

4 September 2017
Jeanette Radcliffe
Committee Secretary
Standing Committee on Community Affairs
Legislation Committee

PO Box 4093
Ainslie ACT 2602
T (02) 6230 1775
F (02) 6230 1704
anglicare@anglicare.asn.au
www.anglicare.asn.au

Dear Ms Radcliffe

In response to the two questions on notice put to us by the Committee on 31 August 2017 we provide the following additional information.

Question 6

The Anglicare Network includes several drug and alcohol addiction counselling services, and we put this question to them including The Buttery, which runs both residential facilities for addiction and broader rehabilitation and counselling services. They noted the following.

Involuntary referral results in high levels of non-compliance by those referred and poor rehabilitation outcomes. Further, having people who have been forced into rehabilitation present in facilities primarily designed and run for people who have voluntarily referred themselves is likely to also undermine the outcomes for others.

The majority of community-based drug and alcohol counselling and rehabilitation services are set up with a model based on voluntary referral and attendance. Services for those referred via mandatory programs such as court diversions from the criminal justice system are configured and run differently.

As a result there is almost certainly a significant shortage of appropriate services configured to deal with the kind of forced referral suggested by this legislation. It was further noted that even when people are referred via court order to rehabilitation services to avoid jail, they still have the ability to switch service provider, and for the provider to also to refuse services if the prospective client is believed to be a poor fit for the facility with negative outcomes for the client and others. It is unclear whether this same provision would be in place in the program proposed by Schedules 12 -14, and the significant shortage of services overall means it may not even be possible, resulting again in poor outcomes for mandatorily referred individuals as part of their mutual obligation; and for other clients at the same services and facilities. It is also unclear whether there will be a proper assessment of a person's needs as drug and alcohol rehabilitation is not always the best pathway for every person who may have an addiction.

The Buttery's chief of rehabilitation services commented that in summary the proposal to force people into drug and alcohol rehabilitation was likely to be "a disaster".

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Question 8

Anglicare Australia strongly believes that the mutual obligation and compliance framework for people who are unemployed needs to be overhauled, but that the new approach proposed in Schedule 15 are going to exacerbate the problems not improve them.

We support ACOSS's recommendations for an independent review of the compliance system to gather proper evidence of what works to assist people back into work and meet fair requirements so that assistance is maximised.

The recommendations by ACOSS on how to amend Schedule 15 are relevant in that one of our key concerns with the Schedule is that it removes the ability of Centrelink and employment service providers to respond to individual circumstances that may be affecting non-compliance. While the Explanatory Memorandum notes the 88% waiving of compliance threat measures as a problem, we would argue the opposite: the very high level of compliance within the system plus the high rate of waiving enforcement measures suggests that the problems in the system are from a command and control response leading to undue hardship, and an overzealous approach to a problem that is largely not there, that is then corrected through waiving of harsh and unproductive punishments in most cases. These matters should be explored through an independent review, including looking at evidence from overseas of effective systems for assisting people back into work.

Yours sincerely

Imogen Ebsworth
Director of Policy and Research
Anglicare Australia