



Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020

Prepared as a submission to the Senate Community Affairs Legislation Committee

October 2020

For more information, please contact:

Major Paul Hateley
Head of Government Relations
The Salvation Army Australia

Address: 2-4 Brisbane Avenue, Barton ACT 2600

Table of Contents

Statement of Recognition	1
Introduction	2
Background	3
Evaluating Success.....	4
Lack of Evidence of Outcomes.....	4
Changes to the Evaluation Process	5
Poorer Outcomes	6
Social Isolation, Stigma and Mental Health	6
Wellbeing Exemptions	7
What Works.....	8
A Community-led, Trauma-informed and Strengths-based Approach	9
Financial Capability	10
Substance Use	12
Child and Family Support	13
Conclusion	15
About The Salvation Army	16

Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.



Introduction

The Salvation Army welcomes the opportunity to make this submission on the Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020 (the Bill).

The Salvation Army provides a wide range of services and support to people across Australia as part of realising our vision: *Wherever there is hardship or injustice Salvos will live, love and fight alongside others to transform Australia one life at a time, with the love of Jesus.*

Fundamental to the ethos of The Salvation Army is the idea that every single human being has inherent worth and every person should be able to live with dignity.

The Salvation Army recommends that this Bill does not proceed.

In our submission on the Social Security (Administration) Amendment (Income Management to Cashless Debit Card Transition) Bill 2019, The Salvation Army expressed major reservations around any expansion or extension of the Cashless Debit Card trial. These reservations are only heightened by the Bill's aim to establish the trial as an ongoing program.

Our fundamental concerns remain around the increased stigma and potential social isolation associated with the Cashless Debit Card – leading to potentially poorer outcomes for those who are forced to use it.

This submission chiefly deals with three areas of concern:

- Concerns about sufficient evidence to support the success of the trials – noting issues with evaluations conducted in the current trial sites
- Concerns about outcomes for individuals – especially noting the negative effect of stigma on mental health, social inclusion and the pathway to employment.
- Concerns about the mandatory nature of the trial itself when other approaches have been proven to achieve the desired outcomes

Further, we strongly urge the Committee to seek out the voices and experiences of individuals and communities with a lived experience of the Cashless Debit Card. It is our belief that these experiences provide a critical layer of understanding and valuable insight into the practical workings of the Cashless Debit Card that cannot be ignored in policy development, implementation and evaluation.

Background

Welfare quarantining has been part of the Australian social policy landscape in a number of different locations and forms since 2007 when it was introduced as part of the legislation for the Northern Territory Emergency Response.

Income Management (**IM**) works by quarantining a proportion of social security payments for 'priority needs', such as food, clothing, housing and utilities.¹ Since its introduction, the proportion of welfare payments subject to quarantining through IM has ranged from 50 to 90 per cent, with 100 per cent of any advance and lump sum payments being quarantined.²

The Cashless Debit Card (**CDC**) was introduced in 2014 and aims to test if "reducing the amount of cash available in a community will reduce the overall harm caused by welfare fuelled alcohol, gambling and drug misuse".³ It does this by quarantining up to 80 per cent of a person's income support payment onto a debit card that restricts the purchase of alcohol, gambling and cash withdrawals. In doing so it aimed to redirect income support towards purchasing necessities.

The Cashless Debit Card trial was introduced in South Australia's Ceduna region in March 2016 and in Western Australia's East Kimberley region in April 2017. The CDC trial was later rolled out in Western Australia's Goldfields region in March 2018 and in Queensland's Bundaberg and Hervey Bay region in January 2019.

In the 2020-21 Federal Budget, the government announced funding to continue the CDC in existing locations on an ongoing basis as well as provide support to transition participants from Income Management to the CDC in the Northern Territory and Cape York region.⁴

The Bill seeks to:

- remove trial parameters to establish the Cashless Debit Card as an ongoing program
- transition people subject to Income Management in the Northern Territory and the Cape York region to the CDC.⁵

Other amendments contained in the Bill concern voluntary participation, participant exemptions and program exit, and participant notification when being placed on the CDC program.

If passed the amendments will affect approximately 12,500 people on the CDC and over 25,000 people subject to income management in the Northern Territory and Cape York.⁶

¹ See *Social Security (Administration) Act 1999* (Cth) s.123TH for a definition of 'priority needs'.

² Department of Social Services. (2020). *Income Management*. <https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/family-finance/income-management>

³ Department of Social Services. (2020). *Cashless Debit Card*. www.dss.gov.au/families-and-children/programmes-services/welfare-conditional/cashless-debit-card-overview

⁴ Services Australia. (2020). *Budget 2020-21: Cashless Debit Card – ongoing funding*. <https://www.servicesaustralia.gov.au/sites/default/files/2020-21-budget-6.pdf>

⁵ Explanatory Memorandum, Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020 (Cth)

⁶ Services Australia. (2020). *Budget 2020-21: Cashless Debit Card – ongoing funding*. <https://www.servicesaustralia.gov.au/sites/default/files/2020-21-budget-6.pdf>



Evaluating Success

Lack of Evidence of Outcomes

The Salvation Army advocates for evidence-based approaches to addressing social welfare issues in Australia. As expressed in our submission on the 2019 Bill, we do not believe there is sufficient evidence to justify the trial being transitioned into an ongoing program.

The purpose of the CDC trial has been to find an effective tool for supporting disadvantaged communities to reduce the consumption and effects of drugs, alcohol and gambling that impact on the health and wellbeing of communities, families and children.⁷

None of the evaluations regarding the CDC trial show conclusive evidence that the objectives have been met. At present, there is no credible evidence that restricting people's access to cash reduces the incidence of addiction to drugs, alcohol or gambling.

Importantly, some of the available evidence suggests that this approach could cause discrimination, restricts people's ability to manage finite resources, and ultimately leads to greater dependence on the welfare system. There is evidence that, for some, the CDC has increased financial hardship, social exclusion and stigma, while at the same time eroding self-reliance and autonomy.⁸ The exemptions to participation in the trial, introduced in the *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Act 2018* (Cth), acknowledge the potential risks to a person's mental, physical or emotional wellbeing.⁹

In a report completed in 2018, the Australian National Audit Office noted that:

"the approach to monitoring and evaluation was inadequate ... making it difficult to conclude whether there had been a reduction in social harm and whether the card was a lower cost welfare quarantining approach".¹⁰

It has also been stated that some parts of the evaluations undertaken have provided conflicting and inconclusive findings and rely on piecemeal and skewed data, anecdotal evidence, and questionable research methods.¹¹

This makes it difficult to argue that the trials have been successful on any measure. Anecdotal evidence, however, makes it clear that at least some of the people who are forced to use the CDC are experiencing additional hardship because of this policy decision.

⁷ Department of Social Services. (2020). *Cashless Debit Card*. www.dss.gov.au/families-and-children/programmes-services/welfare-conditional/cashless-debit-card-overview

⁸ Orima Research. (2017). *Cashless Debit Card Trial Evaluation – Final Evaluation Report*.

⁹ *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Act 2018* (Cth) s.124PGA

¹⁰ Australian National Audit Office. (2018) *The Implementation and Performance of the Cashless Debit Card Trial* [Auditor-General Report No. 1 of 2018–19]. p.8.

¹¹ St Vincent de Paul Society. (2019). *The Cashless Debit Card*.

https://www.vinnies.org.au/page/Publications/National/Factsheets_and_policy_briefings/The_Cashless_Debit_Card/



Changes to the Evaluation Process

The Explanatory Memorandum accompanying the Bill states that:

The Social Security Administration Act presently requires that, where the Minister causes a review of the CDC to be conducted, the Minister must cause the review to be evaluated. This requirement is potentially circular and, unless resolved, might generate ongoing evaluation under section 124PS. The proposed amendments address this issue and support a desktop evaluation of any review of the CDC to lessen the ethical implications associated with avoidable repeat contact with vulnerable individuals.

As a result of this amendment, the Bill removes the statutory requirement of an independent expert evaluation within six months of the completion of a review. Additionally, amendments to the Bill remove the requirement on independent experts to consult trial participants which, in turn, will avoid the ethical implications of unnecessary repeat contact with vulnerable individuals.

In our view, moving away from full evaluations to desktop reviews is a counter-productive move. Although we acknowledge the very sound desire to avoid unnecessary intrusion into the lives of people on the CDC, we believe that the quality of evaluations should not be compromised. In particular, The Salvation Army believes strongly that the voice of people most affected, including their subjective experiences of the CDC, must be considered in any evaluation.

Qualitative research, such as the baseline data collection conducted by the Future of Employment and Skills Research Centre, demonstrates how the CDC can produce different outcomes and lead to different experiences, even within the same community.

Poorer Outcomes

Social Isolation, Stigma and Mental Health

The Salvation Army works with people experiencing deep and persistent disadvantage in Australia. Through this work we have come to recognise the effect social disadvantage can have on social isolation, stigma and mental health.

We believe that every single human being has inherent worth and every person should be able to live with dignity. A major consideration for any social policy proposition should be the impact it will have on the mental health and social inclusion of the people impacted. This is especially critical when welfare recipients are concerned, as welfare should provide a safety net from harm and because poor mental health outcomes and social isolation are major barriers to moving from welfare to work.

A study undertaken by the Centre for Aboriginal Economic Policy Research in 2019 reveals the potential impact that welfare reform measures have on an individual's sense of worth and social belonging.¹² The study recorded some of the feelings associated with the use of the CDC, including people who found the card 'an insult', making them feel 'targeted or 'punished'. Other comments were related to the belief that the card was designed to induce shame.¹³

The Salvation Army considers that the Bill in its current form will unreasonably and unnecessarily risk further stigmatising Australians already experiencing disadvantage, to the detriment of their mental health, community participation and social connection.

The Salvation Army notes that the stigma associated with the CDC stems from two factors:

- 1) The imposed nature of participation
- 2) The identifiable nature of the Indue card.

We welcome the work being progressed on technology options to improve the operation of the CDC, including to enable multiple card issuers and product level blocking.¹⁴ It is our hope that this will go some way towards reducing the stigma associated with the physical card.

Any aspect of the system that dehumanises a recipient, diminishes their personal agency, or negatively affects their sense of community connection, causes us concern. We consider that the imposed nature of the CDC, which perpetuates the view that welfare recipients have problematic relationships with gambling, alcohol or other drugs and cannot be trusted to manage their own finances, is detrimental to the mental health and community connection of welfare recipients.

¹² Vincent, E. (2019). *Lived Experiences of the Cashless Debit Card Trial, Ceduna, South Australia*. Working Paper 129/2019, Centre for Aboriginal Economic Policy Research, Australian National University, Canberra

¹³ bid.

¹⁴ Department of Social Services. (2020). Senate Community Affairs Legislation Committee Additional Estimates - 5 March 2020: Answer to Questions on Notice (DSS SQ20-000166).

Many of our clients have expressed a sense of shame from being on welfare. They talked about going to considerable lengths to ensure the outside of their accommodation did not show they were experiencing hard times. They talked about declining to see their friends so their friends would not carry the burden of always paying for coffee. Some also talked about feeling that they were being punished because they could not secure a job, despite their best efforts.

Wellbeing Exemptions

The Salvation Army welcomes the introduction of wellbeing exemptions for individuals whose mental, physical or emotional wellbeing is put at serious risk by being on the CDC. We express concern at the time it has taken to date to process exit applications. Being forced to wait five weeks, let alone the average time of five months, for a determination could put genuine applicants at serious risk.¹⁵

¹⁵ Department of Social Services. (2020). Senate Community Affairs Legislation Committee Additional Estimates - 5 March 2020: Answer to Questions on Notice (DSS SQ20-000098).



What Works

The Salvation Army has been delivering social services and programs for people experiencing hardship, injustice and social exclusion in Australia for 140 years. This experience has provided us useful insight into the types of interventions that are effective in achieving the aim of the CDC to reduce the “social harm caused by welfare-fuelled alcohol and drug abuse, and gambling”.¹⁶

We acknowledge that a core element of the implementation of the CDC has been the accompanying investment in additional drug and alcohol, financial and family support services. The Salvation Army is, unequivocally, supportive of additional supports that assist individuals to overcome personal barriers, including to employment. The unequal distribution of these additional services across CDC locations is therefore of significant concern. Some sites have benefitted from a broader range and longer duration of services.¹⁷

The level of additional supports is fundamental to any success the current trials have achieved. Any future continuation or expansion of the CDC, including as proposed by the Bill, must ensure these additional supports continue to meet identified community need. This must be provided for under the CDC appropriation, rather than through other sources of existing funding.

The Goldfields baseline data collection report identified service gaps and barriers to service delivery as having reduced the effectiveness of the support services available prior to implementation.¹⁸ Stakeholders and participants also noted that the CDC would only be effective if implemented as part of a range of wraparound supports, including services that are locally delivered and staffed, drug and alcohol services, physical and mental health services, prevention and crisis support services, and financial management and counselling services.¹⁹ It is our experience that adequate levels of income support would also alleviate stressors associated with unemployment.

Though some of these matters are the primary responsibility of state and territory governments, we recognise the considerable influence held by the Commonwealth Government through national partnership agreements, particularly in the areas of health, housing and education.

The Salvation Army notes the high cost of implementing and administering the CDC.²⁰ We would encourage all levels of government to redirect the considerable resources allocated to achieve the outcomes of the CDC towards working together with the local community. This work should identify, fund and deliver evidence-informed, strengths-based and holistic support services that address individual and community needs.

¹⁶ Department of Social Services. (n.d.). *Cashless Debit Card*. <https://www.dss.gov.au/families-and-children/programmes-services/welfare-conditionality/cashless-debit-card-overview>

¹⁷ Department of Social Services. (2020). *Senate Community Affairs Legislation Committee Supplementary Budget Estimates – 5 March 2020: Answer to Question on Notice (DSS SQ20-000158)*.

¹⁸ Mavromaras, K., Moskos, M., Isherwood, L., and Mahuteau S. (2019). *Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings*. University of Adelaide Future of Employment and Skills Research Centre.

¹⁹ *bid.*

²⁰ Australian National Audit Office. (2018) *The Implementation and Performance of the Cashless Debit Card Trial* [Auditor-General Report No. 1 of 2018–19]. p.8.



A Community-led, Trauma-informed and Strengths-based Approach

Despite the concerns stated above, we acknowledge that the evaluations identify positive aspects of the CDC trial, mainly as a result of strong community buy-in and effective implementation. This includes an implementation process based on extensive, inclusive, and culturally appropriate and sensitive community consultations, conducted prior to the introduction of the CDC trial.²¹ It is imperative that robust community engagement continues to inform decisions that affect CDC communities.

One of the distinguishing characteristics of services offered by The Salvation Army is that when someone engages a service, they do not only engage with that service but with the broader Salvation Army as well. We understand that barriers tend to be greater for the most marginalised and vulnerable people and we are uniquely placed and committed to doing more than simply supporting people to navigate a complex system.

A 'no wrong door' approach means that we work closely to support people across our services through strong partnerships with internal and other local services. The Salvation Army's reach extends far beyond clinical treatment and support. We can actively support people to engage in social, church and community activities, playgroups, support networks, our Salvos Stores and chaplaincy support. By keeping our doors wide open, people are able to engage in the support and care they need when they need it.

Taking a trauma-informed approach, our services work to provide an environment that is physically, psychologically and emotionally safe and free from discrimination. We emphasise dignity, independence, choice and control as essential for people to thrive. We believe people have the right and ability to identify their needs and guide their own treatment pathways. People who access our services can expect to be well-informed about their options and empowered to make decisions based on their needs and life circumstances.

Being person-centred and strengths-based means our services seek to enhance people's capacity to recognise and use their existing resources and resilience. A strengths-based approach can also apply to communities, working with them to identify community strengths and protective factors. We do not focus on problems or pathology but rather create the conditions that allow people to work within the constraints that prevent them from achieving their goals. We want people to capitalise on the best version of themselves rather than focusing on negative characteristics.

By contrast policies and programs that disempower or further stigmatise people only push them further into social isolation and marginalisation. Research has shown that stigma and community empowerment ("local decision-making") can have a strong impact on early childhood development.²²

²¹ Mavromaras, K., Moskos, M., Isherwood, L., and Mahuteau S. (2019). *Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings*. University of Adelaide Future of Employment and Skills Research Centre.

²² Goldfeld, S., Villanueva, K., Lee, J.L., Robinson, R., Moriarty, A., Peel, D., Tanton, R., Giles-Corti, B., Woolcock, G., Brinkman, S., Katz, I. (2017). Foundational Community Factors (FCFs) for Early Childhood Development: A report on the Kids in Communities Study



Financial Capability

The Salvation Army Moneycare program delivers free financial counselling and capability services to people experiencing financial hardship and stress for a range of reasons, including unexpected changes in financial circumstances, such as job loss, and problem gambling. Qualified financial counsellors provide crisis intervention and financial resilience services, including crisis stabilisation, targeted referrals for underlying issues, financial assessment, debt reduction options and advocacy.

Evidence suggests that people in crisis experience cognitive overload, which impacts their decision making and focus. While decisions made in times of crisis may meet their most pressing need (for example, to put food on the table and to keep the lights on), this can and often does put them in a worse financial position in the long term. Our experience is that financial counselling can be extremely effective in helping people build financial resilience.²³

One criticism of income management is that by imposing restrictions on how money can be spent, individuals are not actually supported to build skills to manage their own finances.²⁴ We therefore welcome the announcement in the 2020-21 federal budget of additional funding to continue Money Support Hubs that provide financial counselling, basic budgeting skills and financial education in 33 IM and CDC locations.

The Salvation Army firmly believes that having an adequate source of income and level of independence is a crucial element in helping people flourish. For this reason, we have for some time advocated for an increase to the base rate of the JobSeeker Payment and Youth Allowance, which are subject to IM and CDC.

The JobSeeker Payment has not increased in real terms since 1994.²⁵ Our experience delivering emergency relief and financial counselling services has led us to conclude that the current rates of support are simply not sufficient to meet current costs of living and searching for work, and to live with dignity, even with careful budgeting. In fact the low rate entrenches welfare dependence, acts as a barrier to employment and puts people at further risk of homelessness. This can exacerbate the 'social harm' that the CDC seeks to combat.

²³ The Salvation Army. (2019). *One Step at a Time: Five year financial counselling analysis*.

<https://financialcapability.gov.au/files/one-step-at-a-time-five-year-financial-counselling-analysis.pdf>

²⁴ Mavromaras, K., Moskos, M., Isherwood, L., and Mahuteau S. (2019). *Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings*. University of Adelaide Future of Employment and Skills Research Centre.

²⁵ Parliamentary Library. (2019). Key issues for the 46th Parliament: the adequacy of jobseeker payments.

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook46p/JobseekerPayments



Moneycare

Moneycare has been operating for over 29 years in Australia, delivering a range of free and confidential services such as financial counselling, financial capability work, financial literacy/capability workshops and microfinance. The services seek to help people in financial hardship by addressing their immediate crisis situation and to build their long-term capability and resilience in managing financial hardship.

With The Salvation Army's mission and values as the foundation, Moneycare services are delivered with empathy and dignity, and the team at Moneycare invests highly in building trusting relationships with people who are accessing their services. Since 1990, Moneycare has helped thousands of people in vulnerable and disadvantaged circumstances who were at risk of, or experiencing, financial and social exclusion.

The value of Moneycare services is evidenced by two key pieces of research:

1. In 2012 research by the Swinburne University of Technology found that The Salvation Army's financial counselling services had a positive impact across the domains of debt resolution, wellbeing, financial capability and advocacy. 94 per cent of those surveyed wishing that that they had sought help sooner.²⁶
2. Outcomes measurement in 2017-18 assessed the changes in the first three months of a person's journey with Moneycare and found that the service helped people address financial hardships, build financial resilience, improve mental health and overall wellbeing and spirituality. Seventy-nine per cent of respondents reported improvement in their financial resilience and 67 per cent reported improvement in their mental health within the first three months of connection with Moneycare.²⁷

Client feedback on our casework services supports these findings. Of the 2,207 responses received in 2017-18, 95.2 per cent respondents reported increased money management knowledge or skills, 96.1 per cent had an improved ability to handle their own financial situations, and 93 per cent had their financial difficulties resolved or mostly resolved.

²⁶ Brackertz, N. (2012). *I wish I'd known sooner! The impact of financial counselling on debt resolution and personal wellbeing*. The Salvation Army. <https://researchbank.swinburne.edu.au/file/d9786ab2-4879-4344-9533-e7f04932a438/1/PDF%20%28Published%20version%29.pdf>

²⁷ Misra, G., Loo, J., and Susanto, J. (2018). *Strength in Numbers: Moneycare Outcomes Measurement (ACT, NSW, QLD)*. The Salvation Army Australia, Sydney.



Substance Use

The Salvation Army's alcohol and other drug (**AOD**) services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful. A core part of our services is focused on encouraging physical, emotional, mental, social, and spiritual health. We work to prevent and reduce harm for both individuals and the wider community and to support the reduction and cessation of use.²⁸

Across Australia, we offer a range of programs including withdrawal management, residential and non-residential rehabilitation, community programs and harm reduction interventions. Our services are designed to respond to a range of need and severity in relation to alcohol and other drug use, and be accessible to diverse, marginalised and vulnerable population groups.

The Salvation Army supports prevention and early intervention initiatives, which are designed to support individuals to develop the social and emotional skills they need to learn and make effective life choices.²⁹ Evidence shows that the return on investment of comprehensive and well-timed interventions is much higher than the intensive and expensive interventions needed to address problems once they occur.³⁰ From experience they are also far more effective than 'just say no' approaches to drug education and 'zero tolerance' policies.

Our AOD services are recovery-oriented. We aim to support individuals to gain and retain hope, improve self-efficacy, engage with family and in community, and develop autonomy, social identity, meaning and purpose in life, and a positive sense of self, and ultimately being able to achieve relief from the distress or hardship caused by their use, as defined by them. Recovery is often a journey of growth, where setbacks can become learning opportunities.

Our experience is that sustainable changes occur when people recognise the personal benefits of change, have the appropriate supports in place and believe that the change they are seeking is possible. Taking a harm reduction approach, we aim for open and non-judgemental communication about drug use with people currently using them. Harm reduction has proven both cost-effective and effective in reducing alcohol and drug-related dependencies, hospital admissions and costs, and ultimately saving and improving lives.³¹ Every dollar invested in needle and syringe programs has been shown to result in more than four dollars of direct healthcare cost-savings over the following ten years.³² It is estimated that this has represented \$1.28 billion in health cost savings in Australia over the past decade.³³

²⁸ The Salvation Army Australia. (n.d.). Alcohol and Other Drug Services: National model of care. https://www.salvationarmy.org.au/subscribe/sites/auessalvos/files/need-help/AOD_National_Model_of_Care.pdf

²⁹ Carney, T. and Myers, B. (2012). *Effectiveness of early interventions for substance-using adolescents: findings from a systematic review and meta-analysis*.

³⁰ Office of National Drug Control Policy. (2020, May). *Cost Benefits of Investing Early in Substance Abuse Treatment*. https://obamawhitehouse.archives.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf

³¹ Reuter, P. and Pollack, H. (2006). How much can treatment reduce national drug problems? *Addiction*. 2006 Mar;101(3):341-7. Riddell, S., Shanahan, M., Degenhardt, L. and Roxburgh, A. (2008). Estimating the costs of drug related hospital separations in Australia. *Aust N Z J Public Health*. 2008 Apr; 32(2):156-61.

³² National Centre in HIV Epidemiology and Clinical Research. (2009). *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*.

³³ bid



Child and Family Support

Our experience is that a holistic and integrated response to family support services can achieve the child wellbeing aims of the CDC.

Funded under the Australian Government's Communities for Children initiative, The Salvation Army's Family Centre model is designed to provide a holistic and integrated response to child and family needs. Our services facilitate prevention of child abuse and neglect by bringing together a range of universal and targeted support services for families delivered by a multi-agency, multi and trans-disciplinary team.

We know that families at high risk of vulnerability tend to be cautious of services for a range of reasons, including fears of stigma. In response, we aim to provide an environment where families can build trust and access the support they need when they need it. Effective prevention and early intervention involves developing a range of strategies and variables that can influence child development. These strategies include community capacity building, sector integration support, soft-entry activities, parent learning, supported playgroups, home visiting, complex trauma support and trauma informed classrooms, delivered within an integrated family support system.³⁴

Research has shown this model is highly effective when services have strong capacity to respond to families experiencing crisis in a timely manner.³⁵ It has also been proven to lead to improved social and emotional development in children, improved adult, child and family relationships, improved parenting skills and knowledge, and improved parental health.³⁶ The services delivered through The Salvation Army's FamilyZone Ingle Farm Hub have led to a significant and sustained reduction in the proportion of children assessed under the Australian Early Development Census as being vulnerable in one or more domains.³⁷

The Salvation Army acknowledges the Commonwealth Government's long-standing commitment to place-based and community-led family support services like the Communities for Children initiative and the Stronger Places, Stronger People initiative being rolled out in ten 'demonstration communities'. We welcome the recognition that community buy-in ("a promising degree of community readiness"³⁸) is an essential criterion to achieving change. Ceduna has been identified as a Stronger Places, Stronger People site and we look forward to seeing how this contributes to the child and family wellbeing aims of the CDC.

³⁴ Nova Smart Solutions. (2019). *The Family Centre Approach to Early Intervention and Prevention*. http://www.salisbury4c.org.au/resourcedownloads/The_Family_Centre_Final_Report.pdf

³⁵ Sims, M., & Brettig, K. (2018). Early childhood education and early childhood development: do the differences matter? *Power and Education* Vol.10(3) 275-287.

³⁶ McInnes, E. & Diamond, A. (2011). *Evaluation of a Child and Family Centre*. University of South Australia.

³⁷ Nova Smart Solutions. (2019). *The Family Centre Approach to Early Intervention and Prevention*. http://www.salisbury4c.org.au/resourcedownloads/The_Family_Centre_Final_Report.pdf

³⁸ Department of Social Services. (2019, August 18). *Stronger Places, Stronger People*. <https://www.dss.gov.au/families-and-children-programs-services/stronger-places-stronger-people>



Tessa's Story*

Tessa* and baby Oscar* were referred for home visiting as Oscar was reportedly an unsettled baby. The initial assessment revealed Tessa was displaying symptoms of depression, which was later diagnosed as post-natal depression.

On the day of the home visit, Tessa was having trouble getting up from the lounge and Oscar was screaming on a mat on the floor. The house was disorganised, dark and gloomy. Tessa's husband was also experiencing depression. He couldn't handle the baby crying and had withdrawn from the family emotionally and physically. This home visit resulted in a referral to a local GP, then to a paediatrician for Oscar and a psychologist for Tessa, along with a mental health plan, which gave her access to child care and Being with Baby, a post-natal depression support group.

A FamilyZone family support worker was also scheduled to visit on a regular basis. The skills she learned from Being with Baby led to Tessa changing her pattern of thinking and influenced her marital relationship. To support these positive changes, she was invited to stay on for Stepping Stones, a small supported playgroup that encourages families at an individual level and connects them with support in the broader community. Tessa also joined a mothers' group, which provided her the support she needed to enjoy parenting but also voice concerns and ask questions.

Twelve months on, Tessa has returned to work three days a week. Oscar has grown to be a lively, likeable toddler, who socialises well but has an obvious strong attachment to his mother. He also has a strong attachment to his father, who is now responsible for child care one day a week. They report their relationship is much more positive and have expressed gratitude for how FamilyZone has supported and journeyed with them.

* Names have been changed

Conclusion

The Salvation Army does not support the Cashless Debit Card trial being established as an ongoing program and the transition of 25,000 people subject to Income Management in the Northern Territory and Cape York on to the Cashless Debit Card.

We urge the Committee to recommend against the progression of the Bill.

We believe that any policy proposal that curtails the freedom of income support beneficiaries must be thoroughly evaluated to determine its effectiveness. We maintain that funding and coordination between all levels of government to meet service gaps and provide holistic, evidence-based, person-centred and strengths-based support for people experiencing disadvantage and vulnerability is a far more cost-effective way to achieve the aims of the Cashless Debit Card.



About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Financial inclusion, including emergency relief
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Further Information

The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance.

Further information can be sought from Major Paul Hateley, National Head of Government Relations,

