of embedding collaborative commissioning to service systems outside of health care
6. develop robust, fit-for-purpose outcomes frameworks with adequate funding, to support both government commissioning agencies and their commissioned partner organisations to adopt outcome-focused approaches
7. continue to develop not-for-profit organisations' evaluation capability through adequate funding and support, including support from the Australian Centre for Evaluations
8. work with the non-government sector, the AIHW and State/Territory governments to design and implement consistent national minimum data sets with outcomes and service data, to be coordinated across governments by service type.

A shift to collaborative-based commissioning practices has long been called for by Mission Australia. We also highlight that it is necessary for the effective operation of the National Prevention Investment Framework proposed by the Productivity Commission.

A robust understanding of need is fundamental to success

The Interim Report identifies some of the key enablers and barriers to collaborative commissioning, but we would like to draw attention to one of the most critical to achieving the best possible outcomes – *a robust understanding of need*. This should be informed in genuine collaboration by government, service providers (i.e. organisations who are in daily contact with the more vulnerable members of the community, higher users of services) and people with lived experience, within a robust process. Often underappreciated and inadequately accounted for is the time that is required to build relationships that will support the development of mutual goals based on a shared understanding of what is to be

addressed. To help with this, we list the following elements that need to be embedded in collaborative commissioning processes:

- Involving people and communities with living/lived experience, to improve program design and delivery and achieve First Nations self-determination goals.
- Aligning contract periods with the time taken to achieve the goal, to increase certainty about program achievements and stabilise the human services workforce.
- A clear view on the evidence of what works, to underpin an evidence-based outcomes framework that is person-centred and demonstrates real outcomes.
- Procurement processes that encourage and resource collaboration between not-for-profit providers.
- Robust monitoring and evaluation (where appropriate) to track progress and feed into continuous improvement.

Formal Relational Contracting

Any moves to collaborative commissioning should make sure the ability for collaboration is not unintentionally sabotaged following the signing of contracts. The ‘need’ which is being addressed may change over time and/or how best to meet it and standard transactional contracts do not recognise and allow for this. There is often very little room or bureaucratic ease for traditionally contracted services to adapt and innovate to evolving circumstances on the ground or unexpected ones (e.g. natural disasters) that changes what people and communities need.

Formal Relational Contracting attempts to overcome this and provides a different approach whereby it:

“...specifies mutual goals and establishes governance structures to keep the parties’ expectations and interests aligned over the long term. Designed from the outset to foster trust and collaboration, this legally enforceable contract is especially useful for highly complex relationships in which it is impossible to predict every what-if scenario.”¹⁶

This type of contracting has been recommended in the NDIS Review in relation to NDIS services and the former Disability Employment Services program. We encourage the Productivity Commission to consider the following paper by Professor Mark Considine AM when finalising its advice on the implementation of collaborative commissioning : [Formal Relational Contracts and the Commissioning of Complex Public Services](#).

Recommendation (5):

Expand the scope of embedding collaborative commissioning to service systems outside of health care

As pointed out in the Interim report – “the current structure of care services is siloed, and complex governance and disconnected funding arrangements produce inefficiencies, cost shifting and

discontinuity of care”, therefore the Productivity Commission should issue a stronger mandate to act across *all* service systems stewarded by governments.

Mission Australia has been in discussions, as have many of our sector colleagues, with governments and their departments about concepts of collaborative commissioning practices and formal relational contracting. We know that jurisdictions are at different stages of developing commissioning practices, but we understand there is shared recognition that it is a priority. It is time to get on with establishing collaborative commissioning as the default approach.

Case study – Alliance contracting in homelessness services

The alliance contracting approach, with origins in Scotland, has been implemented for the homelessness service system in South Australia. It has improved the effectiveness and efficiency of service delivery, fostered sector collaboration, enabled innovation and resulted in improved outcomes for people at risk of and experiencing homelessness.

The alliance approach involves multiple non-government partners coming together to develop integrated service networks with supporting behaviours and practices, working together in a formal and structured way, both at a system and geographical level.

Our experience in an alliance covering Southern Adelaide has been positive and has enabled open conversations with the funder at the table as part of decision making when resources and priorities shift.

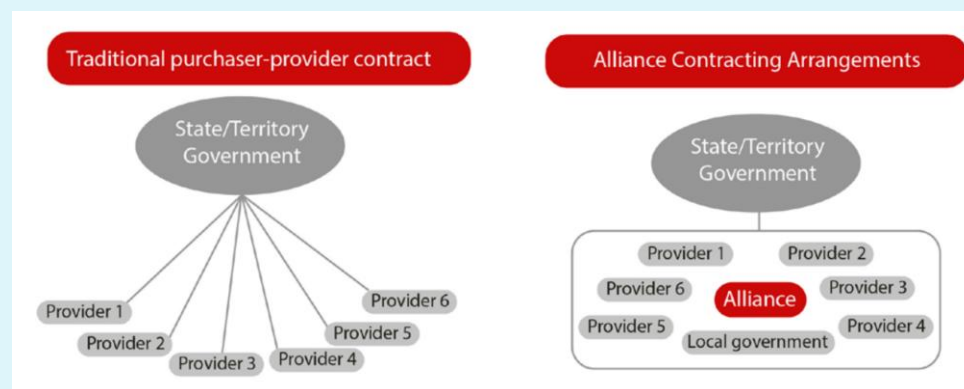


Diagram: Spinney, A., Beer, A., Mackenzie, D., McNelis, S., Meltzer, A., Muir, K., Peters, A., & Valentine, K. (2020). *Ending homelessness in Australia: A redesigned homelessness service system (Issue 347)*. <https://doi.org/10.18408/ahuri5119001>

Collaborative partnerships to share and build resources, capability and capacity

Larger organisations such as Mission Australia can play a role in collaborating with Aboriginal Community Controlled Organisations (ACCOs) and other local community organisations who have strong links with their communities but may lack the resources, capability, and capacity to meet increasing requirements to deliver government funded services. While funders need to start to cover the actual costs of delivering quality services that make a difference, as the Interim Report points out, there is still

a place for collaborative partnerships to bridge the gap. Collaborative partnerships will ensure preferencing of small and medium sized organisations, including ACCOs, is more attractive and ensures meeting the quality outcomes for service users and confidence in meeting funder contracting requirements.

Case study – Collaborative partnering between providers

Mission Australia has a deep commitment to building stronger communities through strategic partnerships and relationships to support collaborative commissioning. This is demonstrated in a proactive leadership approach that has enabled an Aboriginal organisation to win new business opportunities. Drawing on over 40 years of experience in delivering specialist housing support services, Mission Australia identified a strategic opportunity to partner with a regional Aboriginal Community Housing Provider (ACHP) to deliver culturally responsive, locally embedded support for Aboriginal people.

The ACHP was required to lead the application to build the community housing and Mission Australia shared our expertise in delivering specialist housing support to position the application for success. The ACHP has been outstanding in involving us in the planning of the new build, ensuring we are part of key decisions.

Mission Australia will continue to play a key role, leveraging our extensive service delivery experience and robust operational systems - including policies, procedures, and tools to support the ACHP to deliver the service. This collaborative partnership is characterised by open communication, shared responsibility, and a commitment to supporting each other's success.

Recommendation (6):

Develop robust, fit-for-purpose outcomes frameworks with adequate funding, to support both government commissioning agencies and their commissioned partner organisations to adopt outcome-focused approaches

Well defined frameworks help organisations drive towards a shared set of outcomes. The Federal Government's *Measuring What Matters* Framework outlines five wellbeing themes which form the core outcomes in our sector:

- **Healthy:** A society in which people feel well and are in good physical and mental health, can access services when they need, and have the information they require to take action to improve their health.
- **Secure:** A society where people live peacefully, feel safe, have financial security and access to housing.
- **Sustainable:** A society that sustainably uses natural and financial resources, protects and repairs the environment and builds resilience to combat challenges.

- **Cohesive:** A society that supports connections with family, friends and the community, values diversity, and promotes belonging and culture.
- **Prosperous:** A society that has a dynamic, strong economy, invests in people's skills and education, and provides broad opportunities for employment and well-paid, secure jobs.

These themes should apply both to commissioning agencies and commissioned organisations, with adequate funding which includes the following priorities to support both entities to adopt an outcome-focused approach.

Priority 1: Establish a collaborative ecosystem

Establish a collaborative ecosystem between government agencies, non-for-profit organisations (NFPs), researchers, evaluators, philanthropists and people with lived experience.

Cross-sector collaborations support the co-creation of knowledge, where partners work together towards shared goals, jointly develop and refine evidence-informed interventions, and the co-creation of innovative solutions for local context and communities. An increased focus and investment in collaborative cross-sector partnerships will incentivise and enable agencies and NFPs to be adaptive and responsive to emerging evidence and learnings thus improving policy and service design, practice quality, effectiveness and ultimately the collective impact of the community services sector.

We have seen work in this vein with the Department of Social Services recently launching the [Community Sector Grants Engagement Framework](#) and the [Ways of Working Statement](#), which articulates Collaboration as its first key principles of engagement.

Priority 2: Commit to being evidence-driven

This must be founded on an understanding of the importance of evidence, which is comprised of data, practitioner expertise, and lived experience. Consistent data collection, monitoring, evaluation, and learning practices across government agencies and NFPs are essential to assess the effectiveness of interventions, identify areas for improvement, make informed decisions and share lessons across the sector. To ensure consistent and useful collection of outcomes data, commissioning agencies must continue to invest in their own data infrastructure and professional development, matched by a simultaneous investment in those of their commissioned NFP partner organisations.

Alongside recognition of the importance of data, an outcomes-based approach must also be founded on an understanding that evidence also comes from the experience and expertise of practitioners, as well as an understanding of people with lived experience, including Aboriginal and Torres Strait Islander peoples and those with other diverse perspectives.

Priority 3: Invest in knowledge-sharing

Underpinning all the above, to improve the capacity of agencies and NFPs, investment is needed in the development and uptake of knowledge-sharing platforms across the community services sector that facilitate the exchange of best practice, lessons learnt and findings about successful/unsuccessful interventions. By centralising resources and creating forums for collaboration and the dissemination of

evidence-based insights, agencies and NFPs can access the latest evidence and learn from shared experiences. This approach not only supports government and non-government bodies to make informed decisions, it also fosters a collaborative learning environment, innovation and continuous improvement.

Recommendation (7):

Continue to develop not-for-profit organisations' evaluation capability through adequate funding and support, including support from the Australian Centre for Evaluations

It is vitally important that community sector NFPs are supported to develop their internal capabilities around monitoring, evaluation and learning. Often, NFPs are better positioned than government to understand the context of their data and provide meaningful analysis and identification of potential actions. NFP staff are “closer to the ground” than the commissioning staff of government agencies (that is, excepting government frontline staff), with deep connections into the communities they serve and in-depth understanding of the people they support.

Mission Australia has made a significant investment in our evaluation capacity through our Centre for Evidence and Insights. Formed in April 2021, the Centre is tasked ‘to inspire curiosity for evidence that leads to learning and action to increase the impact and effectiveness of Mission Australia’s work and our organisation’.

We recognise that we are fortunate as a large NFP to have resources to invest in this manner. Not all NFPs have this capacity. While data collection, analysis and sharing are not explicitly funded through grants and grant levels are inadequate to enable it, many NFPs – especially smaller, locally-based and ACCOs – would benefit from additional support.

It should be a priority of government commissioning agencies to understand the work involved in outcomes measurement, data-driven practice and evaluation, to minimise the administrative burden it can generate, and to commit to resourcing it adequately.

The Australian Centre for Evaluation could be utilised to fill this gap. Its current remit is to build evaluation capability within Australian government departments. Given the extent to which NFPs play a critical role in implementing government policy, especially in the social services sector, it is natural to consider an extension of the Centre’s role to build evaluation capacity in NFPs, to align activity to policy priorities, and to strengthen partnerships across the sector.

Recommendation (8):

Work with the non-government sector, the AIHW and State/Territory governments to design and implement consistent national minimum data sets with outcomes and service data, to be coordinated across governments by service type

Significant benefits could be garnered by creating agreement on consistent, stable minimum data sets with outcomes and service data that is coordinated across Federal and State governments by service type, such as the Specialist Homelessness Services Collection managed by the Australian Institute of Health and Welfare (AIHW).

The main barrier to effective outcomes measurement in Australia is that various Federal, State and Territory government commissioning agencies and mandated information agencies have different minimum data collections or continually modify their data collection requirements.

Case study – Uniformed data requirements

In Mission Australia’s alcohol and other drug (AOD) services across three states (NSW, SA, WA), only half of the required data fields are the same for all services. Even for those of our AOD services funded by Public Health Networks (PHNs), the reporting outcomes are not standardised across the different PHNs. For example, SA services must collect data on 20 additional questions, while WA services must collect data on 40 different additional questions. Our services must report to their respective funders (for example NSW Health, WA Primary Health Alliance, various PHNs), then each of the different funders removes all the additional data, and sends a subset to the AIHW (the national minimum data set standard for AOD services).

This environment complicates the learning and improvement process at the service and practice level for similar services with different funders. It leaves NFPs spending an inordinate amount of time and money changing systems, processes and training materials to keep up with funder requirements. Further, because the data sets are different, this inconsistency hinders learning from the data about what is working and why.

Further detail

Governments could collaborate to increase their digital maturity by a secure Application Programming Interface (API) with NFPs using centralised and modern infrastructure (e.g. through the ABS or AIHW). The use of APIs would reduce the administrative burden of manual data extraction and data transformation required by NFPs, reduce costs to government of building and maintaining their own data systems, and reduce the privacy risks of governments using outdated data systems and practices.

3. The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users

Mission Australia welcomes the directions outlined in this reform. As a national organisation we are subject to 13 accreditation standards and nine auditing bodies across our service delivery, and we must manage worker screening processes within multiple jurisdictions. There are over 300 pieces of legislation and regulations we must be compliant with, which necessitates dedicated teams and positions for quality and safeguarding. For example, in the last three years our Risk and Assurance Team has grown from seven to 10 FTE, and we need to regularly outsource to boost our internal auditing capacity.

Of the three care sector areas that are an initial focus in this reform, we provide services within aged care and the NDIS. In this section we also draw attention to cross-cutting matters in other areas of service delivery.

Aged care and NDIS

We operate three aged care facilities in NSW; Charles Chambers Court, Annie Green Court and Benjamin Short Grove. All these services offer permanent accommodation and twenty-four-hour medical care for aged people who would otherwise be homeless or living in sub-standard accommodation or who are socially or financially disadvantaged. These services are distinct from other mainstream aged care services in their focus on supporting vulnerable older people.

Since the full roll out of the NDIS in 2018, we have come under the NDIS Practice Standards together with the Aged Care Quality Standards. Presently, we have 19 residents who are NDIS participants, and under the regulatory model the compliance requirements are the same, regardless of that number being one or more – such as the evidence documentation/self-assessment against the NDIS Practice Standards for the registration assessment process.

Alignment of care worker regulation

We find significant overlap across Aged Care Quality Standards and NDIS Practice Standards and evidence required for registration, particularly around reportable incidents and key personnel details.

While noting the new aged care regulatory model will be more aligned, it will still be separate to the NDIS. A single Commonwealth portal with reporting information aligned and accessible by the Aged Care Quality and Safety Commission and NDIS Quality and Safeguards Commission is a preferred approach.

Alignment of care provider accreditation, registration and audits

A single regulator

On the proposal of a single quality and safety regulator across aged care, NDIS and veterans' care services we note the following benefits, risks and costs in the table below.

Benefits	Risks	Costs
- Clearer expectations for providers and workers. - Reduced burden on multisector providers. - Reduced duplication of information provision. - System wide intelligence and faster risk response. - Stronger workforce screening and greater portability. - Clearer public transparency.	- Missing sector risk profile nuances leading to dilution of rights focus or specific sector needs. - Wider impact of regulatory failure (e.g. backlogs and/or inconsistencies in audits and assessments). - Potential to weaken lived experience voice and dedicated co-design channels.	- Integration of IT systems. - Organisational re-design. - Capability uplift.

Further, service improvement and innovation could be enhanced within a singular regulator by requiring reporting quality-of-life and outcomes data to support a person-centred approach. Additionally, sharing provider improvement strategies to enable learning across the sectors.

Behaviour support plans

On the alignment of regulatory requirements across aged care and NDIS services for the development of behaviour support plans we note the potential benefits, risks and costs in the table below.

Benefits	Risks
- A single set of rules around assessment, authorisation, monitoring, and review would reduce confusion where providers deliver both aged care and disability services. - Aligned frameworks would improve quality of behaviour support and encourage better multidisciplinary collaboration. - A common regulatory framework could enable behaviour support practitioners to work across both sectors more easily, supporting workforce supply. - Shared training and credentialing pathways would raise practitioner capability and confidence. - Would reduce duplication, allow single templates and systems, and free resources for direct care. - Harmonised reporting of restrictive practices and behaviour support interventions would allow pooled data across aged care and NDIS. This would give regulators, researchers, and providers better insights into trends and effectiveness of supports, driving sector-wide improvement.	- Oversimplifying differences between cohorts could create short-term administrative challenges.
	Costs - Transition would be resource-intensive.

Restrictive practices

The scope for alignment with a core national framework for behaviour support and restrictive practices (common definitions, reporting, practitioner credentialing) as queried in the Interim Report could fit under overarching principles but where needed still recognise different clinical and consumer contexts in sector-specific annexes for aged care and NDIS. A phased implementation, with strong consultation and funding support for providers to manage transition costs would be required.

Worker screening processes

Mission Australia employs many people who work in more than one jurisdiction which brings unique local processes for many worker screening checks including assessing the risk a prospective or current worker poses, names for checks, age requirement, validity period, application and renewal rules, application time, processing time, payments.

A single, nationally consistent screening and registration process should be pursued. It would reduce costs and administration burden for organisations that work across the care sector, as well as help build a mobile workforce better responsive to supply demands.

Working With Children Checks (WWCCs)

Managing the different jurisdictional requirements and costs is challenging for our staff that are required at times to travel to workplaces across Australia. This affects the Board Directors, Executives, senior management and our specialised teams in practice, safety and accreditation, who are not employed to work directly with and/or frequently in the presence of children and young people. Additionally, “back office” workers who have access to sensitive data such as some roles in IT, Risk, HR and Legal branches fall under requirements.

We welcome the program of work agreed in August 2025 by the Standing Council of Attorneys-General to deliver a national approach and address systemic gaps in WWCCs, such as implementing mutual national recognition of negative WWCC decisions (including negative notices, suspensions and interim bars). However, the above issues - outside of ensuring transparent, accurate and timely worker information - should be part of making the system more efficient and practical.

Further areas for harmonisation

Reportable conduct schemes and risk of harm for children reporting

As a national organisation, MA must comply with all State/Territory child protection legislation, including risk of harm reporting, reportable conduct schemes and child safety standards, for the safeguarding of children and young people who access our services. We strongly urge work to create greater alignment in quality and safety regulation to extend to child and youth safeguarding.

Flexibility in accreditation standard accepted by funders

Duplicative accreditation standards and funder's requirements can cause challenging situations for national organisations that deliver services across multiple service systems and jurisdictions. For example, we were able to bring several of our mental health services under one accreditation standard across Australia when previously we dealt with multiple. This allowed us to reduce administration and costs without compromising quality and safety. However, we were unable to achieve a similar harmonisation for our services in Alcohol and Other Drugs due to a Federally funded AOD service not being permitted to be audited under a state-based standard that applies to the rest of the services we deliver in that State.

Case study – duplicative mental health national standards

Federal funding contracts require mental health service providers to be accredited to the National Standards for Mental Health Services (NSMHS), which was last updated in 2010, and does not seem to have any department reviewing the standards to keep it abreast of current trends or changes in the mental health services.

New mental health standards were developed in 2022 and introduced from 1 July 2024. The National Safety & Quality Mental Health Standards for Community Managed Organisations (NSQMHS for CMOs), were developed and are owned/managed by the Australian Commission on Safety and Quality in Health Care. This was developed in consultation with various peak bodies/organisations, with ongoing reviews to keep up with changing community services and mental health needs.

Upcoming tenders are stipulating the requirement for services to be accredited to these new mental health standards, rather than the NSMHS. It seems these new standards are being used by funders that are not directly federal/commonwealth. The government funded contracts still state accreditation to NSMHS. It is unclear what is happening with those Standards last updated in 2010, and whether government would be looking for services to future contracts to move to the new mental health standards for CMOs.

Clarity in funding agreements and contracts

A lot of government funding agreements have different wording on what they require of their funded program regarding accreditation to standards. They are often ambiguous and not very clear on requirements to any standard we find that very few say “*must be accredited to Standard*” and instead use phrasing such as:

- “*comply with ... Standard*”
- “*maintain services with the ... Standard*”
- “*adhere to the ... Standards*”
- “*working within Standards quality framework*”

Some refer to other documents that form part of the agreement and are legally binding to the contract, such as “PHN Guidelines” or “Mental Health Services Manual” or “Frameworks”, and in those supplementary documents there are often mentions about standards that are to be complied with, or accredited to, etc. The ambiguity makes it difficult for service managers to clearly know what the requirement is, and discussions with their funding contract manager demonstrate they too are sometimes not clear on interpretations.

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