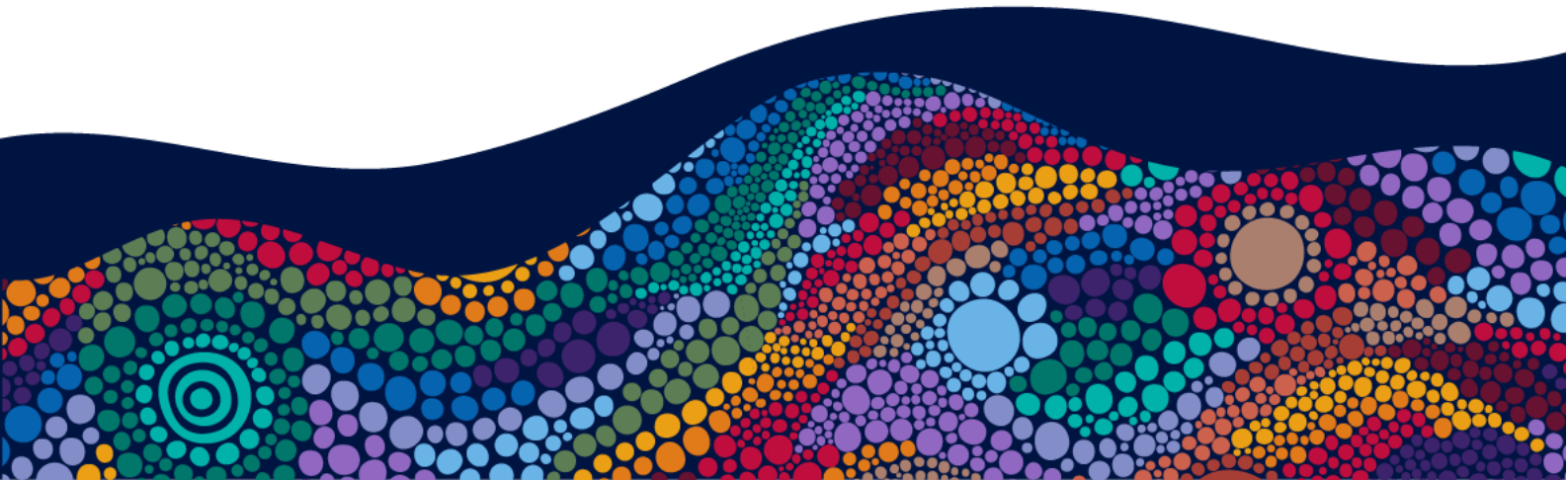
NACCHO
National Aboriginal Community Controlled Health Organisation

A new approach to programs for families and children

Submission to Department of Social Services

December 2025



About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

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 practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive 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. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

NACCHO

[redacted]

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Recommendations

NACCHO recommends:

1. Any changes to social programs for families and children align with the National Agreement and its four Priority Reform Areas and support progress towards the relevant targets.
2. The DSS clearly outlines the intersection between their children and family programs and the Thriving Kids Initiative.
3. The DSS adheres to principles of Indigenous Data Sovereignty within government data, as outlined in the Framework for Governance of Indigenous Data.
4. Data collection focuses on service-level information, such as the number of people accessing each program. Individual-level identifiable personal information, such as names, should not be collected through DEX.
5. The disaggregation of data sources by Indigenous status to separately determine Aboriginal and Torres Strait Islander need. Disaggregated data is critical to ensuring services are funded in areas of high Aboriginal and Torres Strait Islander need.
6. A separate funding stream for programs run in ACCOs – through relational contracting or block funding.
7. Mainstream organisations are held accountable on providing quality care to Aboriginal and Torres Strait Islander people through funding agreements.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Social Services. NACCHO would like to acknowledge the valuable input received from the Tasmanian Aboriginal Centre to this submission. NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for

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their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

'Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution'[1]

Incorporation and alignment with the National Agreement

It is disappointing to note that although the National Agreement on Closing the Gap (National Agreement) remains the most critical policy platform for delivering improved outcomes for Aboriginal and Torres Strait Islander people, there is no corresponding commitment from the Department of Social Services (DSS) to embed the Priority Reforms as key principles or to contribute to progress toward Targets under the National Agreement.

From the Discussion Paper, NACCHO understands that the DSS committed to progressing to Priority Reform 2 of the National Agreement. However, the National Agreement must be taken in its entirety. This is more than just a missed opportunity to improve outcomes for Aboriginal and Torres Strait Islander people; it minimises effort and cost to government and continues to deny Aboriginal and Torres Strait Islander people access, opportunity and self-determination. It indicative of government agencies failing to rise to the challenge of Priority Reform 3 to fundamentally change the way they do business with Aboriginal and Torres Strait Islander people, communities and organisations.

DSS must align with and specifically reference the National Agreement and the four Priority Reforms. It must indicate how the changes proposed respond to Closing the Gap. There are important Targets under Closing the Gap that the DSS must contribute to, specifically:

- **Target 3:** By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent.
- **Target 4:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.
- **Target 10:** By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.
- **Target 11:** By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent.
- **Target 12:** By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.
- **Target 13:** By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
- **Target 14:** Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

NACCHO recommends any changes to social programs for families and children align with the National Agreement and its four Priority Reform Areas and support progress towards the relevant targets.

[1] Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report.

The Aboriginal Community Controlled Health sector

Social programs are important to Aboriginal Community Controlled Health Organisations (ACCHOs) and their communities. A broad range of structural and social factors (social determinants) influence health outcomes for Aboriginal and Torres Strait Islander people. Entrenched cycles of poverty, exacerbated by poor education and employment outcomes and increased interaction with the justice system contribute significantly to poorer health outcomes for Aboriginal and Torres Strait Islander people. The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians remains significant – 34 per cent of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is attributable to social determinant factors.[2]

NACCHO's Core Services and Outcomes Framework outlines that:

> *To reduce health inequity, primary health care is planned and delivered with the active participation of the community it serves, and is highly aware of the social, economic, historical and political determinants of health. Responsiveness to community need and inclusiveness in action are immutable characteristics of primary health care.*[3]

As such, a number of ACCHOs also provide culturally appropriate social programs, such as playgroups, funded through DSS programs. To reduce health inequity, primary health care is planned and delivered with the active participation of the community it serves, and is highly aware of the social, economic, historical and political determinants of health. Co-located, integrated services (as described in the Discussion Paper) are an essential part of our service provision. Through delivering social services, our sector reinforces the holistic nature of Aboriginal and Torres Strait Islander health and wellbeing, connecting health and social service.

ACCHOs are well versed in delivering early childhood programs, such as playgroups and the Connected Beginnings Program.

> The Connected Beginnings program provides a framework and funding to support the integration of early childhood, maternal and child health, and family support services with schools so that Aboriginal and Torres Strait Islander children are ready to thrive at school. It is a community-owned and led program that enables Aboriginal and Torres Strait Islander people have a say in how activities funded are delivered to their people, in their own places and on their Country. It is 'place-based', and prioritises investments that meet the needs and aspirations of community whilst building Aboriginal and Torres Strait Islander community-controlled sectors.

In principle, NACCHO endorses the simplification of grant-related reporting. ACCHOs have hugely burdensome reporting requirements. Some ACCHOs receive funding from as many as 70 different departments, agencies, and organisations, each with unique reporting requirements, often for relatively small funding amounts. Assuming each of these funding providers requires annual reporting, this would be an average of 1 unique report per 3.7 working days.[4] ACCHOs are service delivery organisations and are not resourced to manage this level of reporting. Despite this being an advantage of the proposed change, NACCHO still have significant concerns.

Implementation challenges

Scope

The DSS has sought feedback on the key outcomes – that "Parents and caregivers are empowered to raise health, resilient children" and "children are supported to grow into health, resilient adults". It is unclear how

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[2] Australian Institute of Health and Welfare (AIHW), Determinants of health for Indigenous Australians 2022 [Available from: https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health.

[3] NACCHO, Core Services and Outcomes Framework, June 2021, https://www.naccho.org.au/wp-content/uploads/2024/10/Core-Services-Outcomes-Framework-full-document.pdf .

[4] Based on 260 working days per year, which does not account for public holidays.

some program attendees – for example, situations of family violence between adults with no children, or between older people, would fit into this. There is need to acknowledge intersectional experiences – such as SBLGBTIQA+ Aboriginal and Torres Strait Islander people, and the specialised family violence services they may require.

It is unclear how the changes to grant process will affect the scope of service provision. The integration of multiple programs under one roof could provide efficiencies for people accessing several programs. However, it is important that the possibility for separate services remains. In awarding grants, DSS should consider a balance of comprehensive sites (providing several programs) and specialist sites (providing just one of the programs).

Impact

We know that some people access several DSS programs. The DSS needs to ensure that the streamlining of program bureaucracy does not mean that service provision eligibility for these people will also be consolidated. No person should be left worse off under these changes.

NACCHO notes that some of the programs, particularly regarding children and family support, will closely intersect with the new Thriving Kids Initiative. Aboriginal and Torres Strait Islander children are more likely to have complex needs than non-Indigenous children. As such, we know that children and families attending ACCHOs may be accessing separate services under both DSS programs and Thriving Kids. It is unclear whether supports provided across Thriving Kids and DSS programs will be consolidated and how this may affect children requiring complex care and their families. ACCHOs are already underfunded for the level of service that they provide, and superior outcomes that they deliver. If funding is reduced, ACCHOs will be forced to 'top up' through other funding streams, reducing their capacity to provide other health services.

NACCHO recommends the DSS clearly outlines the intersection between their children and family programs and the Thriving Kids Initiative.

Data

The Discussion Paper states that "all providers working directly with clients will report to the department's Data Exchange (DEX)." During consultation carried out for previous submissions, we have heard from the Tasmanian Aboriginal Centre that within our sector there is an unwillingness to submit data on individuals to DEX. We have heard similar feedback from other ACCHOs across the jurisdictions. Justification for the collection of identifiable data for service provision activities remains unclear.

Collection of identifiable information (particularly names) in order to secure DSS funding for playgroup programs is a barrier for engagement for families. Due to historical and current government policies,[5] many Aboriginal and Torres Strait Islander people hold a healthy distrust of the government agenda.[6] Parents are concerned about the potential for government to link DEX data with MyGov and Centrelink payments – to potentially be used to deny access to further funding supports, childcare rebates or early learning childhood supports.

There are also concerns that DEX data will be used to prevent people from accessing DSS programs on top of Thriving Kids. Minister for Health, Disability and Ageing has noted that some children are being "over-serviced" by government programs.[7] This suggests a mutually exclusive approach to family supports – that is, either DSS programs, NDIS-funded supports or Thriving Kids-related support. However, we know that due to the ongoing impacts of colonisation, Aboriginal and Torres Strait Islander people have more complex

[5] Australian Human Rights Commission, The history of Aboriginal and Torres Strait Islander peoples advocating for the right to be heard, August 2023, https://humanrights.gov.au/know-your-rights/rights-of-individuals/aboriginal-and-torres-strait-islander-peoples-rights/articles-aboriginal-and-torres-strait-islander-peoples/history-aboriginal-and-torres-strait.

[6] Aurora Milroy, Indigenous Values for the Australian Public Service and a New Relationship of Trust, University of Oxford, July 2019, https://integrity.bsg.ox.ac.uk/article/indigenous-values-australian-public-service-and-new-relationship-trust

[7] Mark Butler, Speech from Minister Butler, National Press Club – 20 August 2025, https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/speech-from-minister-butler-national-press-club-20-august-2025?language=en.

health and social support needs.[8] Families of Aboriginal and Torres Strait Islander children enrolled in the Thriving Kids Initiative may also be accessing children and family support services through DSS programs. The potential for data to be used to deny eligibility for multiple programs is alarming.

There are further concerns that enrollment and participation in parenting support programs, counselling or relationship services could result in children being removed.[9] This fear is not unfounded - Aboriginal and Torres Strait Islander children continue to be disproportionately removed from their families, even for reasons such as fleeing domestic violence.[10].

NACCHO notes that DEX data is also included in the Person Level Integrated Data Asset (PLIDA) – a large government linked data project held by the Australian Bureau of Statistics. Through PLIDA, DEX data can be linked to DSS data on government payment (e.g. Age Pension and JobSeeker) recipients, tax office data and NDIS data.[11] PLIDA is already being used in a number of government and non-government research projects, as well as by private institutions[12] – without informed consent or permission of the people being researched.

It is unclear how DEX and PLIDA enact principles of Indigenous Data Governance and Indigenous Data Sovereignty. The PLIDA Board has no identified Aboriginal and Torres Strait Islander representation,[13] and there are no evident plans to share PLIDA data or DEX data back to Aboriginal and Torres Strait Islander communities. It is unclear how DEX is adhering to the National Indigenous Australians Agency's Framework for Governance of Indigenous Data. This is in contradiction of government commitments under Priority Reform 4 of the National Agreement on Closing the Gap.

In addition, the expectation for ACCHOs to collect data on, for example, playgroup participants is disproportionately burdensome considering they are drop in, casual services. The requirement for playgroups to provide data appears to not consider the processes at the point of origin – there is no existing point of data capture for people attending these services. Therefore, the collection of individual-level data in playgroups does not create efficiencies, as per the ethos of the streamlining of these programs.

NACCHO recommends the DSS adheres to principles of Indigenous Data Sovereignty within government data, as outlined in the Framework for Governance of Indigenous Data.

NACCHO recommends data collection focuses on service-level information, such as the number of people accessing each program. Individual-level identifiable personal information, such as names, should not be collected through DEX.

NACCHO recommends that the DSS provide clear and precise information on the data flow of DEX data, detailing its governance and intended secondary applications.

[8] AIHW, Australia's Health: Health and wellbeing of First Nations people, July 2024, https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing.

[9] Australian Institute of Aboriginal and Torres Strait Islander Studies, The Stolen Generations, https://aiatsis.gov.au/explore/stolen-generations.

[10] Human Rights Watch, Australia: Disproportionate Removal of Aboriginal Children, March 2025, https://www.hrw.org/news/2025/03/26/australia-disproportionate-removal-aboriginal-children.

[11] Australian Bureau of Statistics (ABS), PLIDA data and legislation, https://www.abs.gov.au/about/data-services/data-integration/integrated-data/person-level-integrated-data-asset-plida/plida-data-and-legislation.

[12] ABS, PLIDA/MADIP Research Projects, https://www.abs.gov.au/about/data-services/data-integration/integrated-data/person-level-integrated-data-asset-plida/plidamadip-research-projects.

[13] ABS, PLIDA Board, https://www.abs.gov.au/about/data-services/data-integration/integrated-data/person-level-integrated-data-asset-plida/plida-board.

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Assessing community need

The Discussion Paper states that Aboriginal and Torres Strait Islander people are a priority, however this is not upheld in the proposed assessment of community need.

- Using SEIFA, which provides a score of socioeconomic advantage based on where a person lives, does not allow for the nuance of people facing disadvantage who live in more advantaged SEIFA locations.
- Using the Australian Early Development Census (AEDC) without disaggregation can skew results. Closing the Gap Target 4 has shown us that there is significant disparity in children assessed as developmentally on track between Aboriginal and Torres Strait Islander children and non-Indigenous children, across Australia.[14]
    - Additionally, we know that not all Aboriginal and Torres Strait Islander children are captured in the AEDC as, particularly in more remote areas, they may not be regularly attending schooling.
- There are known issues with Census undercount of Aboriginal and Torres Strait Islander people. The Australian Bureau of Statistics have noted that the net undercount for Aboriginal and Torres Strait Islander people in the 2021 Census was 17.4%.[15] This issue is twofold – some Aboriginal and Torres Strait Islander people choose not to identify in the Census, and some are not captured at all. Census-based Estimated Residential Population counts adjust for Census undercounts.

In practice, these metrics erase Aboriginal and Torres Strait Islander people. As such, using the proposed assessment processes, inner city locations and regional locations with significant affluent populations will likely be assessed as not requiring DSS programs. However, there are still people in need in these areas.

The Evidence Summary supplied by the DSS notes the need to target young parents, as they are at particular risk of social, economic and health disadvantage. In 2023, 38% of Aboriginal and Torres Strait Islander women who gave birth were under the age of 25 – compared to 9% of non-Indigenous women who gave birth.[16] This further emphasises the need for additional, targeted support for Aboriginal and Torres Strait Islander children and families.

As such, where possible data must be disaggregated by Indigenous status. Aboriginal and Torres Strait Islander community need should be assessed separately.

NACCHO recommends the disaggregation of data sources by Indigenous status to separately determine Aboriginal and Torres Strait Islander need. Disaggregated data is critical to ensuring services are funded in areas of high Aboriginal and Torres Strait Islander need.

Funding community-controlled service delivery

The Discussion Paper notes that funding will prioritise ACCO-led service delivery, however no further operational details are provided. The 'open and competitive process' for grants will prioritise mainstream services. Competitive grants processes (with parameters based on cost alone) tend to undercut our sector.

[14] Productivity Commission, Closing the Gap Information Repository: Target 4, https://www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/children-thriving/.

[15] ABS, 2021 Census overcount and undercount, June 2022, https://www.abs.gov.au/statistics/people/population/2021-census-overcount-and-undercount/latest-release.

[16] AIHW, Australia's mothers and babies: Data, November 2025, https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/data.

Holistic, culturally appropriate services delivered through ACCHOs are most effective for Aboriginal and Torres Strait Islander people.[17,18]

Feedback in the DSS' own Consultation Summary notes that Aboriginal and Torres Strait Islander community-controlled organisations need greater resourcing. Services provided in ACCHOs usually require more time, and often involve a multidisciplinary team. As such, they are more costly than mainstream services. However, delivering services through ACCHOs provides a higher level of care and in the long term, sufficiently resourcing existing ACCHOs is more cost effective than standing up new services.

Longer term funding models could include relational-based targeted contracting of ACCOs to provide programs in areas of identified Aboriginal and Torres Strait Islander need.

NACCHO recommends a separate funding stream for programs run in ACCOs – through relational contracting or block funding.

The Factsheet asserts that the proposed changes will "[deliver] more services that are culturally safe and inclusive for Aboriginal and Torres Strait Islander families." If there is not a local ACCO with capacity to provide services in an area of identified need for Aboriginal and Torres Strait Islander children and families, mainstream organisations should be required to demonstrate and maintain strong, culturally respectful partnerships with ACCOs to ensure delivery aligns with the needs and priorities of Aboriginal communities. The DSS must ensure that non-Indigenous organisations providing services in areas of identified Aboriginal and Torres Strait Islander need to demonstrate prior experience, partnership and collaboration with the community-controlled sector through:

- Demonstrating *how* Aboriginal and Torres Strait Islander community priorities inform their service provision
- Requiring culturally safety training for all staff
- Where possible, partnering with local ACCOs in line with Priority Reform 1 of the National Agreement.

NACCHO recommends mainstream organisations are held accountable on providing quality care to Aboriginal and Torres Strait Islander people through funding agreements.

Any Aboriginal and Torres Strait Islander-specific programs provided in mainstream services should be available for non-Indigenous mothers with Aboriginal and Torres Strait Islander children.

Consultation process

NACCHO has been deeply disappointed by the DSS' consultation process. One month is not enough time to thoroughly consult with our members on the impacts of these significant program changes. This is doubly true nearing the end of the year – when our services are busy doing budget submissions, holding annual general meetings and working towards other end of year deliverables. This does not allow the voices of our sector to be heard. NACCHO is further disappointed by the lack of flexibility with this deadline. As such, we have only been able to provide broad advice based on feedback heard in previous consultations.

NACCHO is also concerned by the DSS' use of AI in consultations – both in its online townhalls and to synthesise written submissions. Townhall attendees were given no option to refuse the use of AI to synthesise discussions. This will likely have had impacts on attendance. The use of AI to analyse and

[17]Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., Braunack-Mayer, A., & CREATE Leadership Group (2020). Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC public health*, *20*(1), 1859. https://pubmed.ncbi.nlm.nih.gov/33276747/

[18] NACCHO, Core Services and Outcomes Framework, June 2021, https://www.naccho.org.au/wp-content/uploads/2024/10/Core-Services-Outcomes-Framework-full-document.pdf

NACCHO does not consent to the use of AI to summarise this submission.

compile feedback signals a concerning lack of respect for the time and expertise of those attending townhalls and writing submissions.

AI analysis and summaries will exclude important background information and nuance. AI may misrepresent case studies, or, in the worst case, AI distortion may generate incorrect conclusions. AI large language models are programmed to condense information and focus on regularly repeated material. In practice this process further marginalises minority voices and overlooks new or innovative ideas. NACCHO has received verbal assurance that this will not be the case, and all AI summaries will be vetted by humans – if this is the case it is unclear why AI is being used at all.

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