Name: Care Economy CRC

Submission date: 6/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aged care; Disability; Early childhood education and care; Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   The current disconnect in regulatory approach creates different and separate requirements for workers and providers in each care service type, adding complexity and cost for providers and workers who operate across different care services. For example, our partners report that regulation differences across the care economy severely limits worker mobility between sectors with worker training requirements leading to training and re-training without regard to transferrable skills or competencies. Differences in worker pre-employment screening requirements between care service types as well as across jurisdictional boundaries further impacts worker flexibility.
   Our partners also report their current focus on compliance and meeting significant regulatory reform agendas has severely limited their opportunity to participate in research, development and innovation activities. This is a significant concern as innovation is required to improve future care outcomes and ensure service delivery is best-practice and contemporary.
   We believe there is significant scope in the care economy to align regulations and streamline processes across care sectors to realise efficiencies, improve care outcomes and improve workforce attraction and retention.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   Somewhat

4. What are the reasons for your answer?

   Appropriate regulation is critical to ensuring safeguarding of vulnerable persons receiving care and upholding quality standards of care.

We acknowledge the requirement for diverse regulatory approaches to address the unique context of each care service type. We also acknowledge the significant commonality across care service types and the opportunity to share learnings, reduce duplication and streamline processes to realise efficiencies and improve services. We encourage regulatory and quality alignment across the different care service types at every possible opportunity although acknowledge the need for differences in context-specific approaches critical to safety and quality for each service type.
Alignment across jurisdictions and particularly within care service types is strongly encouraged. The current disconnect between jurisdictions limits worker mobility, adds unnecessary complexity and results in poor continuity of care experience for persons receiving care who relocate between States.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Barriers to governments investing in prevention programs includes the variable quality of evidence available, as well as research findings that are often not transferrable across care settings, and not implementable at scale within the system or across jurisdictions. Prevention programs are typically implemented successfully at small scale and at local levels. The recently funded Care Economy CRC program of research will generate evidence to support implementation of effective prevention programs. We work with our 60 national partners in an industry-led approach to generate evidence and new solutions, apply those solutions across our partner cohort, and study their impact at the system level for scale-up and translation. Evidence based research of this nature will test and develop local interventions and measure impacts for the individual receiving care but also system-wide impacts. For example, a falls prevention intervention will measure impacts from home care to avoidable hospital admissions, and effective interventions will have embedded translation for practical implementation at scale.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

No response

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

   Prevention activities can benefit from a long-term and larger-scale approach to support care-provider led translational research with impacts to both the individual and the care system.