



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

New Disability Employment Support Model

Submission

February 2022

About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide about three million episodes of care per year for about 350,000 people across Australia, including about one million episodes of care in very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs 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/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 144 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the third largest employer of Aboriginal and Torres Strait Islander people in the country.

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Key Recommendations

NACCHO recommends to the Department of Social Services The New Disability Employment Support Model Consultation Paper that they implement the recommendations in line with the National Agreement (the National Agreement) on Closing the Gap and the four priority reforms:

1. That DSS and the Australian Government to fulfil their obligations under the National Agreement by engaging with NACCHO, other Aboriginal community controlled organisations, and their communities to undertake a genuine co-design process for a new DES program.
2. DSS provides funding to ACCHOs and the community controlled sector for health and care sector traineeships to help meet the policy aims of any new Disability Employment Support Model and to the growing demand for a culturally competent care workforce.

Introduction

NACCHO welcomes the Department of Social Services' New Disability Employment Support Model – Consultation paper. This submission will respond to the following questions outlined in the consultation paper:

- How do we drive high quality services and supports; and
- What will success look like for Aboriginal and Torres Strait Islander people with disability?

These questions will be answered in one consolidated response as they are all interrelated to the access and outcomes of Disability Employment Supports (DES) for Aboriginal and Torres Strait Islander people.

Before colonisation there was no word for disability, consequently many Aboriginal and Torres Strait Islander communities will abstain from using terminology like 'disability' or 'disabled'.

Despite this, Aboriginal and Torres Strait Islander people are twice as likely to experience a disability than other Australians (9% have a severe condition compared to 4% for non-Indigenous people¹). This is compounded with higher rates of chronic illness² in Aboriginal and Torres Strait Islander people compared to other Australians, higher rates of poverty³, numerous barriers to accessing services⁴ and racism from different sources⁵.

¹ Aboriginal and Torres Strait Islander Health Performance Framework 2017 report, section 1.14 Disability.

² AIHW. (2016) Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.

³ ACOSS and UNSW (2018). Poverty in Australia 2018.

⁴ Disabled People's Organisations Australia (2019). CRPD Shadow Report consultation survey results

⁵ Marwick et al. (2019). Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study.

Aboriginal and Torres Strait Islander people also have many other compounding factors such as remote locations, English as a second/third language, and specific cultural elements and traditions that are often overlooked and can negatively affect their experience of accessing support for their disability.

The higher rate of disability experienced by Aboriginal and Torres Strait Islander people is reflected in the rates at which they access DES. As at 30 November 2021, there were 314,965 DES clients of which 21,918 were Aboriginal and Torres Strait Islander. This means, that while Aboriginal and Torres Strait Islander people represented 3.3 per cent of the Australian population in the 2016 Census, they account for 7 per cent of the people accessing DES in November 2021. Despite this, the rate is significantly below the overall rate of disability experienced by Aboriginal and Torres Strait Islander people (23.9 per cent⁶), many of whom may be eligible for DES.

Response

Disability compounds social and economic disadvantage, whether it be through increased experience of social exclusion, reduced access to education and academic achievement, and or lower incomes^{7,8,9}. In Australia systemic and individual racism towards Aboriginal and Torres Strait Islander people also results in disproportionate social, economic and health outcomes – these include higher rates of chronic illness and higher rates of poverty as mentioned previously.

This is also demonstrated by the employment rates of both people with disability and Aboriginal and Torres Strait Islander people compared to other Australians.

Rates of employment are significantly lower for people with disability as compared to other Australians, with 43.4 per cent of people with disability in the labour force, compared with 84.1 per cent without disability¹⁰.

⁶ Australian Bureau of Statistics (2015)

⁷ Yu, P., (2010). Disability and Disadvantage: a Study of a Cohort of Australian Youth

⁸ World Health Organisation & The World Bank, (2011). World Report on Disability

⁹ Wagner, M., Newman, L., Cameto, R., Levine, P., (2006). The Academic Achievement and Functional Performance of Youth With Disabilities, A Report from the National Longitudinal Transition Study-2 (NLTS2)

¹⁰ Disability, Ageing and Carers, Australia: Summary of findings, ABS,

<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/2018>, accessed 20/12/2021

Rates of employment for Aboriginal and Torres Strait Islander people is significantly lower than for other Australians, with 49 per cent of Aboriginal and Torres Strait Islander people employed as compared to 76 per cent of other Australians¹¹. Aboriginal and Torres Strait Islander people also experience higher rates of underemployment^{12,13} and casualisation (35 per cent of Aboriginal and Torres Strait Islander people are employed on a casual basis compared to 20 per cent of other Australians)¹⁴.

There is little data on rates of employment for Aboriginal and Torres Strait Islander people with disability. However, it will be fair to assume, based on the aforementioned evidence-base, even worse employment outcomes given the intersectional (or double disadvantage) faced by this group due to their identity both as an Aboriginal and Torres Strait Islander person and as a person with disability. This is further compounded by studies which outline a demonstrated increase in racism and disengagement with services experienced by Aboriginal and Torres Strait Islanders with disability as compared to their non-disabled peers^{15,16}.

While there is a problematic lack of current research on the effectiveness and appropriateness of DES and other employment services for Aboriginal and Torres Strait Islander people – there is no reason to believe this will differ significantly from the issues faced by other mainstream service provision, in particular mainstream disability services.

Aboriginal and Torres Strait Islander people continue to experience a combination of racism and ableism by mainstream providers especially if they have very little training or knowledge of the ways that disability intersects with different cultural experiences. Often service provision forms have a ‘tick box’ for Aboriginal and Torres Strait Islander people **or** disability, not both¹⁷. This is an example of institutional racism.

¹¹ AIHW (2021), Indigenous employment, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment>, accessed 20/11/2021

¹² Jordan, K., & Mavec, D., (2010), Corporate Initiatives in Indigenous Employment: The Australian Employment Covenant Two Years On, Centre for Aboriginal Economic Policy Research, CAEPR Working Paper No. 74/2010

¹³ Wilkins, R., (2004) Underemployment in Australia: Evidence from the HILDA Survey, Report prepared for the Commonwealth Department of Family and Community Services

¹⁴ Executive Summary: The impacts of COVID-19 on the Indigenous Workforce (2021), Minderoo Foundation, Generation One

¹⁵ Temple, J., et al., (2020). Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability.

¹⁶ Trounson, J. (2020). A systematic literature review of Aboriginal and Torres Strait Islander engagement with disability services.

¹⁷ Disabled People’s Organisations Australia. Ibid.

This has been further reinforced by research indicating that few service providers understand the complexity of issues confronting Aboriginal and Torres Strait Islander people. As a result, services and programs are rarely culturally safe or appropriate and mainstream services targeting Aboriginal and Torres Strait Islander people do not always understand the issues facing individuals with disabilities and their families¹⁸. This is deeply problematic as Aboriginal and Torres Strait Islander peoples will not access a service (or at least defer accessing) if they perceive that, or have an experience, where their cultural safety is compromised¹⁹.

Given this, culturally competency and safety are particularly important in a disability employment services context. This is because an Aboriginal and/or Torres Strait Islander person could have their cultural safety compromised by the DES provider but also potentially by an employer or educator the DES provider places them with, as we know Aboriginal and Torres Strait Islander people face discrimination in the workplace.

To improve rates of access and outcomes delivered by services, such as DES, the entire service system needs to be culturally appropriate. Systems must acknowledge the need for people to receive services in the manner they need them and do so in a culturally safe environment. For Aboriginal and Torres Strait Islander people, this means designing a system which recognises their cultural needs and a need for cultural safety. This means all entry/access points into services; ongoing service delivery; and reporting, are all required to be culturally appropriate. Failure to do so will result in disengagement with service systems Aboriginal and Torres Strait Islander people require and have a right to access, and adversely impact the outcomes for these people and the service systems.

The National Agreement commits all levels of Government to making a change in ways policies and programs affecting Aboriginal and Torres Strait Islander people are designed and delivered. Shared decision making between Aboriginal and Torres Strait Islander people and government, strengthening the community-controlled sector, improving mainstream institutions, and improving collection and access to Aboriginal and Torres Strait Islander data are the four priority reforms that underpin the National Agreement.

Disability is a key focus of the National Agreement, including the call for partnership actions to strengthen the community-controlled sector in developing and delivering disability programs, services and policy. This is an opportunity to work together in genuine partnership to recognise the needs and rights of Aboriginal and Torres Strait Islander people with a disability and to do something about it.

¹⁸ National People with Disabilities and Carer Council. (2009). SHUT OUT: The experience of people with disabilities and their families in Australia.

¹⁹ Aspin., C. et al., (2012). Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study. BMC health Services Research., 12: 14

The conclusion of the existing DES program on 30 June 2023 provides an opportunity for the Department of Social Services (DSS) and the Australian Government to meet its obligations under the National Agreement. NACCHO invites DSS and the Australian Government to fulfil these obligations by engaging with NACCHO, other Aboriginal community controlled organisations, and their communities to undertake a genuine co-design process for a new DES program.

A genuine partnership and co-design process means more than simply consulting Aboriginal and Torres Strait Islander people, their communities and the organisations which represent them. It means ensuring there are Aboriginal and Torres Strait Islander people empowered to share decision-making authority with governments on those policies and programs which affect them.

Working in genuine partnership the Aboriginal Community Controlled Sector to design the new DES program will produce better outcomes for Aboriginal and Torres Strait Islander people with disability and their families and for the Australian Government. It is the only way to ensure the new program will meet the needs of Aboriginal and Torres Strait Islander people, including ensuring the new DES is culturally safe.

A properly designed new DES program will improve value for money due to an increased chance of program success and provide the opportunity to try and better meet the growing need for a care workforce more broadly (with an estimated need for an additional 249,500 FTE by 2025)²⁰. More specifically it can be used to help meet the demand for an estimated additional 8,322 Aboriginal and Torres Strait Islander workers in the care sector by 2025 to provide culturally appropriate care services to their communities. This is a prime opportunity for Aboriginal and Torres Strait Islander people with disability to become part of one of the fastest growing labour markets in Australia, and for the Australian Government to help develop the pipeline to meet the growing needs of the care sector.

NACCHO, its Affiliates and its member ACCHOs are already the third largest employer of Aboriginal and Torres Strait Islander people in Australia and a culturally safe workplace. Given this, and the growing need to develop a culturally competent care workforce, NACCHO recommends providing funding for health and care sector traineeships to ACCHOs and the community controlled sector. This, coupled with better linking DES providers and Aboriginal and Torres Strait Islander DES clients with ACCHOs, can help provide sustainable employment in community/on country, as well as meeting the growing demand for health and care sector jobs. These links and access pathways can be enabled through some of the existing disability workforce in place in ACCHOs such as the Aboriginal Disability Liaison Officers, funded by the National Disability Insurance Agency through NACCHO, to develop synergies across Government programs and agencies.

²⁰ National Skills Commission. (2020). Industry Employment Outlook, Employment Projections <https://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections>

Finally, the design and development of a culturally appropriate new DES program will provide greater employment opportunities for Aboriginal and Torres Strait Islander people. This, in turn, will provide significant dividends to the Australian Government through: (a) a general increase in Aboriginal and Torres Strait Islander employment and, therefore, an expansion of the tax base; (b) a reduction in the rate of access to social security payments, including Disability Support Pension which is accessed at a disproportionate rate by Aboriginal and Torres Strait Islander people²¹. If the current Australian Government truly believes that the best form of welfare is a job – it should be committed to co-designing employment services and workforce capacity building programs, which are fit-for-purpose for Aboriginal and Torres Strait Islander people. This means engaging in a genuine co-design process for these services, including the new DES program.

²¹ Disability Support Pension and Carer Payment, Australian Institute of Health and Welfare, <https://www.aihw.gov.au/reports/australias-welfare/disability-support-pension-and-carer-payment> , accessed 24 January 2022.