

September 2025

*Submission: Productivity
Commission – Delivering Quality
Care More Efficiently (Interim
Report)*

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 welcomes the opportunity to respond to the Productivity Commission's Interim Report on *Delivering Quality Care More Efficiently*, building on our earlier input shared as part of the 5 Pillars Inquiry and the Economic Reform Roundtable consultation.

UnitingCare Australia supports productivity with purpose, understanding that productivity is not an end in itself, but a means to improve quality of life. To unlock the full potential of Australia's people and economy, we must invest in the conditions that enable everyone to thrive. This requires a human-centred productivity 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 approach, we broadly support the Productivity Commission's recommendations in the Interim Report, which if well designed and in consultation with the sector, have the potential to increase efficiencies through regulatory harmonisation—including the streamlining of various standards, accreditations and registrations.

We also endorse the Interim Report's direction in seeking to reduce fragmentation, complexity and inefficiency across government systems more broadly.

We commend the focus on prevention. Evidence shows that preventative investment—in health, education, social services and community infrastructure—delivers high returns by reducing downstream costs and enabling people to participate fully in society and the economy.

Overall, we regard this Inquiry as a timely and important opportunity to shape a more person-centred care system—balancing structural reform opportunities with the lived realities of those who provide and receive care, whilst also ensuring that human dignity and social value are placed firmly at the centre of productivity discussions.

➤ **Interim Report Draft Recommendation 1:**

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

Develop a national screening clearance for workers in the aged care, NDIS, veterans' care and early childhood education and care (ECEC) sectors in collaboration with state and territory governments.

UnitingCare Australia supports the Productivity Commission's recommendation to develop a single, national screening process for workers across the care sector.

In our [previous submission](#), we noted that current screening processes are fragmented across states, duplicated across care settings and inconsistent in their standards and application. This not only creates gaps in safeguarding measures—potentially putting end service users at risk—but also results in significant delays to workforce onboarding in a sector already grappling with critical staff shortages. In addition, maintaining multiple separate systems is financially burdensome, leading to unnecessary administrative overhead and resource inefficiencies.

A single, nationally integrated worker screening system would address many of these challenges and offer a more cost-efficient and streamlined solution for governments and service providers alike.

In advocating for this reform, we recognise the complexity of implementation and the challenges posed by reworking existing state and territory processes. Acknowledging this, we believe progressing toward a unified approach represents an important practical step in line with the [Treasurer's stated productivity priority of 'modernising the Federation'](#)—offering a clear opportunity to streamline systems, reduce duplication and enhance workforce attraction and mobility across the sector.

We also take the opportunity to highlight the Australian Government's ongoing work on a *National Worker Screening Check* as part of the [National Competition Policy agenda](#). We note support and involvement for this work from key government stakeholders including the Department of Finance and the Department of Health, Disability and Ageing. In addition, there is broad support from the Regulator Leadership Cohort for the streamlining of licensing and registration more generally across government. While public information on progress around this work area remains limited, we expect that findings and recommendations stemming from this initiative should play a critical role in shaping practical efforts to streamline worker screening at the national level.

We note that [Towards a More Seamless Australian Economy](#), a recent report published by the Committee for the Economic Development of Australia (CEDA), references UnitingCare Australia's earlier feedback to the Productivity Commission regarding the need to streamline worker screening nationally. CEDA's report highlights the economic and productivity costs associated with current inefficiencies across the care sector and recommends the introduction of a national care worker screening check to address these challenges.

Explore the suitability of a single regulator across the aged care, NDIS and veterans' care sectors.

In principle, UnitingCare Australia supports the Productivity Commission's proposed direction to explore the feasibility of streamlining regulation across care settings. However, we emphasise that the implementation of changes—or, as in this case, the complete transformation of regulatory systems—would require substantial long-term planning to enable preparedness and an effective transition.

Ultimately, the goal of any regulatory reform should be to simplify—not complicate—the operating environment for care receivers and providers. While we consider that a streamlined, nationally consistent framework would offer long-term benefits—such as reducing duplication, easing administrative burden, and enabling more consistent care outcomes—these gains would only be realised through a carefully sequenced and well-supported transition process.

To ensure reforms are workable, feasibility testing must also be used to carefully assess the level of government support needed to help care providers and recipients navigate major regulatory transformation. Without adequate support and strong transparency around change directions and decisions, there would be a significant risk of implementation leading to major unintended disruption to service delivery.

Any feasibility study should consider the broader resourcing implications of change, evaluate whether the proposed changes are practical within current operational and funding constraints, and whether they could be sustained over time without compromising care quality or outcomes.

We further note that there is likely to be limited appetite within the aged care sector for pursuing additional, substantial regulatory reform at this time, given that providers have long been preparing for the implementation of the Strengthened Aged Care Quality Standards, under the new *Aged Care Act 2024*, scheduled to take effect from 1 November 2025. This significant reform follows an extended design and consultation process and is being introduced following other major regulatory changes—such as mandated care minutes—which have already required providers to substantially adjust their operations and workforce planning arrangements. In this context, we caution that introducing additional structural reform proposals in the foreseeable future would risk compounding uncertainty for both providers and care recipients.

We also note that the establishment of a single care sector regulator poses potential risks for people with disability that will need to be carefully managed. Disestablishing the NDIS Quality and Safeguards Commission or merging it with other parts of government to form a single care sector regulator risks the loss of specialist knowledge critical to ensuring the rights of people with disability are upheld by service providers. Further, under the current system there are unregulated NDIS providers. To be consistent and effective, current gaps in regulatory coverage must be addressed. This is a particularly acute issue for the NDIS, where many providers are currently unregistered, creating a two-tiered regulatory system.

We advocate that any future regulatory reform discussions must be pursued through a highly

transparent, well-structured and consultative process, informed by meaningful input from both end service users and providers. It must further be supported by a firm, cross-government commitment to delivering improved outcomes and achieving genuine progress towards improved care sector productivity, without compromise.

Reform conversations must be grounded in a realistic understanding of sector capacity and readiness and should prioritise stability and continuity of service delivery.

We also highlight that simplification must not come at the expense of relevance with regard to regulatory streamlining. Any simplification of functions must still provide standards, mechanisms and powers that are meaningful and responsive to the distinct needs of particular sectors—namely, aged care, disability and veterans' care. If regulatory mechanisms feel too generic or disconnected from frontline realities, there is a significant risk of provider disengagement. This could manifest in a range of ways, including reduced participation in reform initiatives, issues regarding compliance with reporting requirements, or a reluctance to invest in system improvements that may feel misaligned with day-to-day service delivery. Providers may perceive the regulatory framework as irrelevant or burdensome, leading to a breakdown in trust and collaboration between the sector and regulatory bodies. Over time, this disengagement could have potential to erode the quality and consistency of care, with reduced provider contribution of insights, data, or adoption of practices that support broader system goals. In short, when regulation loses its resonance with those delivering care, the entire system risks becoming less responsive, less effective, and less equitable for end users.

A well-designed regulatory function must therefore enable consistency while preserving the nuance required to support diverse service contexts, ensuring reforms are not only efficient but also effective from an end recipient perspective.

Establish a standardised quality and safety reporting framework and data repository to hold data reported against the framework, which could also be used to more consistently measure productivity and report on performance across sectors.

UnitingCare Australia supports, in-principle, the establishment of a standardised quality and safety reporting framework, alongside a centralised data repository for the care sector.

We consider that such a reform would promote greater consistency across jurisdictions and service types, enabling more reliable measurement of productivity and performance. A unified reporting system would also support regulatory harmonisation and reduce duplication, while enhancing the sector's ability to analyse care outcomes, identify areas for improvement and inform evidence-based policy and investment decisions.

However, the design and implementation of any new reporting framework must be approached with care. As demonstrated by current care minute reporting requirements in residential aged care, data collection that focuses on quantitative inputs can fail to reflect the true quality of care being delivered. Moreover, poorly designed reporting obligations place significant additional administrative burden on providers, diverting resources away from frontline service delivery.

Successful implementation of a centralised reporting framework would also require significant

financial investment to ensure that providers—particularly smaller organisations—have access to the necessary IT infrastructure and digital capability to interface with new systems. We note that many providers currently lack the organisational and technical resources to collect, manage and submit complex data sets, and without targeted support to help capability development, many are at risk of being excluded from reform efforts or disproportionately burdened by compliance requirements. We advocate that consideration of this issue must be central to planning and feasibility conversations regarding any move towards standardised data and reporting approaches.

➤ **Interim Report Draft Recommendation 2:**

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

There need to be stronger requirements for formal joint collaborative commissioning committees and the development of data-sharing arrangements to underpin joint needs assessments and evaluation of outcomes.

We support the Productivity Commission's recommendation that governments formally embed collaborative commissioning models to reduce silos and enable more integrated service delivery.

When designed and implemented effectively, collaborative commissioning models have the potential to foster stronger partnerships between providers and commissioning bodies, align funding with community needs, and ultimately deliver more holistic and sustainable outcomes for individuals and communities.

However, there is a lack of clarity within the care sector about what exactly collaborative commissioning is, mixed provider experiences of this model, and concern that embedding it broadly within governments may intensify existing funding problems. Confusion therefore needs to be avoided by ensuring that collaborative commissioning models are not overly complex, and that how they will help to address existing funding challenges (rather than exacerbate them) is well-communicated. It also needs to be made clear to the care sector that collaborative commissioning is about better co-ordinated funding, and reflects how providers already collaborate with one another via partnerships and consortiums, for example, when applying for funding and delivering programs.

The experience of our network suggests that care providers often face challenges due to limited communication and transparency in commissioning processes. In many cases, commissioning models are narrow in scope, which can unintentionally silo program delivery and minimise the impact of interventions being funded. Additionally, funding arrangements are frequently short-term and fragmented, making it difficult for services to optimise resources or scale up best-practice programs and service models in a sustainable way. We note that

these concerns are captured in the [Not-for-Profit Sector Development Blueprint](#).

As noted in UnitingCare Australia's previous submission, we consider that, when done effectively, collaborative commissioning can:

- improve service integration by enabling more coordinated, holistic care.
- reduce inefficiencies through streamlined funding and contracting processes.
- allow services to be tailored to local needs rather than imposing top-down approaches.
- sustainably fund services so they can focus on prevention and long-term wellbeing.

Collaborative commissioning should enable a shift towards long-term contracts (minimum five years), which improve efficiency for both governments and departments through reduced administrative burden. Further, improved visibility of commissioning schedules within and between departments would support efficiency within them. Currently, overlapping funding rounds can occur, placing a significant burden on community services with limited capacity to effectively respond concurrently to each of them.

However, we caution that collaborative commissioning can risk over-distribution of decision-making authority, resulting in a lack of accountability or clarity on outcomes being achieved. We support the idea of managing this through collaborative commissioning committee models, provided that such structures maintain:

- a practical focus on delivery and outcomes.
- a well-defined purpose and clear governance arrangements.
- adequate resourcing.
- highly transparent and clear communication and decision-making processes.

With attention to the above, such committees would be well-placed to develop data-sharing arrangements, carry-out evaluations and undertake joint needs assessments in ways that consider broad interests beyond the scope and limitations of individual departments or parts of government. As a result, such entities would support more strategic allocation of funding and enable more wide-reaching outcomes to be achieved across different domains, meeting the identified needs of specific communities and priority groups in a more efficient and effective way. In addition, they would be able to learn from challenges and continuously improve collaborative commissioning models to achieve these goals.

➤ **Interim Report Draft Recommendation 3:**

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

Establish an independent Prevention Framework Advisory Board that assesses and provides expert advice on requests for prevention funding and develops a standardised actuarial model and frameworks for the analysis of prevention programs. The Board would evaluate ongoing prevention programs, recommend whether programs should continue to be funded, and build the evidence base for prevention.

UnitingCare Australia supports, in principle, the establishment of an independent prevention framework and advisory board function to govern an evidence-based approach to funding and analysing preventative programs delivered by health, social and community service organisations.

To be effective, however, we consider that the framework would need to closely link, and ensure uniformity with:

- ➔ the criteria used in the initial assessment of program suitability.
- ➔ data that programs are required to report on.
- ➔ parameters that are used in the evaluation of programs.

Attention to the above would enable consistent tracking and measurement of prevention outcomes throughout the entire lifecycle of a program—from initial design and funding through to delivery and completion. Applied across all programs, it would also allow for comparative analysis between agencies, helping to identify and scale best-practice approaches.

However, in undertaking this work there are challenges that will need to be addressed. From a productivity perspective, it is critical that measurement involves strong data co-ordination. If not, the introduction of any assessment, reporting and evaluation processes will add extra layers of potentially inaccessible and unusable data, increasing inefficiency. Further, strong transparency is needed to ensure data and analyses are made accessible, which will help give program owners and users confidence in the processes that determine which programs are funded and how they are tracked and measured.

In addition, it is critical that any such framework be underpinned by a clearly articulated problem definition and a shared understanding of what the prevention agenda is aiming to achieve. This prompts the need for further clarity on whether the Government's approach to prevention is focused on real-time interventions that respond to emerging risks, or on early investment strategies that seek to prevent issues from manifesting across the life course. Without this clarity, there is a risk that program design, funding priorities and evaluation metrics would become misaligned with intended outcomes.

A well-defined prevention strategy would ensure that resources are targeted effectively and

that the Framework delivers meaningful, measurable impact across the sector—however, thorough consideration of fundamental principles, problem definition and outcomes sought would be key to the effectiveness of any proposed new interventions or mechanisms.

Conclusion

UnitingCare Australia supports the view that meaningful productivity growth in the care sector will enable greater structural efficiency while also improving the wellbeing of individuals, enabling them to contribute more socially and economically. Toward this end, we welcome the reform directions outlined in the Productivity Commission's Interim Report and the potential for these to be implemented through coordinated, staged approaches that reflect the true complexities of our sector.

Fundamentally, we remain committed to advocating for a vision of productivity that is not only economically sound, but also deeply rooted in quality care, human dignity and long-term social value. We appreciate the opportunity to contribute to these important discussions and look forward to continuing to engage constructively as the reform agenda evolves.