The SAY NO SEVEN Community submission to the Senate Community Affairs

Legislation Committee Inquiry: "Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019"

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The Say NO Seven Community thanks the Secretary and welcomes the opportunity to make comments to the Senate Affairs Legislation Committee in relation to the above inquiry.

Who we are.

The Say No Seven is a 3200 person strong public online community with an average daily post reach of 37,000 views and an issues post reach of between 83,000-175,000 views. We are an active on and offline community interconnected with the memberships of 12 individual “No Card” online pages. We also maintain a discrete observer presence within several community based CDCT forums. In three years of community liaison, writing, submissions and public protest we have come to be and represent an information hub and authoritative voice of wider community opposition to the concept and practice of compulsory third party forced income management (Cashless Debit Card).

Why we are here.

The Say No Seven Community opposes *Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019* in the strongest possible terms.

The primary feature of this bill is to extend current Cashless Debit Card Trials [CDCT] in current trial regions from the legislated mid-year 2019 end date to 2020 and also to extend "Income Management" in Cape York Northern Territory until 2020.

We assert that the *The Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019 Bill* does not identify any new evidence or data pertinent to legislated CDCT requirements for extension. The bill has not demonstrated the importance of trial extension in either location as per the requirements of the Social Security (Admin) Act 1999 or Social Security Act 1991.

PRIMARY CONCERNS:

1. CDC trial extension.

Lack of evidence.

(a) No new empirical evidence or quantitative data has been published since the largely discredited Orima Wave 2 Evaluation Report [1].

No new data or empirical evidence has been provided to the parliament from any source since parliamentary debates in August 2018 that can conclusively demonstrate the Cashless Debit Card Trial (CDCT) is meeting any of its stated targets or meeting key objectives of the legislation as stipulated in the Social Security (Admin) Act 1999.

The recent release of the contestable "CDCT baseline" report by the University of Adelaide [2] was a qualitative study and specific to one trial location only. It does not in itself provide any new empirical evidence or quantitative data relevant to the passage of this bill.

There is no current data or evidence that objectively establishes CDCT efficacy that satisfies legislated requirements and supports the request for trial extension.

This is confirmed best by the report of the Australian National Audit Office in which they state,

"*… there was no review of the KPIs during the trial and KPIs have not been established for the extension of the CDC"*. [1a].

The trial of Cashless Debit Card was given assent to proceed for a further year in 2018, in order to gain this essential data and insight; that government now feels itself unable to meet this requirement within the time frame allotted, is a matter for trial review, it is not justification for trial continuance.

No community consultation

(b) No inclusive and empirically comprehensive community consultation process has been undertaken in any current CDC trial zone in order to gauge participant or public support for the decision to extend CDCT trials.

The ongoing unilateral ('top down') decision making in progress, evidenced in part by this existence of this bill, assures only that government will avoid community consultation frameworks and seek to usurp community 'consent'.

The absence of implied community consent, viewed at this time to be 'in lieu' of individual participant consent - a subject of contention given the ongoing exclusion of compulsory trial participants from consultation frameworks, will permit government to further evade if not abandon its pretense of 'community consultation' completely. This will serve only to erode what remains of community and national trust in the CDCT scheme overall.

(c) *P-hacking*

Continuing to extend CDC trials in the incrementalist manner government is employing, dangerously approximates the discredited behavior of p-hacking [3]. Otherwise known as 'data dredging', p-hacking is a term most used in scientific research to describe a situation whereby a trial or experiment that is not providing a desired or expected outcome, is kept running indefinitely until eventually a result is found that supports the desired conclusion.

The problem with this behavior especially with regards to the CDCT is that it ignores every negative result accrued up until that point in the search for a justifying 'positive' result.

Within the peer review process, if the CDCT was a medical trial and similar harmful results as are being recorded today from trial regions were being reported prior to the positive result, the trial would be stopped, or the affected trial participants would be immediately removed.

At this time trial exemption data provided by government demonstrates that this is not the case with the CDCT. More people are reporting experiences of harm than are being exempted from the trial, yet this information regarding the harms being experienced is not being published, even when it appears in evaluation data sets. Instead, focus is maintained on data that on first glance, appears to support the desired outcome.

In the case of the CDCT, this dredging goes one step further, and what is considered to *be* harm by the trial authority, is being strictly limited to one category of human experience that excludes other forms of harm and negative experience. The knock on effect of which is that this procedure and reporting restrictions manipulate end data and fail to inform of the wider array of harmful impacts being experienced within the trial regions.

> *"The problem of p-hacking occurs when someone unduly influences the data collection collection process or statistical analyses performed in order to produce a statistically significant result. This also can happen if some data is left out deliberately in order to force a statistically significant result to occur."* - Fivelsdal 2017

We see this phenomenon occurring most in governments media presentations; where government representatives repetitively laud four data points from the Orima evaluation that support its desired outcomes, while ignoring 67 other data sets that do not support its objectives, including the surprising statistic that for 77% of compulsory trial participants, there had been *no positive trial result* after two full years of compulsory income management under CDCT conditions. [4]

Importantly, governments omissions include records of injury and negative lived experiences recorded by compulsory trial participants.

On considered reflection, given the extent of p-hacking within the CDCT process and in its promotion, CDCT trial conditions more closely resemble the beta test of a computer program rather than a managed social welfare/engineering and technology trial.

Human Rights

(d) The CDCT regime engages and limits a range of human rights. This is an uncontested feature of the CDCT policy. [5]

The 'Human Rights Compatibility Statement' attached to *Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019* repeats arguments in support of compatibility that have already been rejected by the Australian Human Rights Commission (AHRC) on three separate occasions. According to the commission, the current Cashless Debit Card Trial (CDCT) legislation in force, does not meet Australian Human Rights standards.

As such, we refer the Committee back to the following statement by the Parliamentary Joint Committee (PJCHR) 2017 [6], that states that in order to continue trials, government must prove:

'the … *existence of a legitimate objective must be identified clearly with supporting reasons and, generally, empirical data to demonstrate that [it is] important.*'

And that:

'*To be capable of justifying a proposed limitation of human rights, a legitimate objective must address a pressing or substantial concern and not simply seek an outcome regarded as desirable or convenient. Additionally, a limitation must be rationally connected to, and a proportionate way to achieve, its legitimate objective in order to be justifiable in international human rights law*.'

This bill, does *not* provide evidence that will meet these requirements. There appears no substantial basis for trial extension being considered beyond political desire and significant questions remain regarding the CDCT's overall proportionality. The CDCT is not the "*least restrictive alternative, of limited duration*" and "r*easonableness, necessity and proportionality"* have not been established.[5a]

We uphold and support the Human Rights Commission submission to the Senate in November 2017 which stated that the entire CDCT legislation 'fails to meet provisions under the Act for any continuance much less any expansion' and we agree that there has been no adequate evidence provided that would support government claims that the CDCT '*reduces the risk of long-term poverty and welfare dependency*'.

At the time of writing, there have been no published plans to align any of the offending features of the in-force CDCT legislation with Australian Human Rights standards much less address those shortcoming in this bill. To the best of our knowledge, no Human Rights related risk assessment on the potential impact of trial extensions on the lives and well-being of trial participants is being undertaken at this time either.

We therefore assert that the *The Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019 Bill* does not identify any objective that could justify ongoing human rights impositions and does not establish through empirical evidence or data any importance of extending trials.

We share our deep concern that the removal of existing stipulated trial end dates at this time, will only provide the time and political opportunity for further midstream CDCT scheme expansion efforts. Government has already announced its desire to implement a fifth trial site in press, and may utilize any extended trial period to increase the number of additional sites overall, essentially deploying the CDCT as a program before it has been tested.

The passing of this bill will mean that compulsory participant safety, their immediate and ongoing well-being and participant Human Rights concerns are relegated to the least of scheme priorities, rather than as they should be; placed as a leading concern.

Participant distress ignored.

(e) We maintain that the Department and this parliament have to date, failed to address in *any* meaningful or mutually respectful manner, reports of chronic and acute distress being experienced by CDC trial participants and their families in trial regions. [8]

During Senate public hearings (Cashless Debit Card Bill 2017) in Kalgoorlie [7], incidents of multiple suicides and 474 cases of self-injury directly and indirectly related to cashless debit card roll outs were reported to senators. Two years on, this report has yet to be publicly investigated.

The incidents, reported to the 2017 inquiry by Ms Nelson Cox, then Chairperson of the Aboriginal Health Council of WA, remain an outstanding priority and subject of grave concern.

The department has also failed to address multiple incidents of suicide and self-harm that have occurred *since* 2017 along with issues of rising domestic violence, refusal to activate cards, attempted suicide, incidents of child prostitution, issues relating to predatory behavior of non trial participants, hunger strikes, card technological/functionality issues and ongoing mental health and human rights concerns.

This consistent failure to address issues of CDCT related duress and distress among participant cohorts is leaving many extremely vulnerable compulsory participants experiencing daily suicidal ideation and leaving others unsupported, living with a heightened sense of frustration and powerlessness.

The cumulative stress of daily life ‘on the card’ is directly placing thousands of lives at significant legal social and psychological risk. Governments avoidance and failure to address these concerns openly and publicly and their dismissive and condescending attitude over all when approached to discuss these issues, is also leaving many service providers, the national media and the wider Australian community uninformed of the full range of trial related impacts being experienced. The Say NO Seven community administration team have witnessed significant increases in calls for help to our email, messenger and Facebook pages from people seeking psycho-social support and professional referral. Our own experience has been a rise from an average of 10 contacts per month to a current average of 15 contacts per week. Many people contacting us are in immediate crisis, and often contact us after unsuccessful contacts with Indue Ltd and the Department whom they report have “fobbed them off”.

We also receive multiple emails per week from victims of implementation confusion. Many reporting to us or self-reporting to our pages, their personal experiences of what is now colloquially called “CDC Ping Pong”; a situation whereby participants contacting the Department to make complaint are referred to Indue Ltd, only to have Indue Ltd staff refer them back to the Department in a seemingly never ending and extremely frustrating policy of active abdication of accountability from both parties.

In failing to meaningfully address the needs and issues of the CDCT target group themselves; in failing to listen or to act upon reports and concerns of duress and distress, the government is underscoring the patronising, punitive and punishing aspects of the CDCT scheme.

Ignoring participant well-being is contrary to the stated fundamental aims and intentions of this trial and the CDC policy overall and the same only aggravates and amplifies human rights concerns moving forward.

To seek to extend the trials under these prevailing conditions, while significant problems remain in so far as procedural inconsistencies, card functionality, technology limitations and breakdowns as much

as the absence of accountability for trial participant well-being, precludes extension and expansion of these trials. The negation of duress and distress itself, in media and in parliament is extremely ill considered, is harmful and is widely viewed as intentional negligence among compulsory participants.

A shortlist of complaints received by our administration team vial email and messenger, including those already reported to Senate inquiry on previous occasions:

◦ Increases in successful suicides, attempted suicide and self-injury that have not been investigated or openly addressed.

◦ No monitoring of ‘at risk’ participants and the lack of reporting processes in place to address critical and cumulative mental health concerns of compulsory CDCT participants.

◦ Families reporting a lack of food/going hungry due to random card declines and an increase need to access food banks and charities.

◦ Indue Ltd is not consistently meeting Direct debit and Bpay payments on time.

◦ Families of trial participants reporting they are ‘covering’ expenses and providing needed cash for necessities to make up shortfalls.

◦ Indue Ltd not making loan, credit card and child care payments on time (multiple reports)

◦ Indue systems failures leaving people stranded.

◦ Loss of income by way of increased bank fees and $10 “inbound fees” that are being applied to some participant cash and emergency transfers.

◦ Visa’s transaction fees, and in store visa use fees.

◦ Legitimate Banks are not recognising more than the 20% component as lawful recipient income.

◦ Inability of domestic violence victims to flee family violence.

◦ Inability to engage in every day cultural and social practices.

◦ Minimum spends at local shops impacting cash portion and quarantined portions of income.

◦ Indue LTD has not been investigating lost payments or late payments.

◦ People are unable to pay council rates, school fees, child care costs.

◦ Hunger strikes.

◦ Miscarriage.

◦ Marriage and kinship group breakdown.

◦ Homelessness, evictions, landlords unwilling to access Centrepay.

◦ Inability to access basic shopping services such as Woolworth's and Cole's online, eBay, PayPal, and Australia Post.

◦ The refusal of many people to activate cashless debit cards leaving the most vulnerable in extreme and abject poverty, 'off grid' entirely.

◦ Ongoing stigma and harassment online, in media, in parliament, and socially.

◦ The ongoing issue of lack of consultation with participants, and entire communities in Ceduna and Goldfields that were not consulted at all (example: Kambalda WA)

◦ Increased social and financial predatory behavior inflicted upon those on CDCT by other community members and visiting criminals including: rape, assault, bullying, fiscal manipulation, card on selling, physical abuse, elder abuse, racism, theft and grafting by store owners.

◦ Increases in participant and targeted community mental health distress across the board.

◦ Increases in youth crime and disaffection.

◦ Increases in anger, frustration, desperation.

◦ The impact of daily media poverty shaming.

◦ Increased depression, social dislocation and despair.

◦ Impacts of aggressive policing, move on orders that are leading to the isolation of many communities and many individuals within communities.

◦ The bullying, stalking, doxxing and active ‘trolling’ of anti-card dissenters by ministers, paid political activists and a specific group of LNP allied members of the general public one of whom has been reported to area police for offline and online stalking of a No Card Hinkler group member.

◦ Reports from participants of increasing inability to emotionally and physically cope with every day budget management given the complexity of split incomes.

◦ NIDS: People are reporting difficulties with being on Indue Cards and negotiating with NIDS service providers for travel expenses.

◦ Indue Ltd transfer restrictions and the reality of 'no joint access' on couples who must ‘financially divorce’ to continue to receive payments and pay bills, along with a plethora of other stress inducing issues being reported widely in media and in community forums by CDCT participants themselves.

◦ Experiences of the bullying and ‘strong arming’ of local shop owners, service groups and businesses by the Department in trial regions and targeted regions.

◦ Inconstancy: Indue LTD staff at shop fronts in trial locations saying one thing to CDCT participants and the Department saying another.

◦ Increases in Domestic Violence.

◦ Increased racism and racial attacks.

◦ Increases in crime and alternative drug use.

◦ Loss of dignity and equality.

◦ Inability to purchase life saving medical equipment.

◦ Frequent failure of Indue card technology.

◦ Landlords not signing up to Centerpay for rental accommodation / ongoing cash and third party renter issues.

◦ Direct debit and Bpay Payments not being met on time, honored or missing and money missing from private accounts without notice.

◦ Ongoing impacts of economic segregation/ongoing social exclusion from every day cash only family outings.

◦ Complaints Job Search Australia and Parents Next staff members using the existence of the cashless debit card as threat and tool for compliance and bullying.

◦ Reports of increased schoolyard 'poverty' bullying incidents from parents.

The majority of the complaints listed above, are also mirrored and detailed in greater depth in the following reports:

- *Lived Experiences of the Cashless Debit Card Trial, Ceduna, South Australia: Final Research Report [9]*
- *Report into South Australian Regional Road Trip: AUWU; August 2018 [10*

Impacts of trial extension.

(f) Initially promoted as a six month trial to the community of Ceduna, and now, having been in place for almost three years, extending the CDCT duration further presents enormous issues and risks for compulsory participants and the wider trial communities as a whole.

These issues include but are not limited to:

◦ The continuing breakdown of trust and relationships between community members, compulsory participants and the Federal, State and local governments. Instead of recognition of trust as a commitment, the government appears to be viewing it as a temporary commodity.

◦ Growing institutionalisation. Increased resignation among many long term compulsory trial participants reporting they experience a sense of futility; people expressing they are unable to impact the systems and structures being used to control them; social dis-empowerment and loss of political agency in communities and nationally. People are disengaging rather than being engaged.

◦ Amplified racism and economic bullying ('poverty shaming') across all trial sites.

◦ Continued experiences of disenfranchisement from CDCT processes and lack of target group consultation.

◦ Rising anger, despair and frustration derived from continued government dissembling of the trial impacts ('gaslighting') and the ongoing and summary dismissal of compulsory participant feedback.

◦ The fact that the CDC itself does not work reliably, often fails in emergencies. This and the need to call Indue Ltd every time an irregular transfer needs to be made are widely being reported as dehumanising, demeaning and humiliating.

◦ Prior trial extensions that have occurred without community consultation have undermined if not obliterated faith in the trials and trial evaluation system overall. Poorly managed procedural structures and systemic failures remain unaddressed. CDCT roll outs commencing under one set of rules, then the rules change without notice.

◦ In almost three years, the punitive measures of the CDCT have not stopped people drinking or getting around card limitations to purchase drugs in any trial region.

◦ The CDCT is adding additional stress and creating an increasing and exacerbating mental health problems. Quality and enjoyment of life for a majority of compulsory participants is diminishing.

◦ Being locked out of non EFTPOS capable businesses, essential online services (eBay and PayPal) and ongoing fears and uncertainty about the card working when away from home is creating distress.

◦ Ongoing problems with community panels and inconsistency of CDCT service provision, the nepotism of the structure and the ignorance and egotism of individual panelists.

◦The ongoing separate-and-unequal nature of implementation processes and procedures and continuing socioeconomic segregation as a whole, continues to make life harder for aboriginal families, and those living in predominantly aboriginal communities.

◦ Intergenerational impacts of CDCT remain un-examined, as does the impact of socioeconomic segregation. Segregation spatially isolates groups and limits social interaction, and, for children, this isolation is occurring during the crucial period when racial and social attitudes are being formed.

Problems with card provider and manager Indue Ltd.

(g) We call the committees attention to the significant political conflicts of interest that remain unacknowledged regarding the corporation managing the CDCT payments systems Indue Ltd, CDCT policy promoters Mindaroo organisation and certain members of the Liberal National Coalition. These conflicts of interest remain uninvestigated and have not been publicly addressed by government to date. [11,13]

There are more basic problems and issues that have arisen with Indue Ltd as facilitator of the card program itself that also require attention and addressing. To proceed with expansion and more specifically to seek extension while these matters *are* outstanding would be a potential act of negligence and highlight ongoing breaches of government's duty of care.

Ongoing problems with Indue Ltd include but are not limited to:

(a) The fact that Indue Ltd is not a bank, and as a shareholder based for-profit ADI, they are not able to provide the full range of banking protections or services to their clients let alone to place the complex issues of active Social Welfare advice and support above corporate profit making. They are not held to the same standards as banks, nor regulated in the same manner as banks are.

(b) Indue Ltd is not a subscriber to the Centrelink Code of Operation.

(c) Indue Ltd is not a subscriber to any industry code of conduct, like the Code of Banking Practice or the Customer-owned Banking Code of Practice.

(d) Indue Ltd does not have any experience in retail banking.

(e) Indue Ltd does not have any experience in social welfare or working with people in poverty, vulnerable populations or people in crisis situations.

(f) Indue Ltd is an un-elected, non-representative body acting as a government agent, yet they remain unaccountable to our Senate.

(g) Indue Ltd has suffered several systems failures and has made significant errors with payment handling in the current trial zones that have created grave distress for forced trial participants. In one incident a mother of five was left stranded on the road in 32 degree heat due to Indue card failure. Indue Ltd has not been held accountable for this or any other incident.

(h) The LNP's intimate relationship with corporate entity Mindaroo (Andrew Forest) who at the time of writing are actively promoting the government's policy Tennant Creek with Minister Paul Fletcher[11].

(I) People exempted from the CDCT are being harassed by Indue Ltd staff demanding they reactivate their cards.

(j) Two independent reports of Indue staff asking people if they have posted against their company and CDCT policy in social media and if a participant says yes their requested cash transfers were declined.

The Department appear unwilling to address these problems at all let alone meet with participants experiencing problems to discuss them at depth, honestly and publicly. The Department appears intent to continue to deny the wider and longer term impact of this avoidance of this policy, of their lack of accountability and the impact of the same on compulsory trial participants and their children.

To ask the community via *our* parliamentary processes to grant an extension of these trials on this basis, is an overreach and only underscores the inadequacies of existing presumptions being made.

It's not "just like any other visa card".

(h) We reaffirm to the Committee that the Indue Ltd Cashless Debit card is not "just like any other visa debit card' and continuing representation in parliament and media that it is, is an ongoing marketing strategy and both materially an intellectually dishonest. This claim is unjustified by the reality of the cashless cards' non-consensual basis, and negates the factual differences between this policy and normal banking while continuing to negate and marginalise people speaking out on negative CDCT impacts.

These are the primary differences between the Indue Ltd cashless debit card and any other visa card:

◦ Normal visa debit cards: Can be used to purchase money orders, store vouchers, gift cards and digital currencies. The CDC cannot.

◦ Normal visa debit cards: Are not driving their users to suicide or to prostitute themselves or another human being for access to cash. The CDC is.

◦ Normal visa debit cards: Do not subject the card user to social stigma, demeaning or dehumanising abuse from store keepers or the general public. The CDC does.

◦ Normal visa debit cards: Can be used to make purchase on eBay and PayPal. The CDC cannot.

◦ Normal visa debit cards: Do not remove or impinge upon a card users Banking/Economic/Consumer Rights or impinge upon a user's Human Rights, Contract, Privacy and Civil rights. The CDC does.

◦ Normal visa debit cards: Have fraud, charge back and investigation/redress protections that apply to all card users equally. The CDC does not.

◦ Normal visa debit cards: Do not require you to be subject to third party partitioning of your income, that restricts spending transfers and payments to nominated 'categories' you did not choose for yourself. The CDC does.

◦ Normal visa debit cards: Cannot be forced onto you by coercion and duress. The CDC can and is.

◦ Normal visa debit cards: Do not block your access to cash advances and freedom of bank transfers between accounts. The CDC does.

◦ Normal visa debit cards: Do not undermine your life long credit rating, limit banking choices and housing opportunities. The CDC does.

◦ Normal visa debit cards: Do not require card users to ask for permission from the State, to spend, transfer or redirect personal income. The CDC does.

◦ Normal visa debit cards: Are not an instrument of ideology or government policy. The CDC is.

◦ Normal visa debit cards: Do not remove a card user's political agency in their community. The CDC does.

◦ Normal visa debit cards: Do not morally judge or presume a card users fiscal, physical, social or moral competency. The CDC does.

◦ Normal visa debit cards: Do not impinge upon a person's right to autonomy. The CDC does.

◦ Normal visa debit cards: Do not usurp legal ownership of your income. The CDC does.

These examples, and at minimum 150 similar examples available to us, sufficiently demonstrate that there are indeed substantial practical, ethical and functional differences between the CDC and "a regular visa debit card", the most disturbing of which is the simple fact that the CDC financially segregates Australian tax paying citizens from their communities and the right to equality held by every other Australian citizen without just cause or proof of fiscal delinquency.

2. Cape York Welfare reform.

The Say NO Seven community claims no right to speak for the people of Cape York. We are however, informed of the now decade long implementation of income management policies and procedures in Cape York communities within the broader Cape York Welfare Reform scheme and have community members living within these regions that provide insight.

Now a decade into its 'trial' program the Cape York Welfare reform income management policy has had a mixed history of success and failure. [12] The trial, utilizing the Basics Card third party income management scheme, was earmarked to end mid-2019 and this end date was confirmed by government as late as press releases in April 2016.

We feel it is important to note here for the public record, that the Cape York Income Management trial (CYIMT) is *not* a part of the Cashless Debit Card (CDCT) trial framework nor are its participants currently bound by the restrictions or limitations of the CDCT legislation. This makes its inclusion in this bill alongside a CDCT extension request problematic at best.

The Cape York Income Management trial's primary difference to the CDCT, is that it is/was a community controlled program. No blanket roll out of income management has been enforced in the region, and known community elders maintained control over who would go onto the Basics Card/income management, what criteria is applied to effect this outcome, what income restrictions are to be placed and for how long a participant must adhere to the program. Individual referral to the Family Responsibilities Commission (FRC) for income management discussions was a matter of local not state or federal jurisdiction and individual assessments were undertaken. After meeting listed criteria and receiving psycho-social supports under these rules, participants could be exited from the income management program.

Comparatively, the CYIMT bears no relation to the CDCT aside from the uniform title of an 'income management measure'.

There are several key issues related to the Cape York Income Management trial that are in contention at this time in the region and these issues are the subject of ongoing community debate and discussion. These issues are sensitive, and require the time and respect to be addressed fully and ought to be matters examined independently from any other program or trial concern.

It is our concern, that the current request for extension of the CYIMT for another year, risks undermining these debates and disrupting ongoing community negotiations.

We hold concerns that government financial pressures and a shift in government priorities in the region prior to the completion of the Pama Futures Proposal debate and new data collection, may be motivating factors for the request to extend trials. Government is rushing, rather than viewing extensions as a matter of focus on individual trial participant social welfare.

We are concerned that essential community trusts built over the last decade may be undermined if the trial is extend beyond agreed perimeters.

Absence of current data

(ii) In 2018 government stated in press it was 'conducting a review' into the Cape York Income Management trial and the Welfare Reform policy in the region. To date however, we can source no current evaluation document pertaining to this or any recently undertaken review of the Cape York Income Management trial program beyond an existing 2012 report.

This lack of reporting data implies that trial extension, a fundamental change to the current agreement in place, is being considered and pushed without up to date evidence and without the chance for all those in regions currently under the jurisdiction of the Family Responsibilities Commission [FRC] to have their say.

It is our concern despite the large volume of academic and community self-reporting within the current debate in the impacted communities, that the voices and views of those made subject to compulsory third party income management themselves still have not been heard at the parliamentary level. The

processes of income management even within this regions alternative implementation frame work remain widely viewed as punitive, patronising and dehumanising.

Upon research, we found that no current review or empirical data on CYIMT success or failure has been released to the Parliament or the community for examination and response prior to this request for trial extension.

Seeking to extend this now decade long 'trial' of income management in Cape York prior to the publication of the review in progress, appears to our view conveniently timed in light of the existence of *The Pama Futures Proposal* [14] and recent calls by members within the targeted communities [13] for greater transparency and evaluation of existing welfare reform measures and the Pama Futures Proposal itself.

3. Lack of separation

A primary concern to us is that *The Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019* merges two distinct, non contiguous formulae of income management into one bill and does so without so much as a cover note of qualification of the major differences between the two policies and programs.

In the first instance, the risk of optically merging these two trials by including both in this amendment Bill is that it could lead to the Department and ministers misappropriating insight and data from the Cape York trial to promote the CDCT trial and its expansion and extension and conversely, could negatively impact the *Pama Futures Proposal* deliberations.

The two trial programs nominated within this bill are fundamentally different in approach, in the cards used, enforcement criteria, community participation and consultation processes, income split, duration of capture on the card, and authorities held over card use within the community. They also differ in reform objectives, target groups, practical functionality and legislated requirements.

The merger of the CYIMT with CDCT in this amendment Bill, does appear indicative of a political intent to delay and undermine genuinely community based initiatives currently under debate in this region.

Merging these two programs into one bill also minimises the time available to address critical issues of either program comprehensively.

Within the context of a now extensively limited parliamentary sitting time, this rush to extend risks negating issues of importance to the communities involved and the impact of these policies in the lives of all trial participants.

The push to extend trails in both regions appears consistent with governments rush to expand privatised third party income management across Australia.

Ongoing lack of data and human rights concerns remain pertinent to both trials and the incumbent risks inherent in each these policies to compulsory participants themselves remain largely unheard. Where they have been presented to the parliament, they have been summarily dismissed.

Co-joining these programs in this manner, risks derailing community focus on the CDCT as a distinct policy objective in the four CDC trial regions and also risks undermining community efforts in the Cape York region to implement new and community led social progress policies and platforms.

We hold that the merger of these two divergent policies at this critical stage of the CDC trial is tactical and politically motivated. Alongside non-legislated changes made to the CDCT objectives and changes in both implementation processes, justification and target group factors witnessed in the Hinkler electorate lead up and roll out, extension also risks exacerbating already prevalent public confusion on the issue of conditional 'welfare' provision and compulsory third party income management as whole.

The fundamental complexities of each program can easily be lost, doing justice to neither.

On the matter of CDCT extensions, we refer the committee to our previous submission to Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 and reaffirm its recommendations.[5b] We respectfully urge this committee to consider these issues presented within this submission when debating Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019.

Thank you for the opportunity to respond.

The Say NO Seven Community.

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