

Submission on the Productivity
Commission:
*Delivering quality care more
efficiently* interim report

September 2025

Written by: Volunteering Australia, Policy Team



Overview

Delivering quality care more efficiently is one of the five pillars of the Government's productivity growth agenda. The rate at which demand for care and support services is growing and the labour-intensive nature of these services mean the care economy has a substantial impact on overall productivity.

Volunteers are an essential, but distinct component of Australia's care workforce, with hundreds of thousands of volunteers contributing to care services every year.

In this submission we respond to the Productivity Commission's *Delivering quality care more efficiently* interim report.¹ We support the goal of removing unnecessary complexity and cost in the quality and safety regulatory system to boost productivity, while protecting the rights and safety of care recipients. We advocate for differentiating between paid and volunteer roles by allowing a risk-proportionate approach to volunteer roles. This approach will avoid unintended consequences and provide clarity for volunteers and the organisations that engage them. To achieve this balance, we advocate for settings that:

1. Consider volunteers as an essential, but distinct, component of the care and support workforce.
2. Are clear on which regulatory requirements apply to volunteers and how.
3. Take a risk-proportionate approach to different volunteer roles.
4. Improve reporting and data by including a sub-set of workforce data about volunteers.
5. Include consultation with relevant volunteering stakeholders, the volunteering peak bodies, providers that involve volunteers and volunteers themselves on policies and settings that apply to them.

Introduction

Background and context

Volunteers form a distinct and important part of the workforce across all sectors of the care economy – health care, early childhood education and care, disability support, aged care, veterans' care and other community services. Data collected as part of the Volunteering in Australia research in 2022 found that in April 2022, about a quarter (26.7 per cent) of Australians had done formal volunteer work in the previous 12 months. Of these, 8.8% volunteered in aged care organisations and 4.7% volunteered in disability organisations, and at

¹ <https://www.pc.gov.au/inquiries/current/quality-care/interim>

least 12.8% volunteered in health services (hospitals etc), veterans services, mental health and other sub-sectors.² This equates to hundreds of thousands of volunteers.

About this submission

This submission responds to the *Delivering quality care more efficiently* interim report, specifically draft recommendation 1.1 *The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users.*

It highlights the substantial role that volunteers play in the care economy and argues that volunteers need to be considered in addressing the fragmented and inconsistent nature of regulatory requirements for quality and safety across different sectors of the care economy. Volunteers and providers will benefit from clarity on whether and how regulatory arrangements apply to volunteers, contributing to greater productivity.

This submission was drafted by Volunteering Australia in collaboration with the State and Territory volunteering peak bodies and follows previous submissions concerning aged care and the wider care and support sector, most recently:

- Submission on a new Aged Care Act: Consultation Paper no.2³
- Submission on a new model for regulating Aged Care: Consultation Paper no.2⁴
- Submission on the draft National Strategy for the Care and Support economy⁵
- Submission on the Exposure Draft of the Inspector-General Aged Care Bill⁶
- Submission on the Aged Care data strategy⁷
- Independent Capability Review of the Aged Care Quality and Safety-Commission⁸
- Submission on Aligning Regulation across Aged Care, Disability Support, and Veterans' Care⁹

² <https://volunteeringstrategy.org.au/wp-content/uploads/2022/10/Volunteering-in-Australia-2022-The-Volunteer-Perspective.pdf>, 42. Volunteers were able to answer that they undertook volunteering in more than one category.

³ <https://www.volunteeringaustralia.org/download/230/2024/48196/february-2024-submission-on-a-new-aged-care-act-consultation-paper-no-2.pdf>

⁴ <https://www.volunteeringaustralia.org/download/199/2023/44083/june-2023-submission-on-a-new-model-for-regulating-aged-care-consultation-paper-no-2.pdf>

⁵ <https://www.volunteeringaustralia.org/download/199/2023/44073/june-2023-submission-on-the-draft-national-strategy-for-the-care-and-support-economy.pdf>

⁶ <https://www.volunteeringaustralia.org/download/199/2023/37852/january-2023-submission-to-exposure-draft-of-the-inspector-general-of-aged-care-bill.pdf>

⁷ <https://www.volunteeringaustralia.org/download/153/2022/30934/september-2022-submission-on-the-aged-care-data-strategy.pdf>

⁸ <https://www.volunteeringaustralia.org/download/153/2022/31666/december-2022-independent-capability-review-of-the-aged-care-quality-and-safety-commission.pdf>

⁹ <https://www.volunteeringaustralia.org/download/154/2021/26964/december-2021-submission-on-aligning-regulation-across-the-care-and-support-sector.pdf>

The National Strategy for Volunteering (2023-2033)

The National Strategy for Volunteering (2023–2033) is a ten-year blueprint for a reimagined future for volunteering in Australia, providing a strategic framework for enabling safe, supported, and sustainable volunteering. The National Strategy for Volunteering was developed through a 12-month co-design process with members of the volunteering ecosystem.¹⁰

Improving the productivity of the care economy, specifically relating to volunteers, should consider alignment with the National Strategy for Volunteering. Three of the Strategy's strategic objectives are particularly relevant:

- Strategic Objective 1.1: Focus on the Volunteer Experience
- Strategic Objective 1.3: Ensure Volunteering is Not Exploitative
- Strategic Objective 3.1: Make Volunteering a Cross-Portfolio Issue in Government

Recognising volunteers in quality and safety regulation

We support the Productivity Commission's goal of removing unnecessary complexity and cost in the quality and safety regulatory system for care recipients, providers, workers and government, while protecting the rights and safety of care recipients.

Volunteers are different from paid workers in the care workforce in their role types, obligations and work expectations. Our main concern is for volunteers to be considered as an essential, but distinct, component of the care workforce in designing and implementing any quality and safety regulatory changes, while maintaining the necessary safeguards for vulnerable communities.

Like paid workers, volunteers face a cost to engage in the care economy, in the form of different screening and other regulatory requirements across sectors and jurisdictions, including the effort of navigating and meeting these sometimes duplicative requirements.

Many providers engage volunteers. For example, according to the 2023 Aged Care Provider Workforce Survey Report, 46% of Residential Aged Care services and 48% of Commonwealth Home Support Program providers indicated that engaged volunteers during the two-week reporting period.¹¹ In addition to the challenges they face from the fragmented regulatory requirements for workers, there is the additional challenge of determining if and how these apply to volunteers.

Each care sector currently addresses volunteers differently in terms of whether or how they are recognised as part of the workforce, which regulatory settings apply to them, and how clear these arrangements are for volunteers and providers. This creates gaps and inconsistencies,

¹⁰ <https://volunteeringstrategy.org.au/the-strategy/>

¹¹ https://www.gen-agedcaredata.gov.au/getmedia/aa6c9983-5ee1-42c2-a7a8-183d76fad46b/2023_ACPWS_Report 17.

with potential implications for care recipients as well as an inefficient regulatory burden for volunteers and providers. In general, while consistency should be sought across different sectors of the care economy – both to improve quality and safety for care recipients and to minimise the regulatory burden – there may be valid reasons for differences, such situations involving children.

We therefore recommend a risk-proportionate model in determining how regulatory requirements apply to volunteers. This will help balance the quality and safety of care against any unintended consequences for the volunteers who support them. A risk-proportionate approach to determining which regulatory requirements apply to volunteers requires analysis of the distinct characteristics of volunteer engagement in each sector, balancing the benefits of volunteer involvement with the risks. For example, in aged care most interactions are low risk due to the supervision present in such a regulated sector and the infrequency of most interactions, and can contribute to quality care. However, in other scenarios, such as community settings with children, the risks could be higher.

In addition to achieving a reduced regulatory burden (and increased productivity) for volunteers for low-risk interactions (for example, infrequent, supervised companionship visits in a residential aged care facility), a risk-proportionate approach is crucial to ensuring that volunteers remain willing to give their time.

To support a risk-proportionate approach to regulation and the associated oversight mechanisms, across all care sectors improved data collection is required that captures volunteers separately to paid workers, identifying their number, the roles they perform, the outcomes they contribute to and any breaches they commit. Data and analysis should be made publicly available.

Overall, the types of regulatory arrangements that may impact volunteers and the providers that engage them include any quality and safety requirements specified in an Act or subordinate legislative instrument, or set as a requirement by a professional body, funding arrangement or any other body or arrangement. This might include requirements for worker screening, registration, training and education, adherence to Codes of Conduct or similar. It also includes compliance, penalties, enforcement or oversight mechanisms.

This submission addresses three specific ideas raised in the interim report, but it should be noted that the principles put forward apply more broadly.

A Single National Worker Screening Clearance

We support reforms that would streamline the quality and safety regulatory system while protecting the rights and safety of care recipients, noting this has benefits for volunteers and care recipients alike. From the perspective of the volunteering eco-system, the most significant

of the proposals put forward by the Productivity Commission in the interim report is the one for a single national worker screening clearance.

The interim report recommends that “Governments should establish a single national worker screening clearance that replaces the various existing clearances, such as aged care police checks, NDIS worker screening checks and working with children/vulnerable people checks”. And that “A national worker screening clearance would enable workers to apply for a clearance to work across all care sectors and jurisdictions through a single process, with checking automated to the greatest extent possible and supported by effective information sharing between regulators. Real-time continuous checking should be undertaken between renewal dates to ensure prompt action if a worker engages in inappropriate behaviour.”¹²

We support improvements to close gaps in current screening requirements that pose a risk to the safety of care recipients and vulnerable cohorts. We also support consistency in screening requirements, processes and costs across sectors and jurisdictions. This would reduce the administrative burden, costs and wait times faced by workers, volunteers and providers which act as a barrier to entry into the care workforce and create a drag on productivity. Whether this reform is achieved through a single national worker screening clearance, greater harmonisation of existing processes (such as existing or proposed state credentialing systems) or some other method should be carefully considered, taking into account existing work underway at both the state and federal level and the balance between quality, safety and the regulatory burden.¹³

In our election platform, [*Volunteer Nation: Positive Impact, Strong Communities*](#) we advocate for a National Volunteer Passport to improve portability of volunteer credentials between organisations and jurisdictions. Currently, engagement of volunteers is often delayed or complicated by duplicative training requirements and worker screening processes, which are often not portable between jurisdictions. This can be a significant burden both for volunteers and organisations, particularly those that operate in more than one state or territory, or sector. Portability of worker screening clearances between roles, organisations, sectors and jurisdictions would improve productivity for volunteers and the providers that engage them, not just in the care economy.¹⁴

While the development of the incoming Aged Care Act (2024) and its supporting regulations has been exemplary for volunteering policy, there is no example of a best practice approach to working screening in any sector of the care economy at present. Therefore, any future model for standardised worker screening in the care economy must take a first principles approach.

¹² <https://www.pc.gov.au/inquiries/current/quality-care/interim/quality-care-interim.pdf> 18

¹³ For example, the Standing Council of Attorneys-General agreed on 15 August 2025 to work towards implementing mutual national recognition of negative WWCC decisions rather than a standardised national working with children check.

¹⁴ <https://www.volunteeringaustralia.org/wp-content/uploads/Volunteering-Australia-Election-Platform-2025.pdf> 9-10

Whatever the model for worker screening, it is crucial that the different care sectors – and parts of government – involved in this work communicate with each other and consider the impact on volunteers in a consistent way, taking a risk-proportionate approach to determining which volunteer roles require what level of worker screening and how. Inconsistent approaches increase complexity and risk for volunteers, providers and care recipients.

Worker registration

The interim report notes that “most workers in the aged care, NDIS and veterans’ care sectors are not required to be registered,¹⁵ but concerns about quality, safety and workforce attrition have led some recent reviews to recommend mandatory registration”.¹⁶ We cannot provide any detailed recommendations regarding the impacts and implications of requiring volunteers to be registered until a model is proposed, should one be proposed.

While the report does not comment on whether or not registration *should* be required, in relation to volunteers specifically we would urge caution in line with the Productivity Commission’s position that a risk-proportionate approach needs to be taken that balances “appropriate safeguards for quality and safety and avoiding creating unnecessary barriers to workers entering or moving within the workforce”.¹⁷ With regard to volunteers, the merits of registration should be considered for each of the different categories of roles that volunteers perform and their associated risk level. Treating volunteers as a single group to which a single rule applies is not a risk-proportionate approach.

Volunteers may be engaged by not-for-profit, private or government organisations and may perform a range of roles including food preparation or delivery, providing companionship or support to participate in social activities, or personal care and transport.¹⁸ Not all roles have the same risk profile.

The approach taken under the new aged care regulatory model differentiates between the different roles undertaken by providers and workers (including volunteers) and the different levels of risk involved, with regulatory requirements tailored accordingly. The effect is that only certain volunteers in higher risk roles would need to meet regulatory requirements. This is currently the best practice example of a risk-proportionate model.

Exploring the suitability of a single quality and safety regulator

The interim report notes that a single quality and safety regulator would be a natural extension of its other recommendations and proposes combining existing mechanisms into a single

¹⁵ Exceptions include registered nurses, enrolled nurses and nurse practitioners who must formally register with the Australian Health Practitioner Regulation Agency (AHPRA).

¹⁶ <https://www.pc.gov.au/inquiries/current/quality-care/interim/quality-care-interim.pdf> 19

¹⁷ Ibid 19

¹⁸ Ibid 44

statutory agency.¹⁹ While we do not have a position on this proposal, as it would be model and implementation dependent, we note again that any system of oversight must consider and include volunteers as distinct from paid workers to appropriately ensure the quality and safety of care, while also taking a risk-proportionate approach to penalties, compliance and enforcement. This includes considering what it is reasonable to expect of volunteers.

The incoming Aged Care Act (2024) and its regulations which come into force in November 2025 have the potential to be best practice in the care economy, as they make providers responsible for understanding what is required of volunteers and ensuring their volunteers are supported to be compliant.

Recommendations

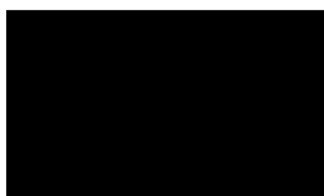
Based on consideration of the *Delivering quality care more efficiently* interim report and previous work with the Department of Health, Disability and Ageing on aged care reforms, we recommend:

1. Volunteers be considered as an essential, but distinct, component of the care and support workforce. This means they need to be considered in any measures to improve the productivity of the care workforce.
2. Clearly identifying which regulatory requirements apply to volunteers and how.
3. Taking a risk-proportionate approach to different volunteer roles.
4. Improving reporting and data to provide a clearer picture of risk and mitigation requirements by including a separate sub-set of workforce data about volunteers in any care workforce data collection. This is essential to supporting a risk-proportionate approach and associated oversight mechanisms.
5. Consultation with relevant volunteering stakeholders, the volunteering peak bodies, providers that involve volunteers and volunteers themselves on the development of any policies and settings to improve productivity in the care economy that apply to them.

¹⁹ Ibid 25

Authorisation

This submission has been authorised by the Chief Executive Officer of Volunteering Australia.



Mr Mark Pearce
Chief Executive Officer

Endorsements

This position statement has been endorsed by the seven state and territory Volunteering Peak Bodies.



About Volunteering Australia

Volunteering Australia is the national peak body for volunteering, working to advance volunteering in the Australian community. Volunteering Australia's mission is to support a thriving volunteering ecosystem in Australia by promoting and advocating for volunteering and providing leadership at a national level.

The seven state and territory Volunteering Peak Bodies work to advance and promote volunteering in their respective jurisdictions and are Foundation Members of Volunteering Australia.

Our vision is for a future where volunteering is the heart of Australian communities. This vision was co-designed with thousands of people from across Australia during the development of the National Strategy for Volunteering.

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