Productivity Interim Report Submission - Delivering quality care more efficiently

The Centre for Community Child Health (CCCH) welcomes the Productivity Commission's interim report and its focus on collaborative commissioning and a National Prevention Investment Framework. These initiatives present a critical opportunity to improve outcomes for children and families through integrated, preventative approaches that also deliver productivity gains across sectors.

Key Recommendations

Recommendation 1: Investing in 'the glue' and the true cost of collaboration

We welcome Draft Recommendation 2.1 to embed collaborative commissioning with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings.

This recommendation responds to the outcomes of two CCCH-led, multi-sector sector roundtables highlighted in our original submission. Both roundtables focused on child mental health and wellbeing, consisting of 94 participants in total, where both roundtables identified the need for investment in outcome-based, long-term funding models that that have the flexibility to respond to local need.[i] [ii]

The Commission's interim report also highlights the centrality of working in partnership to support collaborative commissioning that responds to local need (Figure 2.1); dedicated funding for joint governance and planning; and dedicated funding to address gaps in services (pg. 43). These are important steps to achieve collaborative commissioning; however, we urge the Commission to go further and recommend that beyond governance, dedicated funding is allocated to the activities that result in true service integration and partnership.

Within the context of child and family services, the National Child and Family Hubs Network, has been progressing the concept the 'the glue' as being critical to delivering on **both governance and integration**. The 'glue' refers to the people, practices and systems that enables the delivery of services in a truly integrated way. Glue improves the experience for users of the system and improves their outcomes. The glue also improves the efficiency and effectiveness of existing government investment in the system, leading to higher service utilisation and staff retention, and lower future expenditure for government. The idea of the glue is gaining traction as acknowledged in key policy reports:

- SA Royal Commission into Early Childhood Education and Care (Rec 8 and Rec 13)[iii]
- Productivity Commission's Mental Health and Suicide Agreement Review Interim Report (pg. 127)[iv]
- Economic Inclusion Advisory Committee Report 2024 Report to Government (pg. 90)[v]

We therefore recommend that funding models include investment for 'the glue' – the activities and infrastructure that achieves partnership and integrated service delivery. This funding should be available to not only commissioning bodies, but the services commissioned to deliver localised, integrated care and support.

Recommendation 2: Prioritise children and families in the National Prevention Investment Framework

We welcome the Commission's Draft Recommendation 3.1 to establish a National Prevention Investment Framework. As part of the National Prevention Investment Framework, we recommend that children and families are prioritised. Investing in children during the early years brings a double benefit – it is good for children's health, development and wellbeing now and contributes to decreased need for acute or crisis interventions later in life.

Since the Commission's Interim Report was published, The Cost of Late Intervention in 2024 report was released, showing a significant rise in expenditure—from $15.2 billion in 2019 to $22.3 billion in 2024—on crisis-driven services for children and young people.[vi] Despite the significant expenditure on late intervention, inequities in children's health, development and wellbeing persist.[vii] By investing in prevention and reducing inequities during the early years, there is also the potential to reduce socio-emotional problems by up to 59%, physical functioning problems by 49% and learning problems by 55%.[viii]

The evidence is clear that investment in children and families is a prevention measure and has co-benefits of reducing inequities persisting into adulthood, resulting in significant cost savings, with clear productivity benefits.[ix] With this in mind, a dedicated child and family funding initiative should form part of the National Prevention Investment Fund. Within this Framework there needs to be a clear focus on evidence-based initiatives that reduce inequities and focus on social and structural determinants of health. This includes investment in prevention initiatives that carefully consider the multi-dimensional determinants that drive inequities in children's health, development and wellbeing.[x]

Recommendation 3: Considerations in using existing administrative and service-level data sets to identify priority cohorts and cost/benefits analysis of prevention efforts

The Commission's suggestion relating to the use of administrative data to identify priority cohorts and estimate potential benefits of target interventions (pg. 67) requires careful consideration.

In the example of children and young people, despite Australia's extensive data infrastructure, there are areas where this data infrastructure falls short in providing an accurate understanding of children's health and development or service-level use. Administrative datasets are only as useful as the data behind them and only reflect what data is available, regardless of the quality of the data collected, and may reinforce known gaps in how we respond to children's health and development. Critically they may also fail to

highlight the data we still need, the gaps that must be filled to inform effective policy and track progress over time.

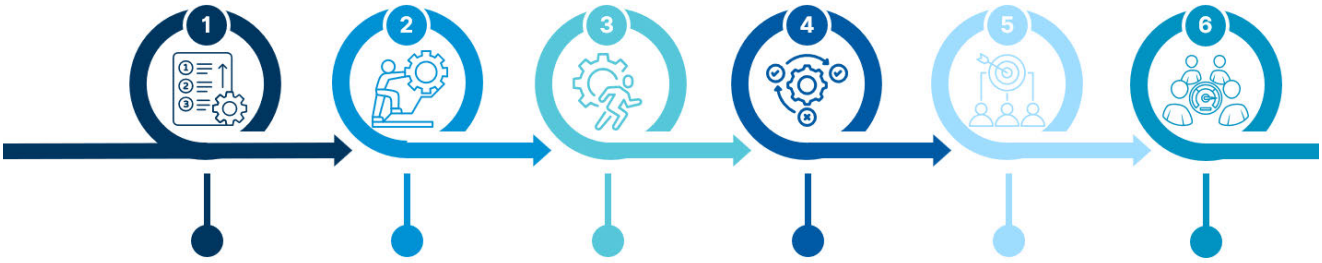
The establishment of the National Prevention Investment Framework is an opportunity for governments, stakeholders and data custodians to invest in a robust child health and development data ecosystem. Australia has a wealth of valuable data, but it is currently fragmented, disconnected, and lacks a coherent systems-level view. A thriving data ecosystem will identify the levels of data available to drive public policy decisions and prevention investment, what these data measure and to suggest where new or adaptations to existing data collections are needed to achieve data-informed policy decisions. Crucially this ecosystem should enable smarter, earlier, and more equitable decisions to improve outcomes for children and families. To support investment in prevention and equity, metrics must be disaggregated by priority population subgroups (e.g. First Nations children, children living in out-of-home care, children with a disability, children experiencing socioeconomic disadvantage) to ensure inequities are visible and responses are appropriately prioritised.

This child health and development data ecosystem (Figure 1) will support a preventative public health approach to children's mental health and wellbeing that enables:

- Understanding how children and families are faring and where to prioritise effort via:
  - Whole of population outcomes data such as the Australian Early Development Census (AEDC).
  - nationally representative surveys such as the Young Minds Matter survey
  - increased utilisation of data collected through universal services such as maternal and child health data, early childhood education and care and schools.
- Collaborative commissioning to identify where effort needs to be placed using outcomes data broken down by community and priority population subgroups.
- Knowing what can change outcomes and plan action by using research and evidence.
- Track and monitor collaborative commission and prevention investments via lead indicators using evaluation, tools and service-level data. These data need to be timely, reliable and practical.
- Understand the experiences of children and families via experience data.
- Understand whether specific efforts change outcomes for children and families over time via Australian children's cohort data, such as Generation Victoria (GenV), ORIGINS and the Longitudinal Study of Australian Children (LSAC).
- Making best use of the data we already have; by strengthening governance, data linkage capacity, and timely access to ensure data effectively guides policy, monitors impact and informs service improvement.
- Support data harmonisation, in turn reducing data collection burden on services, communities, commissioning bodies and research initiatives.

Administrative data sets, such as Person Level Integrated Data Asset (PLIDA) and Australian children cohort study data, such as GenV and LSAC, alongside national surveys such as the Young Minds Matter Survey and AEDC, provide opportunities to realise comprehensive data ecosystem that enables us to track progress

and adjust interventions as needed to see changes in children's mental health outcomes. These data can be aggregated to the service, community, local government, state and national levels to enable end users to understand mental health and wellbeing needs, service/program progress and act accordingly.



	PRIORITISE EFFORTS	DIRECTION OF EFFORTS	EVIDENCE FOR ACTIONS TO TAKE	GUIDE ACTION	SHARED IMPROVEMENT GOALS	ESTIMATE BENEFIT
IF WE WANT	to understand how children and families are faring	to change outcomes through community effort	to understand how to change outcomes	to plan and monitor action	to have community inform the response from lead indicators	to track whether actions have directly contributed to outcomes over time
THEN WE NEED	**population data (lag)** on outcomes to help us prioritise effort	**population data mapped data** at a community/suburb level to help plan where efforts need to be placed	to know what **evidence** can change those outcomes to plan action	**lead indicator data** that is timely, repeatable and sensible in the hands of frontline practitioners	**Experience data** from families/ practitioners/ end users	**cohort data,** a group who are tracked over time to analyse the outcome.

For more information:

Rachel Whiffen
Mental Health Policy and Impact Lead
[redacted]

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