



Inquiry into the Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019

This submission is written in response to the 'Inquiry into the Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019'. On 14 February 2019 the Senate referred the Bill to the Community Affairs Legislation Committee for inquiry and report by 1 April 2019.

Introduction:

1. I Lawford Benning, am the Executive Chairman of Yawoorroong Miriwung Gajerrong Yirrgeb Noong Dawang Aboriginal Corporation (**MG Corporation**), the native title body for Kununurra, East Kimberley.
2. We do not support the Cashless Debit Card (**CDC**) in Kununurra due to:
 - The lack of commitment from government in implementing the card alongside robust community consultations, wrap around support services and funding coming into the area.
 - The disempowerment of our local Indigenous people in being able to make informed choices.
 - The lack of transparency and quality of assessments of the trial period.
 - The negative correlation between the introduction of the card and an increase in crime and self-harm in the East Kimberley.
3. This Bill is seeking to empower the Australian government to extend the trial period of the CDC in the East Kimberley region until the 30 June 2020. As the Chairman of MG Corporation, I cannot support the passing of this Bill or the expansion of the CDC into other areas, as I have witnessed firsthand the negative effects it has had on our town and our people.
4. In this submission I will reflect on the experiences of community people in the East Kimberley region and how the implementation of the CDC has been inconsistent, has had detrimental impacts on Indigenous people and is disempowering our local people in a punitive way.
5. The extension of the current CDC trial in the East Kimberley region undermines MG Corporation's vision of achieving a healthy, wealthy and culturally strong MG community. The government's approach to welfare reform for Indigenous people in the East Kimberley has been inconsistent with its concurrent commitment to the empowerment agenda, particularly in respect to empowering those most affected by the implementation of the CDC in Kununurra, our local Indigenous people.

LACK OF CO DESIGN FROM GOVERNMENT

6. Before the CDC was introduced government representatives were meeting with us on a regular basis to ensure that it was being implemented correctly. During this time, we were promised by the:

- a) that the local Indigenous community will be provided with sufficient support to deliver wrap around support services for alcohol, drug and employment issues prior to the introduction of the CDC.
 - b) that the local Indigenous community will be empowered to assess and review local service providers for the wrap around services and if necessary shift the funding and support to more effective providers,
 - c) that the local Indigenous community will be given delegated authority to easily assess and remove CDC recipients from the trial without the process being intrusive.
7. Prior to the implementation of the card the government was meeting with us regularly to ensure genuine partnership and co design of the implementation of the CDC. However, since the CDC was introduced there has been no transparency from those working in the space, nor honest collaboration between the government and community members.
 8. Since the card has been introduced there has been no collaboration between service providers, nor any transparency about the funding they are receiving, the programs they are providing, or how successful they have been in alleviating local people off welfare. We were promised that we would have genuine co design and development of the CDC and have a say in how it would work in our town and for our people. This unfortunately, has not happened.
 9. We were also promised that it would be a simple community led process to have the amount of income reduced from the 80/20 split to a more manageable amount. This again, has not been the case. Local community people have been trying for months to change their allowances and so far have been unable to meet with the appropriate panel.
 10. The governments lack of acknowledgement of cultural protocols by choosing to not draw on our well established representative structures for the purposes of consultation and governance, demonstrates a continuation of the government's top-down approach to working with Indigenous people in the East Kimberley.

DISEMPOWERMENT OF PEOPLE BEING ABLE TO MAKE INFORMED CHOICES

11. The introduction of the CDC trial in Kununurra in April 2016 failed to take into account the views of those most affected by its implementation, the local Indigenous people of Kununurra. The governments 'one size fits all approach' to the CDC is disempowering to our local people and taking away their ability to have agency over their income and how to live their own lives.
12. Individuals on the CDC have 80% of their income quarantined on their Indue card, with 20% going into their normal bank account which can be accessed as cash. This is not conducive for Indigenous families living in a remote area such as Kununurra which has historically operated as a cash economy. It not only restricts individuals on the card from accessing alcohol, drugs or gambling, but also to affordable shopping alternatives such as 'Buy, Swap and Sell' groups.
13. Previously we had a thriving local economy, where a family could purchase fresh meat from a local person for a cash payment when they could. Or purchase a second hand school uniform from a local 'Buy, Swap and Sell' group when needed. The CDC has negated the ability to do this, as people no longer have the cash to spare.

14. The bill states that the card will *'reduce immediate hardship and deprivation by directing welfare payments to the priority needs of recipients, their partner, children and any other dependent'*. I would argue that the enforcement of this top down approach on individuals who live remotely has increased the hardship of those and their immediate families who are on the CDC. Living remotely, we have limited access to opportunities as it is, and the punitive system of the CDC exacerbates the hardship and deprivation felt by this cohort of society.
15. As previously mentioned the lack of ability to challenge the quarantining of welfare payments in the 80/20 split is disempowering to local Indigenous people, compounding on years of intergenerational trauma and retributive policies that took away our peoples self-determination and agency.
16. MG Corporation have been implementing the 100+ Jobs Initiative, a new way of tackling Indigenous employment in the East Kimberley focused on some of the hardest to reach and most disadvantaged individuals. As part of this Initiative our staff have had multiple interactions with local Indigenous people who refuse to register for Centrelink for payments they are entitled to because they do not want to be stigmatised by the CDC.
17. The MG people have established a complex governance structure that ensures that each Dawang (traditional land or estate group) participate at all governance levels of MG Corporation and our subsidiaries. There are a number of Dawang groups within the MG native title determination area, where each Dawang elects a representative to sit on the Dawang Council. In turn the Dawang Council provides guidance and advice to the MG Board, and is a strong community voice for the MG people.
18. At our Dawang Council meeting in March 2019 I asked the representatives for their views and opinions of the CDC. While some said that it was working for a few families, overwhelmingly they agreed that it was not a solution for the MG people.
19. If the government had drawn down on these well-established systems and protocols they would have had a front row seat to the views and opinions of those most affected by the CDC, our local Indigenous people.

TRANSPARENCY AND QUALITY OF ASSESSMENTS

20. In regards to the assessments that have occurred in the East Kimberley region we have great reservations around the methods used to gain information from disempowered people.
21. The flaws in the assessment of the CDC trial have been well documented and a detailed analysis of these flaws is outside the scope of this submission. It is worth noting that the extension of such a trial demands far greater and thorough justification than these flawed evaluation methods allow.
22. There has been a lack of transparency in the carrying out of these assessments and the proper cultural corridors of information have not been followed. I have concerns around the appropriate cultural mechanisms being employed in regards to working with the local Indigenous people.
23. In order to conduct a culturally appropriate and thorough assessment of the trial period we need to ensure those carrying out the assessments are trained to ask the right questions in the correct way, to ensure that those being interviewed are fully informed of their rights and understood what their information will be used for. I fear that this has not been the case for these previous assessments.

INCREASE IN CRIME

24. MG Corporation staff, and myself personally, have been canvassing our community for feedback on how the town is feeling since the introduction of the CDC.
25. While some have said that the CDC has helped some families get back on track there are far more who have said that there has been a distinct increase in crime, violence and kids on the street since the implementation of the card.
26. By disempowering the parents at home, this has led to an increase in the sly grog trade, which is an unmonitored alcohol influence in our town. This in turn leads to an increase in violence in the home space and eventually spreading to the streets.
27. MG Corporation responded to a plea from the Officer in Charge of Kununurra police station Leeca Smith at the end of January this year, as youth in the town had reached high levels of theft and are fast becoming a danger to themselves and the community. Up to 30 youth stole 6 cars from the Department of Child Protection and were driving them around at a rate of up to 200 km/h. The WA Police are concerned that it will only be a matter of time before these youths hurt themselves or someone else standing by.
28. We assisted the police in their impassioned plea and held 2 community safety meetings, bringing all members of the community together to discuss a new way forward for our town. At those meetings we heard from community members and service providers alike talk about how as a town we were in a high pressure situation. Many spoke of how things had been escalating over the past few years, but we were now at a time where it was make or break for Kununurra.
29. This is reiterated through the networks that I sit on as a member of the Aboriginal Police Advisory Forum (**APAF**). The APAF aggregates the experience and leadership of the police executive and eight Aboriginal leaders from across WA and provides high-level policy advice and information on historical and environmental factors affecting WA Police's relationship with and service delivery to Aboriginal people.
30. Through this position I have been able to clearly see the issues that are facing Kununurra and be able to guide WA Police in the correct manner in dealing with our local people. Through my close ties with the police I have been privy to the increases in crime, violence and gambling that have plagued our town. This information has been correlated by our MG members and wider community who are living and breathing the issues that the disempowerment of our people has caused.

CONCLUSION

31. In conclusion, although I was one of the four Kununurra leaders that brought the CDC to our area I do not support its continuation or implementation in other areas across Australia and therefore object to the passing of the aforementioned bill.
32. The CDC was imposed on our community and has not been forthcoming in helping our local people become socially and economically empowered or driven to remove themselves from the cycle of welfare dependency.

33. The government has failed our local people by pursuing with the implementation of the CDC, without proper co design with community people, with no clear transparency of evaluative methods and without proper evidence as to its effectiveness in deferring alcohol, drug or gambling related crime or violence in our town.
34. The social problems in Kununurra need to be tackled at a community level, as well as being community driven and based in cultural ideals and must be completed with and by MG people not in their absence.