

October 2025

Submission: National Competition
Policy – National Approach to
Worker Screening in the Care and
Support Economy



#### About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provision.

We are the largest network of social service providers in Australia, with over 55,000 staff and 17,000 volunteers, delivering 5.8 million interactions annually across 1,600 service locations in urban, rural and remote communities.

We focus on articulating and meeting the needs of people at all stages of life, and particularly those most vulnerable.

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### Introduction

UnitingCare Australia welcomes the opportunity to respond to *National Competition Policy – National Approach to Worker Screening in the Care and Support Economy*, published by Treasury and the Department of Finance.

UnitingCare Australia supports reform to unlock the full potential of Australia's people and economy, enabling conditions under which everyone thrives. This requires a human-centred reform agenda that values:

- → **Wellbeing** as a key outcome of productivity
- → **Resilience** as a foundation for sustained growth
- → **Inclusion** as a driver of both equity and efficiency.

From this perspective, we broadly support efforts by Treasury and the Department of Finance, through the National Competition Policy (NCP) agenda, to develop a national approach to worker screening across the care and support economy. Making worker screening simpler and easier can increase efficiency and safety and reduce administrative burden, enabling care and support providers and the workforce to better deliver quality services that improve individual and community wellbeing, strengthening the economy more broadly.

We note the importance of a national approach to worker screening for both the NCP and productivity policy agendas, as a key enabler of regulatory harmonisation to unlock the full potential of the care and support economy. UnitingCare Australia has previously provided feedback to the Productivity Commission—as part of the Inquiry into Delivering Quality Care More Efficiently—in support of the recommendation that the Commonwealth Government develop a national screening clearance. We also note support for a national approach to care and support worker screening from key government and non-government stakeholders, including the Department of Health, Disability and Ageing and the Committee for Economic Development of Australia (CEDA). CEDA's recent report, Towards a More Seamless Australian Economy, references UnitingCare Australia's feedback to the Productivity Commission regarding a national approach, highlighting current inefficiencies across jurisdictional approaches and the need to streamline screening nationally to achieve efficiency gains.

To realise the full value of streamlining care and support worker screening, we believe Option 2—a single national check across the care economy—is the most effective pathway forward. This approach aligns with proposals from the Productivity Commission, CEDA and others, and we consider it more likely to deliver meaningful efficiency gains and safety than Option 1, to expand mutual recognition. Although mutual recognition may offer some short-term improvements, it would be administratively complex and unlikely to achieve fuller productivity benefits. In contrast, a single national check would replace the current patchwork of jurisdictional systems with one consistent, portable screening process—simplifying compliance for providers and workers. We see mutual recognition as a potential transitional step for mapping existing processes and informing future reform, but not as the end goal.



## **≥ 1.** Do these challenges resonate with your experience of worker screening? Are there any other issues that we should consider

The challenges identified in the consultation paper resonate with UnitingCare Australia's experience of worker screening processes and reflect broader systemic issues we have observed across the sector.

Our Network's experience is that worker screening processes currently create inefficiencies which hinder entry into, and mobility within, the care and support workforce, and gaps in safety measures that expose those receiving care to risk. Current screening processes result in:

- → Delays in workforce onboarding due to the need for prospective workers to undertake multiple checks, exacerbating critical staff shortages through delays to onboarding.
- → Duplicated checks and inconsistent standards applied across jurisdictions and care settings.
- → Costs incurred by job seekers and existing care workers required to cover costs of undertaking multiple checks.
- → Regulatory burden for care providers navigating various screening processes.
- → Financial and administrative burden to governments administering numerous checks and associated processes.
- → Gaps in safeguarding measures, including the ability of an individual who fails a check in one jurisdiction to apply for another check elsewhere with different standards.

# ≥ 2. What components of the existing worker screening systems work well and should be kept under a national approach?

We believe there is merit in aspects of existing worker screening processes that could be considered for retention under a single, national approach. For example, we understand that risk-based assessment frameworks currently underpin determinations around whether a person may pose a risk to vulnerable populations and are intended to apply consistent criteria across jurisdictions. In addition, centralised systems such as the NDIS Worker Screening Database are intended to allow providers access to real-time screening status, which may support more streamlined workforce management. We think these features should be retained, provided they are formally evaluated for effectiveness and adapted as necessary.

≥ 3. To what extent do the anticipated benefits of the proposed reforms reflect your expectations for an improved worker screening process? Are there any additional benefits you believe we should consider to further strengthen the outcomes?



UnitingCare Australia envisages that Option 2, to pursue a single, national check across the care economy, would create several benefits, including:

- → Reduced delays, enabling workers to quickly and easily move between care settings and jurisdictions, which will improve retention within the care and support workforce.
- → Consolidation of screening through the removal of duplicative checks.
- → Cost-saving for care workers by paying for screening only once.
- → Reduced regulatory burden for care providers.
- → Financial and administrative efficiency for governments by operating a single check.
- → Enhanced safeguarding through a unified check and set of standards.

## **≥** 4. What are the key issues with national consistency in worker screening for the care and support economy? How could these issues be overcome?

We acknowledge that achieving national consistency in worker screening across the care and support economy is critical but complex. Key challenges include fragmented systems across jurisdictions, duplication of checks and limited portability of clearances between sectors.

We understand that risk-based assessment frameworks are currently applied to determine whether a person may pose a risk to vulnerable populations, but the application of these frameworks and the thresholds for exclusion appear, as we understand it, to vary between jurisdictions. This inconsistency creates uncertainty for providers and undermines confidence in the system's ability to safeguard vulnerable people.

We believe a single national screening check, grounded in harmonised standards, real-time data access and streamlined compliance, would better support workforce responsiveness, reduce administrative burden and uphold safeguarding principles across the care economy.

## **≥** 5. How can the government ensure safety outcomes are upheld, while improving the simplicity and efficiency of worker screening processes?

To uphold safety outcomes while improving the simplicity and efficiency of worker screening, UnitingCare Australia believes the Government should focus on designing a system that is both risk-proportionate and operationally streamlined. This would mean ensuring that screening processes remain robust and aligned with safeguarding principles, while removing unnecessary duplication and administrative complexity.

We propose that this could be achieved by embedding nationally consistent risk assessment criteria that are transparent, evidence-based and applied in a standardised manner across jurisdictions and care settings. This would reduce variability in decision-making and increase provider confidence in the system. Additionally, simplifying compliance through integrated digital infrastructure, such as a single national screening database with real-time access for



providers, would support timely onboarding without compromising safety considerations. We also suggest that the system could adopt a tiered structure, allowing for differentiated screening requirements based on the nature/tasks of the role and level of risk, rather than a rigid and inflexible single application. Finally, co-designing the system with providers, workers and people with lived experience would be critical, in our view, to ensuring that any new approach is practical and implementable, while maintaining a strong focus on protecting vulnerable people.

# △ 6. Are there specific barriers to, or opportunities for, improving worker screening to make it more efficient and suitable for particular groups or organisations, such as First Nations care workers or Aboriginal Community-Controlled Organisations?

UnitingCare Australia supports the positions put forward by the Aged Care Workforce Remote Accord (ACWRA) that there are specific barriers to worker screening that, currently, disproportionately affect remote aged care workers, including First Nations care workers.

These include logistical challenges such as long travel distances to verify identity documents, limited access to digital infrastructure, and low availability of acceptable forms of identification. Many prospective workers also require support to navigate online applications due to limited digital literacy. These barriers can delay or prevent onboarding, particularly in communities where aged care services are already under strain. Additionally, rigid screening frameworks may exclude individuals based on historical or minor criminal records that do not reflect current risk or suitability for care roles.

We endorse ACWRA's view that there is an opportunity to improve efficiency and inclusion by allowing greater discretion for employers in remote areas—particularly in MMM 6 and 7 regions—to assess worker suitability based on local knowledge and context. This could include tailored support for completing applications, upfront funding for screening costs, and clearer pathways for reviewing adverse disclosures. Streamlining these processes would help unlock a workforce that is well-placed to deliver culturally safe and community-informed care, while maintaining appropriate safeguards. We encourage the Government to engage directly with ACWRA to gain further insight into the lived realities and practical challenges faced by remote providers and workers and inform the design of more inclusive and workable screening practices.

## **≥** 7. Are these key design elements comprehensive? What other considerations should be included and why?

UnitingCare Australia supports the key design elements outlined in the consultation paper and strongly emphasises the importance of safeguarding vulnerable cohorts as the central objective of any national worker screening reform. The safety and wellbeing of people accessing care and support services must remain paramount, and reforms should be designed



to uphold this principle across all jurisdictions and sectors. We also particularly welcome the inclusion of the following elements:

- → National portability of checks, which will reduce duplication and improve workforce mobility.
- → Continuous and near real-time monitoring, which is essential to maintaining clearance integrity and preventing harm.
- → Cultural safety, which is critical to ensuring inclusive and respectful care environments.

We further recommend inclusion of the following considerations:

- → Trauma-informed screening processes: While worker screening primarily assesses risk to others, the process itself can impact applicants and especially those with lived experience of trauma, including survivors of family violence, institutional abuse, or systemic discrimination. Screening systems should be designed to minimise retraumatisation, for example, by:
  - > Ensuring sensitive handling of adverse history disclosures.
  - > Providing clear, supportive communication throughout the process.
  - > Offering accessible appeal mechanisms with trauma-informed staff.
- → Embedding trauma-informed principles will not only support applicants but also strengthen the integrity and fairness of the system. This, in turn, will contribute to safer outcomes for care recipients by ensuring that suitable workers are not unnecessarily excluded or discouraged from entering the sector.
- → Integration with workforce registration and planning reforms: Screening should be aligned with broader efforts to professionalise the care and support workforce, including national registration schemes. This will help ensure that screening is not just a compliance exercise, but part of a holistic approach to workforce quality and safety.
- → Safeguards for non-digital access: While digital identity verification and streamlined portals are welcome, it is essential to maintain accessible pathways for people with low digital literacy, limited internet access, or complex identity documentation needs, including older Australians, First Nations and culturally and linguistically diverse communities, along with recent migrants.

### **≥** 8. What synergies and tensions do you see between these elements? How should these be addressed?

UnitingCare Australia sees strong synergies between the proposed design elements — particularly the combination of continuous monitoring, data sharing and national portability. Together, these elements could significantly enhance safety for vulnerable cohorts by enabling more timely and informed decisions about worker suitability, while also reducing administrative burden and improving workforce mobility.

However, we highlight several potential challenges that we believe need careful consideration:

→ Safety vs. workforce inclusion: While cross-sector banning may improve safety, it risks excluding workers based on sector-specific criteria (e.g. fraud offences in NDIS but not



- WWCC). To ensure fairness and avoid unintended exclusion, it is important that employers retain discretion to assess the relevance of adverse findings in the context of the role and sector. A nationally consistent risk assessment framework should support this discretion, rather than override it.
- → Privacy vs. transparency: Expanding data sharing must be accompanied by robust privacy safeguards and clear communication to maintain public trust, particularly among communities with historical experiences of surveillance or discrimination.
- → Efficiency vs. equity: Digital-first systems may improve efficiency but risk leaving behind those with limited access or digital literacy. Maintaining non-digital pathways and culturally safe processes is essential to ensure equitable access.
- → Trauma-informed vs. standardised processes: Embedding trauma-informed principles may require flexibility in how adverse history is assessed and communicated. This could challenge efforts to standardise risk assessments but is necessary to ensure fairness and avoid re-traumatisation.

These tensions can be addressed through co-design with affected communities, transparent governance, and ongoing evaluation of impacts on both safety and workforce participation.

# ≥ 9. How should these key design elements be incorporated into a national approach? Which elements will be most important to ensure proper operation and sustainability of the scheme?

From UnitingCare Australia's perspective, four design elements are particularly critical to the success and sustainability of a national worker screening approach:

- → Safety of vulnerable cohorts: This must remain the central objective. All other design features should serve to strengthen protections for people receiving care and support.
- → Portability of checks across jurisdictions and sectors: A single, nationally consistent check will reduce duplication, improve workforce mobility, and support service continuity, especially in regional and cross-border contexts.
- → Cultural safety: Embedding cultural safety in system design and implementation is essential to ensure the process is inclusive, respectful, and accessible to First Nations peoples, CALD communities, and other marginalised groups.
- → Alignment with broader reform efforts: Integration with existing and emerging reforms (e.g. worker registration, Digital ID, NDIS and aged care reforms) will reduce duplication, improve efficiency, and support a more coherent regulatory environment.

To ensure these elements are implemented effectively, co-design with stakeholders—including service providers, workers, people with lived experience and community-controlled organisations—will be essential. Co-design should inform how each element is operationalised, including risk assessment frameworks, data sharing protocols, identity verification pathways and appeals processes.



# ≥ 10. Do the common design features appropriately and effectively support a national approach to worker screening? Please providers reasons why/why not?

UnitingCare Australia considers the common design features outlined in the consultation paper, such as a single application portal, digital identity verification, automated database checks, and continuous monitoring, to be broadly appropriate and aligned with the goals of a national approach. These features have the potential to improve administrative efficiency, reduce delays and enhance safety outcomes.

However, we consider that their effectiveness will depend on how they are implemented. In particular, UnitingCare Australia emphasises the importance of ensuring these features are accessible, culturally safe and co-designed with stakeholders. This includes maintaining non-digital pathways, embedding trauma-informed practices and ensuring that privacy and fairness are upheld throughout the process.

# ≥ 11. Are there additional design features that we should include under both options? Are there any gaps or opportunities that have not been identified yet?

Co-design is a critical feature that we believe should be explicitly included. Engaging workers, providers and communities, as appropriate, will help ensure the system is inclusive, trauma-informed and responsive to diverse needs. Additionally, mechanisms for employer discretion in interpreting screening outcomes should be built into the system design to support workforce inclusion without compromising safety.

The cost charged to employees when applying for clearance under the proposed national care and support worker screening check (Option 2) should be carefully considered and determined through co-design with workers. Current checks (e.g. WWCC, police, WWVP) are free or low-cost for volunteers, but for paid employees can vary from \$79.00 to over \$150.00 across jurisdictions. To make the cost of the proposed national check simple and fair, it could be made free for volunteers and have a fixed cost for paid employees set at the median cost of the existing checks it will replace.

The proposed national care and support worker screening check should also have a robust and effective appeal and oversight process. A clear and assessable appeal pathway and independent oversight will be critical to maintaining fairness and trust in the new screening system. Importantly, where criminal charges or convictions have been identified during the screening process, particularly borderline ones (e.g. historical, isolated, low-level, irrelevant or disputed incidents), they should not remain unaddressed but dealt with in a timely manner to avoid unnecessary confusion or delays. Under current screening processes in Queensland, for example, providers have experienced instances where an employee has been denied a Blue Card (equivalent to WWCC elsewhere) but has been able to continue working while the decision was under review. This creates uncertainty for workers, providers and clients. A stronger appeal process would ensure quick and clear resolution of such situations.



## **≥ 12. Which proposed model do you prefer? Please provide reasons why/why not.**

UnitingCare Australia supports progressing toward Option 2 rather than Option 1. While the former constitutes a significant reform that will be challenging to implement, we believe this option represents the best way to achieve the desired outcomes of efficiency, consistency and safety, which will, in turn, strengthen the care workforce.

In general, we support attempts to streamline care worker screening and recognise Option 1 would help to achieve this goal. However, in improving the current system through increased recognition of existing checks, Option 1 would not resolve the problem of duplication. Even with mutual recognition of checks, the administrative burden generated by different states and territories operating their own individual screening systems for different care settings would remain. Option 1 would also leave open any gaps in safety measures created by the existence of multiple screening processes (i.e. an individual failing one check then applying for and being granted another because it has a different set of standards).

Considering these challenges, Option 1 would likely only act as an interim measure before a national screening check (as per Option 2) is ultimately implemented to resolve the problems of duplication and safety gaps. Further, given Option 1 would already require governments, care providers and care workers to change systems, implementing Option 2 without first implementing Option 1 would be a more efficient and cost-effective way to undertake care worker screening reform. Although substantial funding will be needed to implement Option 2, in the long-term it will generate savings for governments by consolidating multiple checks into a single screening process that requires less administrative resources to operate.

Option 2 is also most aligned with proposals for a national care worker screening check that have already been put forward by the Productivity Commission, CEDA and others. In addition, a national screening check would enable a national register of individuals who have not passed the screening check to be developed. A single national check and register would help to ensure that high-risk individuals, once denied the right to work in care, do not have other avenues (i.e. checks in other jurisdictions or care settings with different standards) they can pursue.

# ≥ 13. Are there alternative models which improve efficiency and labour mobility, while enhancing safety and quality? If so, please outline your proposal.

UnitingCare Australia does not have alternative models to recommend at this stage. Our preference is to support a national approach that delivers improved safety, consistency and workforce mobility.

## ≥ 14. What risks, challenges or unintended consequences could arise when implementing a national approach to



#### worker screening? How should we mitigate them?

In advocating for Option 2, we recognise the complexity of disestablishing the many existing screening checks in place across states, territories and care settings and developing a single, national check to replace them. Implementing a unified check will require significant financial and administrative resourcing and collaboration between Commonwealth, state and territory Governments.

Option 2 will need to be implemented over several stages. The first stage would be to identify all existing care sector screening checks and their criteria. Agreement across the Commonwealth and state and territory Governments would then need to be reached on which criteria should be included in a national screening check. From this point, a national check should be established, and once operational, states and territories can then begin to disestablish their jurisdictional checks. Care providers and employees will need to be given a date by which all workers will need to have transitioned from jurisdictional checks to the new national check.

■ 15. What transitional arrangements may be required when implementing a national approach to worker screening? This may include a phased introduction, grandfathering of existing checks until expiry, and/or public education program to clearly outline the changes.

UnitingCare Australia considers a strong public education campaign to be essential in supporting the transition to a national worker screening system. Clear, accessible communication about the purpose of the reform, how it will work, and what is expected of workers and providers will be critical to building trust and ensuring compliance.

We would also emphasise the importance of transparent and well-communicated timeframes for implementation, with sufficient lead time for organisations to prepare. Other transitional arrangements, such as any grandfathering of existing checks or phasing in of new requirements, should, we believe, be informed by the outcomes of the design phase and codesigned with stakeholders to ensure they are practical, fair and responsive to sector needs.



#### Conclusion

UnitingCare Australia appreciates the opportunity to contribute to this important consultation. We support a national approach to worker screening that can strengthen safety, improve efficiency and enable a more inclusive and productive care and support economy. We would welcome the opportunity to discuss the positions outlined in our response further and to engage in ongoing dialogue as the reform process progresses.