



# NACCHO

National Aboriginal Community  
Controlled Health Organisation

## Submission to the Senate Community Affairs Legislation Committee Inquiry into the Social Security Legislation Amendment (Community Development Program) Bill 2018

National Aboriginal Community Controlled Health Organisation  
Aboriginal Health Council of South Australia  
Aboriginal Health Council of Western Australia  
Aboriginal Health and Medical Research Council  
Aboriginal Medical Services Alliance Northern Territory  
Queensland Aboriginal and Islander Health Council  
Tasmanian Aboriginal Corporation  
Victorian Aboriginal Community Controlled Health Organisation  
Winnunga Nimmityjah Health and Community Service

The following submission to the Senate Community Affairs Legislation Committee is made by the National Aboriginal Community Controlled Health Organisation (NACCHO) and its Affiliates from each State. NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal health and wellbeing issues.

An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Governance. They range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. The services form a network, but each is autonomous and independent both of one another and of government.

NACCHO, the State Affiliates and its members are a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination. In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra which greatly increased the capacity of Aboriginal Peoples involved in ACCHOs to participate in national health policy development.

The integrated, comprehensive primary health care model adopted by ACCHOs is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery.

## Overarching position

NACCHO is deeply concerned by the Community Development Program (CDP) and its impact on Aboriginal people living in remote areas or CDP regions. We believe that the CDP is discriminatory and is causing significant harm, hardship and distress to Aboriginal people across Australia. NACCHO does not support the CDP nor does it support the proposed Bill. We believe the proposed Bill will only worsen the impact of the current CDP.

The Senate must recognise the unanimous voice of Aboriginal and Torres Strait Islander people and reject this Bill.

## Recommendations

NACCHO recommends the Senate:

1. Reject the *Social Security Legislation Amendment (Community Development Program) Bill 2018*;
2. Confirm whether the CDP is a program for Aboriginal and Torres Strait Islander peoples and has been designed as a Special Measure under the *Racial Discrimination Act 1975*;
  - a) If the CDP is a Special Measure, detail how CDP was designed as such and on what basis this has been determined;
  - b) If the CDP is not a Special Measure, provide an explanation why the responsible Minister is the Minister for Indigenous Affairs; the program is administered by the Department of Prime Minister in its Indigenous Affairs Group; is funded from the Indigenous Advancement Strategy; and overwhelming applies to Aboriginal people.
3. Advise the Government to immediately abandon the Community Development Program, recognising the program is deeply flawed; is discriminatory; and is causing disproportionate harm and distress to Aboriginal and Torres Strait Islander peoples;
4. Advise the Government to work with Aboriginal and Torres Strait Islander organisations and people in remote areas to develop a replacement program which reflects the needs of Aboriginal and Torres Strait Islander people. We propose the Fair Work and Strong Communities scheme proposed by APO NT as the appropriate basis for this discussion.

## Discussion

There are multiple issues with the proposed CDP reforms and with the underlying program and NACCHO has only referred to a few below. NACCHO notes the submissions of other Aboriginal organisations and peak bodies, including Aboriginal Peak Organisations in the Northern Territory and the National Congress of Australia's First Peoples, and their comments on other issues with the proposed Bill. We also note the submission of Ms Lisa Fowkes of the Australian National University and her comprehensive analysis of the issues.

### CDP is discriminatory in both its design and application

NACCHO believes that the CDP is discriminatory towards Aboriginal people living in remote areas, both in its design and in its application.

We understand that the Government claims the CDP is not a program for Aboriginal and Torres Strait Islander peoples and is an employment program for all people living in remote areas, or CDP regions. NACCHO questions then why the responsible Minister is the Minister for Indigenous Affairs, rather than the Minister for Jobs as is the case for the Job Active program, and is administered by the Department of Prime Minister and Cabinet's Indigenous Affairs Group, rather than the Department for Jobs. NACCHO is also concerned that the CDP is funded from the Indigenous Advancement Strategy, a program solely for Indigenous programs and services. Participants of CDP are also overwhelming Aboriginal and Torres Strait Islander peoples. Should the government claim that CDP is a program for Aboriginal and Torres Strait Islander peoples, NACCHO is also not aware that the CDP has been designed as a Special Measure under the *Racial Discrimination Act 1975*.

NACCHO is also of the view that CDP has a disproportionate impact on Aboriginal people and affects their rights to social security, causing significant hardship. Reasons include: differing work requirements or mutual obligations to other Australians; use of phone assessments; lack of cultural competence of assessors; failure to use interpreters; differing cultural perceptions of disabilities; high levels of unassessed or unaddressed mental illness and/or disability in remote communities; reluctance of Indigenous people to disclose family or personal challenges; and poor on non-existent Centrelink services.

Clarity is required as to whether the CDP is a program for Aboriginal and Torres Strait Islander peoples living in remote areas and if it is for CDP to be redesigned so it is consistent with a Special Measure.

### **Application of the TCF to CDP participants**

The application of penalties under the current CDP compliance framework is having devastating impacts on Aboriginal people, with increasing hardship, people going hungry and increasing family stress.

NACCHO understands the TCF arrangements are designed to reduce penalties for those who might miss the occasional appointment within a six-month period, and increase penalties for those who miss appointments or activities more often. CDP participants have to attend activities more often than anyone else, so they have more 'opportunities to fail' and they incur many more penalties than other unemployed people.

NACCHO also believes that many CDP participants are incorrectly assessed during the initial job capacity assessments and too often have higher work obligations placed on them than they are able to meet. The multiple reasons for this are outlined above. Ultimately, it means that there are more 'opportunities to fail' for CDP participants.

One of the biggest consequences of the TCF comes from the removal of the current ability of participants who have had a longer penalty applied to return to their activities and have their income support reinstated. Under the TCF, individuals who have been penalised would have no way of having their payments re-instated early by returning to Work for the Dole. They could appeal the penalty, but in practice this is extremely difficult for Aboriginal people living in remote areas where Centrelink servicing is very poor and inconsistent, English is not the first language and there are multiple barriers to communication. This will increase the hardship for Aboriginal people in CDP regions.

In addition, those who receive 4 week penalties will have their payments cancelled altogether and they will need to re-apply for payments. This will be much more difficult for people in remote areas who may have language barriers, lack access to a phone or have underlying cognitive or health impairments and will likely mean that Aboriginal people in CDP regions will have less access to income support payments than other Australians.

It is our view that the TCF system will have a much harsher impact on CDP participants than other jobseekers across Australia and will continue CDP as a discriminatory measure. This change should be rejected by the Senate.

### **Provision for allied health professional to provide evidence for health assessments**

NACCHO understand that the intention of the CDP reforms is to ensure job seekers are not required to participate beyond their capacity through an improved health assessment process: this includes allowing local allied health professionals to provide the evidence for assessments. The CDP reforms however do not address the deeply flawed initial job capacity assessment which has not achieved any significant exceptions to date based on the level of disability, illness and hardship in many remote Aboriginal communities; and sets Aboriginal people up with unrealistic work expectations.

The provisions for allied health workers to provide evidence on work capacity after the initial obligations have been set will then still sit within a deeply flawed system of assessment. The inadequacy of current assessment processes needs to be fixed by working with Aboriginal organisations with expertise in this area on a mechanism that supports locally-based assessments with more appropriate evidence requirements.

NACCHO also notes that the inclusion of evidence from allied health professionals has also been added with no consideration of health services' current workloads and capacity, no additional resourcing and no consultation. If these provisions proceed, NACCHO recommends that the Government work with Aboriginal health organisations and their peaks to ensure the changes and requirements are properly understood and any financial impact is addressed.

### **An alternative to CDP**

NACCHO believes that the current design of the CDP, including the proposed 'reformed CDP' does not address the real employment challenges facing remote communities including: lack of demand for labour; lack of required skills to take up available jobs and the health effects of poverty. These are long term challenges and require long term investments and strengthening of local capacity. These issues will only be addressed with the meaningful inclusion of Indigenous people in decision making.

NACCHO recommends that the government work in partnership with remote Aboriginal organisations and their peaks across Australia to design an appropriate and properly funded Aboriginal led community development agenda that includes economic and social outcomes.

The CDP should be abandoned whilst this work takes place.