



Catholic Health Australia – Submission on a national approach to care and support worker screening

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Catholic Health Australia
www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

Our members account for 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care provision.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

Background

The Department of Finance (Finance) and the Treasury are looking at the feasibility of implementing a national approach to worker screening in the care and support economy (CSE) – comprising of aged care; disability support; early childhood education; healthcare and veteran’s care. A national approach to care and support worker screening could improve labour mobility and efficiency across the sector and strengthen quality and safety for care recipients in the CSE.

The implementation of such an approach comes at a time of significant transformation in Australia’s care economy, driven by expanding service options, new models of care, and rising consumer expectations. Health and aged care services, in particular, face mounting pressures — including rising demand, workforce shortages, fiscal constraints, and increasing complexity of care needs. These challenges require a shift toward innovative, adaptive approaches to both regulation and care delivery. A nationally consistent approach to worker screening is therefore essential to guide quality improvement and ensure the system remains responsive, sustainable, and patient-centred for all care recipients.

Finance and Treasury is seeking feedback on longer-term options to reform worker screening across the CSE under the National Competition Policy (NCP). These two options have been outlined below:

- **Option 1: Expanded mutual recognition of worker screening checks.** This would mean that the WWCC, Working with Vulnerable People (WWVP) Check, and the forthcoming NDIS and Aged Care Worker Screening Check would all remain as standalone checks, however; they would be mutually recognised as valid across sectors and jurisdictions.
- **Option 2: Single national check across the care economy.** This option would reset current worker screening arrangements by removing sector specific checks (e.g. the NDIS and Aged Care Worker Screening Check, WWCC, and WWVP Check) and developing a single national ‘care and support economy’ check.

As Australia’s largest non-government network of health, community, and aged care services, Catholic Health Australia (CHA) and its members play a leading role in the care economy. With deep experience across the health and aged care sectors, CHA is well positioned to meaningfully contribute to the development of a national approach to care and support worker screening. This submission responds to Finance and Treasury’s consultation questions to inform the development of a national approach to worker screening and articulates the case for a strategic, cohesive, and system-wide response to deliver safety and quality care efficiently through harmonisation of care worker regulation.

Overall comments

CHA welcomes Finance and Treasury’s work on designing a national approach to care and support worker screening through sector consultation. It is known that workforce shortages across health, aged care, and disability services are straining service delivery, exacerbated by fragmented planning, underutilised national data, and inconsistent state and territory initiatives. Strategies to improve workforce quality, safety, and mobility must be risk-proportionate and integrated with strategic workforce planning efforts to avoid unintended consequences, particularly in implementing national registration or screening schemes.

CHA urges Finance and Treasury to proceed with caution and collaboration, working closely with providers to ensure that any workforce reforms are grounded in the operational realities of care delivery. A national screening approach, if introduced, must not become an additional barrier to workforce participation - particularly at a time when the care sector is already under strain. Rather, it should form part of a broader, integrated workforce strategy that supports care quality, system sustainability, and the dignity of care recipients.

Our submission identifies key design principles and practical safeguards that must be in place if a national scheme is to proceed. This submission does not respond to all consultation questions posed in the consultation paper. Instead, it provides consolidated responses to selected questions, focusing on key themes and strategic considerations relevant to the design and implementation of a national approach to worker screening. Given CHA members operate across health, aged and community care sectors, majority of policy considerations contained in this submission will be most relevant to these sectors. Where there are nuances that could be applicable to health-adjacent sectors, these distinctions will be referenced.

Our submission also proposes alternative and complementary strategies to uplift the capability, accountability and stability of the care and support workforce more broadly. In particular, CHA recommends that:

- any national screening or registration approach must be pragmatic, proportionate to risk, and embedded within existing regulatory frameworks to avoid duplication;
- regulatory costs for both providers and workers must be modelled, capped and incorporated into funding models to avoid exacerbating existing workforce pressures;
- a nationally consistent screening process should be adopted with a view to reduce compliance duplication across existing aged, community and disability care programs, namely Commonwealth Home Support Program (CHSP), NDIS, Home Care Packages (HCP) Program and Support at Home; and
- non-regulatory mechanisms — such as investment in training and navigational access, workforce planning infrastructure, and provider-led development pathways — should be prioritised alongside or ahead of formally enrolling workers in a screening approach.

CHA strongly supports a harmonised approach to workforce regulation - one that empowers workers to continuously improve, enhances professionalisation of care and support sectors, and embeds a shared commitment to improving health outcomes for all care recipients, regardless of where or how they access care. Standardising registration and screening processes is an important first step towards improving workforce mobility, reducing administrative burden for providers, whilst reflecting the realities of a shared care workforce. In the long-term, progress must be made to embed adaptive and risk-proportionate regulatory approaches across all aspects of the CSE, whilst ensuring coherence with broader reform initiatives.

While both proposed options for a national approach to worker screening presents potential benefits, CHA emphasises the importance of robust analysis — particularly around feasibility, cost-effectiveness, and long-term population-level impacts — before committing to a preferred pathway. Our submission recommends a phased, evidence-informed approach to implementation, supported by inclusive design, continuous monitoring and evaluation, and mechanisms that promote equity, transparency, and workforce sustainability.

Submission

Question 1: Do these challenges resonate with your experience of worker screening? Are there any other issues that we should consider?

CHA and its members agree with the challenges outlined in the consultation paper, particularly those relating to jurisdictional fragmentation, limited interoperability, inconsistent reporting, and lack of real-time data sharing across existing worker screening systems. These issues not only create inefficiencies but also detract from the time and resources available for direct care provision.

Further compounding these challenges is the variation in how risk assessments are conducted and communicated across different organisations across the CSE. The involvement of different entities in facilitating these assessments introduces inconsistency in approach and messaging, which can lead to confusion for workers and providers. Inconsistent communication about screening outcomes and expectations can also erode trust and create unnecessary barriers to workforce participation. There is also variability in post-clearance monitoring: for example, some jurisdictions monitor new information and notify screening units for NDIS check holders, but this is not uniformly implemented across all checks and sectors.

This is especially problematic in the context of ongoing workforce shortages, where duplicative and burdensome application processes disproportionately affect workers in regional, rural, and remote areas. Without targeted reform, these barriers risk further deterring individuals from entering or remaining in the care and support workforce.

A key area for improvement is the lack of clarity around the relevance and necessity of specific screening components. There must be a clear and evidence-based justification for each element of the screening process. To support this, CHA recommends the development of a mapping framework to identify areas of duplication and distinguish between components that are genuinely meaningful versus those that may be outdated or redundant.

Currently, the system remains heavily focused on compliance and meeting minimum regulatory standards. While compliance is essential, this narrow focus does not reflect the evolving needs of the care economy — particularly the imperative to foster continuous improvement, adaptive regulation, and innovative workforce practices. Upcoming reforms in aged care heighten this urgency: the new Aged Care Act 2024 and Aged Care Rules 2025 introduce worker-screening obligations commencing 1 November 2025, and providers are already being directed to prepare — creating a pivotal window to harmonise requirements with disability, childcare and health before multiple parallel regimes harden.

A nationally coordinated approach presents a significant opportunity to shift from a compliance-driven model to one that embeds a culture of learning, adaptability, and excellence. This would better align worker screening with broader policy objectives, support workforce development, and enhance outcomes across the care and support economy. This theme of adaptive regulation and continuous improvement is explored further in a subsequent section of this submission.

Question 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?

The consultation paper clearly outlines the anticipated benefits of a national approach to worker screening. CHA strongly supports the intent of these reforms, particularly the potential to increase national portability of screening checks across jurisdictions and care sectors. This would significantly enhance labour mobility, reduce duplication, and improve workforce productivity across the CSE. Importantly, it would also strengthen consumer trust in the integrity and robustness of the screening process.

A national approach presents a unique opportunity to define and embed a shared understanding of quality and safety outcomes across the CSE. By articulating what quality care looks like in practice — and ensuring this definition is consistently applied — government can foster a more cohesive and transparent system. This could be achieved through a set of national quality and safety principles, implemented as part of a continuous improvement framework, that is operationalised through the national screening approach. Such a shift would move the sector beyond a compliance-only mindset, encouraging learning, adaptability, and innovation in workforce practices.

The extent to which the benefits of a national approach are realised will ultimately depend on how the reforms are implemented. For example, aligning worker screening with broader workforce strategic planning and professionalisation efforts — discussed in a subsequent section — could lead to: greater clarity for workers around expectations and career pathways; reduced barriers to workforce entry and mobility; and increased future workforce supply and retention.

To ensure these benefits are realised and sustained, it is critical that monitoring and evaluation mechanisms are embedded from the outset. These mechanisms should track implementation progress, assess impact, and support iterative improvements over time (such as through a process evaluation approach). A robust evaluation framework will also help identify unintended consequences early and ensure the reforms remain responsive to the evolving needs of the sector. Evaluation should explicitly test whether a national model reduces processing delays (a known drag on productivity and wages) and whether continuous checking improves timeliness of risk detection compared with periodic renewals.

Furthermore, this evaluation framework should be developed alongside a separate benefits realisation framework. This framework should: enhance transparency and accountability across reform implementation; provide visibility into policy development and progress; and identify opportunities for sector collaboration to maximise collective impact for care recipients.

Question 4: What are the key issues with national consistency in worker screening for the care and support economy? How could these issues be overcome?

Addressing jurisdictional variation

One of the most significant barriers to achieving national consistency in worker screening across the CSE is the variation in regulatory and legislative frameworks across jurisdictions. Differences in funding models, accountability mechanisms, resource capacity, and digital maturity contribute to fragmentation that affects workers, providers, and consumers alike.

These disparities are particularly evident in the implementation capacity of jurisdictions. Some states and health services are equipped with advanced digital infrastructure, robust workforce models, and established quality improvement programs that could enable real-time monitoring of screening outcomes. Others face infrastructure deficits, limited digital capability, and fragmented screening processes. For these jurisdictions, transitioning to a large-scale national approach may be perceived as overly complex or resource-intensive.

Without targeted support, national implementation risks exacerbating existing inequities, rather than fostering consistent improvements and collaborative behaviours across jurisdictions. Moreover, jurisdictions with weaker capacity may end up lagging, creating “safe havens” where screening is less rigorous or timely, undermining national integrity.

To address this, CHA proposes a national mapping and consultation initiative to identify and understand the extent of jurisdictional variation and overlap in worker screening requirements. This initiative would:

- Conduct detailed consultations with representatives from each jurisdiction
- Assess financial, infrastructure, and digital impacts of transitioning to a national approach
- Identify areas of duplication, gaps, and opportunities for harmonisation
- Inform tailored implementation strategies that reflect local contexts and capacities

A strong example of how this could be approached is the existing work of the Independent Health and Aged Care Pricing Authority (IHACPA). IHACPA’s development and implementation of pricing frameworks — undertaken in close collaboration with jurisdictions — demonstrates the value of participatory approaches. Their model, which includes structured engagement, shared decision-making, and transparent processes, could serve as a blueprint for this mapping initiative. By embedding similar principles, the national worker screening reform process can build trust, ensure relevance, and promote equitable implementation across all states and territories.

To underpin consistency, a national governance framework with binding dispute resolution is essential. In a federated system, conflicts over responsibilities, appeals, liability, or interpretation may arise; a national oversight body or consortium model can provide arbitration, oversight, and alignment.

Addressing cost and timing variation

Another key barrier to achieving national consistency in worker screening across the CSE is the lack of clarity and consistency in cost responsibilities and validity timeframes for

screening checks. As outlined in the consultation paper, application fees for worker screening checks are levied to fund the operations of Worker Screening Units (WSUs) and the Australian Criminal Intelligence Commission (ACIC).

However, these fees vary significantly across jurisdictions and types of checks, and there is no consistent policy on who should bear the cost. In the experience of CHA and its members, it is often left to the discretion of individual employers whether they will cover the cost of checks required for employment in a particular care setting.

This lack of clarity can result in additional financial barriers, particularly for prospective workers from low-income or marginalised backgrounds. Without clear guidance or support, these individuals may be discouraged from entering the workforce, exacerbating existing workforce shortages and inequities.

To address this, government should consider:

- Establishing clear national expectations around who is responsible for covering the cost of worker screening checks
- Providing financial incentives or subsidies to support equitable access, particularly for priority workforce groups
- Rewarding good employer practices, such as covering screening costs or streamlining onboarding processes

In addition to cost, variability in the validity timeframes of screening checks across jurisdictions and sectors adds further complexity. For example, a Working With Children Check (WWCC) may be valid for different durations depending on the state or care setting, placing additional administrative burden on workers to maintain compliance, and on providers to monitor expiry dates.

There is a clear opportunity to harmonise validity timeframes across jurisdictions in line with the proposed design principle of minimising regulatory burden. For instance, standardising WWCC validity to a fixed period (e.g., five years) nationally would reduce duplication, simplify compliance, and support workforce mobility. To ensure the timeframe is fit-for-purpose, it should be informed by evidence on workforce retention, attrition, and mobility trends. Agencies such as Jobs and Skills Australia (JSA) and HumanAbility may offer valuable data and insights to support the development of a nationally consistent validity period that reflects sector dynamics and workforce realities.

Together, these proposals would help create a more equitable, transparent, and efficient worker screening system, aligned with the broader goals of safety, quality, and workforce sustainability across the CSE.

Clarity in scope and purpose of worker screening

To ensure national consistency in worker screening across the CSE, it is essential to define a clear scope of applicability and purpose for screening requirements. Worker screening must be relevant to the roles and responsibilities of each individual, recognising the diversity of care contexts and settings in which care is delivered.

This is particularly important in a complex regulatory environment where multiple legislative frameworks intersect. For example, the *Aged Care Act 2024* uses broad terminology such as “aged care workers” to refer to the entire aged care workforce—many of whom may also work across disability, health, and other support sectors. Without clearly defined parameters,

there is a risk of regulatory overreach, confusion among workers, and inconsistent application of screening requirements.

To mitigate similar risks, a national approach must be supported by a detailed implementation roadmap, grounded in early and ongoing co-design with workers, providers, and care recipients. This roadmap should include:

- Continuous monitoring and evaluation functions to ensure relevance and effectiveness
- Investment in capacity-building to support implementation across diverse settings
- Tailored incentive structures to encourage participation and compliance

Incentives could include financial support for providers who adopt best practices, recognition programs for workforce excellence, or streamlined onboarding processes for workers who meet national screening and capability standards. Embedding these mechanisms within the broader policy and governance framework will help ensure that the sector is wholly aligned at all stages of design and implementation. It will also promote shared ownership of the reform process, reduce resistance to change, and foster a culture of safety, accountability, and continuous improvement across the CSE.

Ultimately, a national worker screening approach must be purpose-driven, context-sensitive, and supported by clear incentives to ensure it is not only consistent, but also equitable, practical, and sustainable across the care and support economy.

Question 5: How can the government ensure safety outcomes are upheld, while improving the simplicity and efficiency of worker screening processes?

Across the CSE, the landscape of regulators, standards, and expectations for quality care is diverse and rapidly evolving. As regulatory requirements continue to adapt to emerging risks and trends, it is essential that any national approach to worker screening supports a system that is not only safe and high-quality, but also adaptive, outcomes-focused, and person-centred — particularly in the context of growing complexity, workforce pressures, and rising demand. Designing the scheme around continuous or near-real-time risk monitoring (rather than point-in-time checks only) is central to this balance, drawing on the model used in NDIS worker screening where ongoing suitability is checked over a five-year clearance period.

Existing models such as the National Safety and Quality Health Service (NSQHS) Standards and the Strengthened Aged Care Quality Standards demonstrate how regulatory frameworks can uphold safety while setting clear expectations for providers and consumers. These standards, developed collaboratively across governments, providers, and communities, serve as both regulatory tools and mechanisms for building a shared understanding of care expectations. The NSQHS Standards already embed continuous quality improvement and consumer-centred care, and the strengthened Aged Care Quality Standards (updated February 2025) mirrors this approach under the new Aged Care Act — offering a practical and ready governance scaffold to align screening with safety and quality outcomes.

To uphold safety outcomes while improving the simplicity and efficiency of worker screening processes, CHA sees a clear opportunity to progress the development of a National Skills and Capability Framework, as proposed in the Unleashing the Potential of our Health Workforce report (2024). This framework could serve as a centralised reference point — a “one-stop shop” — for: training and professional development pathways; qualifications and

credentialing opportunities; and worker screening requirements and expectations. Linking the capability framework to the Scope of Practice Review's recommendations (in terms of workforce design, regulation, and enabling policy) would let governments embed screening requirements alongside competencies and scope expansions — so that portability of skills is matched by portability of clearances.

With the recent consolidation of the Department of Health, Disability and Ageing into a single central government body, there is a timely opportunity to cohesively guide policy and priority setting across the CSE and embed this framework into broader workforce reform efforts. This approach acknowledges the distinct professional boundaries and care philosophies across sectors, while promoting regulatory alignment that respects diversity and fosters collaboration. For example, allied health professionals — some of whom are AHPRA-registered and others who are not — often face challenges communicating skills, competencies, and background screening outcomes between sectors, leading to duplication and inefficiencies. A national capability framework would help overcome these barriers, improve workforce productivity, and support contemporary, integrated models of care. The alignment window is immediate: aged care worker-screening obligations commence on 1 November 2025 under the new Aged Care Act, with government signalling convergence toward an NDIS-style national check thereafter — so design choices made now can prevent parallel, duplicative regimes.

Importantly, the framework could be supported and/or operationalised by a dedicated care worker platform, featuring tailored modules that:

- Communicate what the framework means for workers in practical terms
- Reinforce values alignment with the work being undertaken
- Provide accessible explanations of regulatory and legislative requirements
- Offer guidance on career pathways and professional expectations

Such a platform would empower workers to better understand their roles, responsibilities, and rights within the CSE, while fostering a sense of purpose and connection to the values underpinning care work. It would also support consistent onboarding, reduce duplication, and enhance workforce mobility across sectors. To streamline identity proofing and reduce repeat checks, the platform should integrate Australia's Digital ID system and Verifiable Credentials—using accredited providers under the Digital ID Act and the nationally agreed strategy—to enable re-use of verified identity attributes across jurisdictions and sectors. Where personal information must be exchanged for continuous checking, the Data Availability and Transparency (DATA) Scheme provides a lawful pathway with strong privacy controls and project-based safeguards—supporting safe, auditable data sharing for screening while minimising over-collection.

In summary, a capability framework approach, supported by a fit-for-purpose digital care worker platform, offers a scalable and sustainable approach to streamline worker screening, strengthen workforce development, and uphold safety and quality across the care and support economy. Pairing this with explicit interoperability to existing screening regimes (e.g. the NDIS Worker Screening Database) and clear transitional guidance for aged care providers through 2025–26 will both protect consumers and reduce administrative burden during the shift to national arrangements.

Question 6–9: Key design elements of a national approach to worker screening

CHA is broadly supportive of the comprehensive high-level design principles outlined in the consultation paper. These principles provide a strong foundation for reform. However, their success will ultimately depend on how they are implemented, integrated with existing systems, and aligned with broader reform efforts across the CSE.

To ensure coherence and sustainability, there is an underlying need for nationally coordinated leadership to guide both the design and implementation of a national approach to worker screening. While some of these considerations may extend beyond the immediate scope of this review, they reflect the broader policy landscape that must be accounted for to deliver a fit-for-purpose and enduring screening framework.

This section of our submission responds to **Consultation Questions 6–9**, focusing on the design elements required to support a nationally consistent, culturally safe, and operationally feasible approach to worker screening across the CSE.

Risk-proportionate, adaptive regulation

CHA and its members have long advocated for a risk-proportionate and adaptive regulatory approach — one that enhances safety without imposing unnecessary costs or complexity. This approach must be adopted consistently across all major regulators within the CSE, including health, aged care, disability, and social services. Regulatory coherence is essential to avoid duplication, reduce confusion, and support a streamlined experience for workers and providers. Importantly, the design must also accommodate periodic review and recalibration of risk thresholds (including clear definitions of what constitutes “high risk”) in light of evolving evidence, sector dynamics, and emerging harms (such as financial abuse or digital safety risks).

Alignment of reform initiatives and approach across regulators

While the proposed design elements are robust, their effectiveness hinges on alignment with existing reform initiatives, particularly those related to worker screening checks (such as the Aged Care Worker Screening Check to adopt similar scope to NDIS worker screening). Fragmentation across regulatory bodies and reform efforts risks undermining the goals of a national approach. Coherence across these efforts will be critical to delivering a regulatory framework that is both effective and sustainable. For example, the national screening scheme should be designed in close harmony with the new Aged Care Act 2024 and its workforce screening obligations beginning 1 November 2025, to avoid parallel or conflicting regimes.

Address fragmented funding and governance

A key barrier to implementing a cohesive national worker screening system is the fragmented funding and governance landscape across the CSE. Oversight and service delivery responsibilities are distributed across federal and state governments, public and private funders, and multiple sectors. This fragmentation leads to misaligned incentives and siloed accountability mechanisms.

To overcome these challenges, CHA strongly supports the establishment of a national governance framework that enables strategic coordination, facilitates stakeholder engagement, and drives consistent implementation across jurisdictions. Formal mechanisms — such as intergovernmental agreements or memoranda of understanding — could reinforce this framework by clarifying roles, contributions, and risk-sharing responsibilities. Such agreements should include escalation and arbitration pathways, clear metrics of success (e.g. screening turnaround times, portability failures, system reliability), and financial commitment schedules or mechanisms to support less-resourced jurisdictions.

National leadership through strategic workforce planning

Workforce shortages across the health, aged care, and disability sectors are significantly impacting the efficiency and effectiveness of essential services. These sectors are not only competing with each other for the same workforce but also with other countries facing similar challenges. Therefore, strategic workforce planning should be at the forefront of the development and design of such a national approach to worker screening.

CHA continues to advocate for the establishment of a centralised, independent workforce planning body, such as Health Workforce Australia (HWA), or an enhanced version of Jobs and Skills' Australia (JSA). CHA supports the efforts by Government to address workforce challenges through the establishment of JSA. Noting that the agency was newly established in 2022, CHA recommends that in the immediate term, the Government should expand the capacity of JSA to focus on health and aged care to address immediate workforce needs.

However, to ensure long-term, system-wide impact, CHA urges the Government to prioritise the establishment of a dedicated national body to lead care workforce planning across the entire CSE. This body should be responsible for implementing key workforce-related recommendations from the Productivity Commission's Interim Report and driving coordinated reform across jurisdictions.

The scope of this national body should encompass all aspects of the CSE and include the following core functions:

- Aligning and streamlining care worker regulation, screening and registration processes
- Analysing and utilising workforce data to inform evidence-based policy
- Coordinating national and jurisdictional workforce strategies to meet current and future care needs

To be effective, this body must operate autonomously, be insulated from political influence, and be governed jointly by Commonwealth, state, and territory health ministers. The current Health Workforce Taskforce should assess the strengths and limitations of JSA, HWA, or similar to inform its design. It should also have the mandate to require or broker shared data contributions from jurisdictional systems and screen providers under national protocols.

ICT integration and uplift as a critical enabler

A fit-for-purpose, interoperable digital platform that supports worker access and cross-jurisdictional integration is a cornerstone of a national screening approach. This ambition highlights the need for substantial ICT uplift of existing systems. While immediate ICT expenditure may be contained, reform planning must include clear timeframes and budget safeguards to manage uncertainty and mitigate risk.

Lessons from the implementation of nationally coordinated standards — such as the adoption of FHIR in health services — should be leveraged to guide this ICT uplift. These precedents offer valuable insights into managing complexity, ensuring interoperability, and supporting the long-term sustainability of digital infrastructure. The national screening system should adopt or align with the Australian Core Data for Interoperability (AUCDI) and national identity management frameworks to ensure seamless interoperability, secure identity matching, and minimal friction between state systems. Moreover, integration with national digital identity services and trusted credential systems will reduce duplication of identity verification across jurisdictions.

To manage transitional complexity, a federated architecture (with local systems responding to national APIs) or middleware layer may allow smoother adoption without forcing wholesale replacement of legacy systems. Pilots using the Sparked FHIR Accelerator program and coordinated interoperability initiatives in health suggest models for phased rollout of interoperable, standards-based infrastructure.

Embedding cultural safety through participatory approaches

A national approach to worker screening must be underpinned by a shared understanding of what quality care means, particularly for First Nations peoples—including workers, carers, individuals, and communities. This understanding must be communicated in culturally safe and meaningful ways, recognising diverse perspectives on care, safety, and trust.

Tailored communication strategies are essential. These should be developed and delivered in partnership with Aboriginal Community Controlled Health Organisations (ACCHOs) and other trusted community organisations. Using language and concepts that resonate with local communities — for example, clearly explaining the purpose of validation steps in the screening process — can help prevent misunderstandings and reduce barriers to workforce participation.

Beyond communication, the success of a national screening approach depends on genuine, place-based partnerships that go beyond ad hoc consultation. These partnerships must be grounded in formal, accountable arrangements that reflect the principles of the National Agreement on Closing the Gap. The Agreement's Priority Reforms provide a strong foundation, including: shared decision-making; strengthening the community-controlled sector; systemic transformation to ensure cultural safety; and shared access to regional data.

Embedding these principles into joint partnership agreements would foster durable, trust-based relationships that can withstand leadership changes and fiscal pressures. This is particularly important in the implementation of worker screening and broader workforce strategies.

Further, there must be clear consideration of genuine partnership in the establishment of regional commissioning collaboratives or alliances. These structures should ensure that all stakeholders — such as community-based organisations and ACCHOs — have an equal voice in planning and decision-making. Flexible partnership models are also needed to reflect the unique needs, capacities, and cultural contexts of each region, ensuring that workforce screening is not only nationally consistent but locally responsive and culturally safe.

Question 10–11: Common design features, opportunities and considerations to support a national approach to worker screening

CHA supports the proposed common design features outlined in the consultation paper, and believes they offer a strong foundation for a nationally consistent, efficient, and equitable approach to worker screening. There is clear opportunity to integrate and sequence these features to maximise efficiency and reduce duplication. To lock in consistency across Commonwealth services, the build should explicitly align to the Australian Government's Digital Service Standard (v2.0) and companion Digital Experience Policy standards (Digital Access, Digital Inclusion, Digital Performance) so the service is accessible, secure and measurable from day one.

For example, leveraging myGov as a single front-door interface, alongside myID as a secure digital identity verification tool, would allow applicants to complete screening requirements from their own devices, streamlining the process and reducing administrative burden. This approach is enabled by the *Digital ID Act 2024* (in force since 1 December 2024) and its phased expansion of the Australian Government Digital ID System; myGov already supports a wallet for government digital cards, providing a ready user pattern for surfacing a screening "status" credential. Where users prefer not to use Digital ID, the design should still permit conventional myGov sign-in, consistent with current guidance that the myGov app is distinct from myID but can connect to it.

Importantly, CHA welcomes the consultation paper's recognition of the need for alternative identification pathways for non-citizens and individuals without access to digital ID. These pathways must be designed with equity and inclusion in mind, particularly for migrants, refugees, and other vulnerable cohorts. Without careful consideration, digital-only systems risk embedding barriers to workforce entry and participation. The Digital Service Standard's inclusion and accessibility criteria (and the Digital Inclusion Standard) provide concrete requirements here — including meeting WCAG accessibility and "leave no one behind" obligations — so alternative pathways (in-person, assisted-digital, paper) are baked into service design rather than bolted on. In addition, the Digital ID Act emphasises a voluntary and inclusive system; non-digital identity proofing must therefore remain first-class for cohorts who cannot or should not use Digital ID.

The creation of a variable credential — such as a digital verification badge or certificate — would be a meaningful step toward professionalising the CSE workforce, enhancing consumer trust, and improving accessibility. A precedent for this exists in the COVID-19 response, where vaccination status was displayed via digital wallets. myGov and Medicare already support adding immunisation proofs and government cards to digital wallets; a screening "clearance" credential could follow the same pattern with revocation/expiry built in, reducing paper certificates and easing verification for employers.

CHA also supports the development of an automated database checking system, aligned with principles of adaptive and risk-proportionate regulation. This system would allow low-risk applications to be processed quickly using technology, while medium- and high-risk applications are referred to WSUs for further review. To ensure fairness and transparency, decisions made with the assistance of technology — such as through Application Programming Interfaces (APIs) — must be guided by a clear decision-making framework with embedded explainability mechanisms.

CHA is particularly supportive of the proposed flagging mechanism for WSU assessment, and the commitment to regular auditing to ensure the system functions as intended. This mechanism should also allow applicants to respond to flags, provide additional context, and correct minor technical errors. Furthermore, the potential to leverage existing review and appeal mechanisms across jurisdictions presents an opportunity to enhance transparency and mitigate unintended consequences, particularly for workers who may be unfairly impacted by automated decisions.

Given that up to 80% of applications are expected to be cleared instantly through automated processes, CHA recommends the establishment of live testing sites or pilot programs to validate system performance and user experience. CHA members — who deliver health, aged care, and community care services — would be well-positioned to participate in pilot testing and provide valuable feedback to inform system refinement.

Finally, CHA emphasises the importance of embedding monitoring and evaluation mechanisms from the outset. These mechanisms should assess the effectiveness, equity, and efficiency of each design feature, and support continuous improvement throughout implementation. Program KPIs should include end-to-end decision time, false-positive/negative flag rates, uptime or service level agreement (SLA) compliance, accessibility conformance, and privacy/security metrics (e.g., number of DATA Scheme agreements, PIA completion rate, and NDB-reportable incidents), consistent with Digital Service Standard “measurable” criteria.

Question 12: Which proposed model do you prefer? Please provide reasons why/why not.

Both proposed options present potential benefits and have been considered within the context of our responses to Questions 14 and 15 below. However, given the current lack of clarity around key assumptions informing these options, cost drivers, and tangible evidence regarding sector-wide impacts, CHA does not endorse a defined option at this stage. Further analysis is required to determine the feasibility, cost-effectiveness, and long-term value of each approach before a preferred pathway can be identified.

In forming a view, it will be important to account for imminent policy changes already in train — most notably new aged care worker-screening obligations commencing 1 November 2025 — and to ensure any national design avoids duplicating these settings or creating parallel regimes. Additionally, current government commitments to strengthen WWCC (including a National Continuous Checking Capability) indicate that real-time status monitoring and cross-jurisdiction information-sharing are politically and technically feasible, which should be factored into option design and costings.

Question 14–15: Addressing risks, challenges or unintended consequences when implementing a national approach to worker screening

As outlined in previous sections, the transition to a national approach to worker screening requires the addressing of existing barriers and risks, including jurisdictional fragmentation, inconsistent communication, and potential inequities in implementation. A further and significant risk lies in the assumption that a single, robust screening criteria can meet the diverse needs of all sectors and stakeholders across the CSE. Recent WWCC reform work

underscores that harmonisation — not uniformity at any cost — will be critical, with Attorneys-General prioritising consistent decision criteria and better data flows while recognising operational realities of jurisdictions.

Given the complexity and variation in care settings, regulatory frameworks, and workforce roles, a one-size-fits-all approach may unintentionally lead to misalignment in how screening criteria is understood and applied. For example, the NDIS Worker Screening Check currently provides a binary outcome — approved or not approved — without offering contextual information about the nature or timing of offences, or any remediation undertaken. This lack of transparency can result in confusion, missed opportunities for inclusion, and unintended exclusion of qualified individuals, particularly in rural and remote areas, where workforce shortages are acute and screening outcomes may disproportionately impact participation. This binary status is reflected in the national NDIS Worker Screening Database design, which surfaces current clearance status to employers but not the underlying decision rationale, reinforcing the need for explainability features in any consolidated model.

To mitigate these risks, explainability mechanisms must be embedded within the screening process to ensure decisions are transparent, fair, and contextually informed. Inclusionary principles should guide the design and implementation of the national approach, ensuring that screening outcomes reflect a nuanced understanding of individual circumstances and sector-specific requirements. Where automation is used (e.g., risk flags, eligibility rules), Commonwealth better-practice guidance requires governance, human-in-the-loop for material decisions, auditable rules, and clear applicant review pathways—features that should be codified in the operating model from day one.

In addition to operational risks, there are significant financial and infrastructure considerations. Establishing and maintaining a national screening system will require sustained investment in scalable API infrastructure; cross-jurisdictional data sharing and integration mechanisms and processes; and secure data storage and management systems. A lawful, auditable mechanism for inter-agency data exchange already exists via the Data Availability and Transparency (DATA) Scheme; using registered Data Sharing Agreements and accredited participants can streamline exchange and reduce bespoke MoUs while strengthening privacy and accountability.

Without clear funding arrangements, there is a risk that ongoing costs may be passed onto providers, particularly smaller organisations operating on thin margins. This could undermine provider engagement and exacerbate existing resource constraints, ultimately impacting service delivery and workforce sustainability. Option assessment should therefore include a formal Cost-Benefit Analysis in line with Office of Impact Analysis guidance (including distributional and sensitivity analysis), rather than relying solely on headline compliance cost estimates.

Key considerations for implementation

To ensure the success of a national approach, these risks must be explicitly acknowledged and addressed through inclusive design, transparent governance structures, and equitable funding models supported by incentives to reward good behaviours. A phased implementation strategy, supported by pilot testing and continuous monitoring and evaluation, will be critical to managing complexity and ensuring the system is fit-for-purpose across all care settings. In particular, pilots should exercise continuous-checking integrations

(building on the WWCC NCCC work) and test cross-border employer verification workflows using the existing NDIS Worker Screening infrastructure as a baseline.

In the short-to-medium term, CHA supports the implementation of Option 1: the mutual recognition of worker screening checks and the standardisation of WWCC across the CSE. This approach offers a pragmatic starting point to improve consistency and portability while minimising disruption to existing systems and processes. Given aged care screening obligations commence on 1 November 2025, a mutual-recognition first phase limits disruption during that transition while foundations for interoperability are built.

In the medium term, government should conduct a detailed feasibility study Option 2: designing and implementing a single, unified screening check across the CSE, with a long-term view to expand this model to other sectors with similar screening requirements. This study should explicitly scope legislative harmonisation needs (privacy, record-sharing, spent convictions rules) and quantify the one-off ICT uplift required for a federated, API-driven architecture across jurisdictions.

However, this staged approach is based on several assumptions:

- That Option 2 can be demonstrably more efficient and cost-effective than Option 1;
- That long-term cost-effectiveness would extend to other sectors with overlapping screening needs; and
- That either option includes funding support through the relevant cost and pricing models in each impacted sector.

To validate these assumptions, CHA recommends that Treasury and Finance undertake a cost-effectiveness analysis (CEA) or other economic evaluation to compare the feasibility, effectiveness, and relative benefits of both options. As outlined in CHA's submission to the Productivity Commission's Interim Report on Pillar 4, this analysis should leverage a range of economic evaluation tools such as: Incremental Cost-Effectiveness Ratios (ICERs), Willingness-to-Pay (WTP) thresholds, and Cost-Effectiveness Acceptability Curves (CEACs). Together, these tools offer a transparent and probabilistic framework for assessing the value of the two competing policy options, while accounting for uncertainty and complexity — particularly in quantifying socio-economic benefits and long-term workforce impacts.

Given the limitations of relying solely on ICERs in a traditional CEA, combining these tools ensures that valuations are evidence-based, contextually relevant, and aligned with societal priorities. This approach also supports transparent and accountable decision-making, and should be embedded within a broader policy framework that considers equity, feasibility, and long-term impact. Ultimately, robust economic evaluation is essential to guide the selection of a national worker screening approach that delivers value, supports workforce sustainability, and enhances safety and quality across the care and support economy.

Supporting mechanisms for implementation

To ensure the successful implementation of a national approach to worker screening, comprehensive transitional arrangements is essential. These mechanisms must support adoption, shared understanding, and long-term sustainability of the system across the CSE. While several supporting mechanisms have been discussed throughout this submission, this subsection outlines additional considerations that should be tested with the relevant sector(s) during the design phase of a national approach to worker screening.

In the first instance, CHA recommends a phased introduction of the national screening approach, aligned with broader workforce reform efforts. This could begin with aged care and disability sectors, followed by veterans' care, and eventually early childhood education. A phased rollout would allow for targeted engagement, sector-specific adaptation, and manageable scaling of infrastructure and processes. Grandfathering arrangements must explicitly bridge the 2025–26 aged-care transition period (where police certificates may still be required before the new aged care screening commences), with clear provider guidance to avoid workforce disruption.

Importantly, this rollout should be iterative, with embedded process evaluation mechanisms to monitor implementation in real time. These mechanisms should enable rapid identification and resolution of unintended consequences, ensuring that lessons learned are continuously integrated into the reform process. Live trials should also validate data-sharing pathways under the DATA Scheme (registered agreements, accredited participants) to ensure legality and auditability before scaling nationally.

Another key consideration is the grandfathering of existing checks, particularly given the variability in validity timeframes across sectors and jurisdictions (as discussed in a previous section). Transitioning existing workers into the new system must be handled with care to avoid disruption and confusion to care provision. Lessons from the implementation of the *Aged Care Act 2024* — especially the importance of clear, timely communication and comprehensive training for providers and workers — should inform the design of grandfathering arrangements. Where possible, leveraging the existing NDIS Worker Screening Database for employer verification during transition will reduce duplicate onboarding and help providers manage mixed cohorts of clearances.

Supporting mechanisms should also include:

- Capacity-building initiatives to ensure providers and workers are equipped to engage with the new system
- Tailored communication strategies to promote understanding and uptake across diverse workforce groups
- Technical support and guidance to assist with onboarding and system navigation
- Feedback loops to capture user experience and inform ongoing improvements

Together, these mechanisms will help ensure that the national approach to worker screening is inclusive, practical, and responsive, and that it delivers on its intended outcomes without placing undue burden on the workforce or providers.