

**GENERATION
ONE**



23/10/2020

Attention: Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Secretary,

**Re: Submission to the Senate Inquiry into the Social Security (Administration) Amendment
(Continuation of Cashless Welfare) Bill 2020**

Generation One is pleased to offer this submission to the Senate Inquiry. Here we put forward our observations and insights, driven by our ongoing engagement in current Cashless Debit Card (CDC) trial sites, and Indigenous communities more broadly.

Generation One, a core initiative of the Minderoo Foundation established by Andrew and Nicola Forrest, has a mission to create employment parity with and for Indigenous Australians within one generation. Over the last 10 years, Generation One has worked with partners to help secure employment outcomes for approximately 20,000 Indigenous Australians through 'demand-led' training, employer advocacy, jobseeker support and social policy reform.

Building on the recommendations from the 2014 *Creating Parity Report* for a Healthy Welfare Card, and the subsequent adoption of the CDC by the Commonwealth Government, Generation One has remained engaged in trial sites since the commencement of the program, and actively advocated for improvements based on community feedback.

Based on this experience, we offer our perspectives on four key aspects of the proposed legislation:

- continuing the CDC as an ongoing Income Management (IM) program,
- transitioning IM in the Northern Territory (NT) and the Cape York region from the BasicsCard to the CDC to deliver improved customer experience and acceptance,
- a CDC expansion to all Youth Allowance recipients,
- and allowing additional participants in current sites to voluntarily participate in the CDC program.

We also offer further recommendations for consideration, provided in detail throughout our submission.

Yours sincerely,
Shelley Cable
CEO, Generation One



Contents

1. Establishing the CDC as an ongoing Income Management program	3
Recommendations	3
Providing certainty to communities and participants	3
Allowing positive outcomes to continue and compound.....	4
Realising current 'improvements in progress'	6
Other considerations	7

2. Transition the NT and Cape York areas to the CDC program areas	8
Recommendations	8
Further expansion considerations	9

3. Allowing individuals to opt-in	10
Recommendations	10

4. Conclusion	10
----------------------------	----

References	11
-------------------------	----

Appendix A Summary of differences between the BasicsCard and CDC	12
-------------------------------------------------------------------------------	----



1. Establishing the CDC as an ongoing Income Management (IM) program

Generation One welcomes the removal of trial parameters to establish the Cashless Debit Card (CDC) as an ongoing IM program, based on three key reasons:

- providing certainty to current trial sites and participants,
- allowing positive outcomes supported by the CDC to continue and compound, and
- enabling the realisation of improvements currently underway, including technology upgrades.

Recommendations:

1. The Government transitions the CDC from a trial to an ongoing IM program.
2. The CDC legislation is made more flexible to adapt to new circumstances as they arise over a longer term, including by removing the cap on the maximum number of CDC participants, and enabling additional individuals and communities to opt-in.
3. The Government continues to progress technological improvements and multiple Issuers, to enable the efficient scaling and rollout of the CDC.
4. The Government ensures that the conditions and application of the CDC is consistent between trial sites. This should include the ramifications and consequences for intentional CDC misuse or fraud.
5. Ensure that wrap-around services are well-communicated, accessible, and appropriate for their local communities.

Providing certainty to communities and participants

A common criticism of the CDC has been its nature as a trial program, with numerous short-term extensions over a multi-year period. This ongoing uncertainty has caused inefficiency through administration (including four successful legislative amendments in Federal Parliament, six Senate Inquiries and one extension by legislative instrument within five years), confusion in trial sites, and an inability to reflect long-term thinking in the legislation. In addition, because it is viewed as a trial program, a number of technology limitations have not been addressed and adding new CDC Issuers beyond Indue has not been possible.

For example, current legislation does not allow for flexibility in the case of growth within trial sites, or to support extreme events. For example, the current legislated cap limits the number of CDC participants to 15,000. While this cap was appropriate during the early trial stages, it was not designed to withstand unique events such as the COVID-19 pandemic, which significantly increased unemployment in trial sites. As a result of the inflexibility in the legislation, a temporary 'pause' on new CDC participants was put in place to avoid reaching this limit in a trial site community.

This temporary pause, which has been in place since March 25, has not only resulted in significant numbers of people who would otherwise be CDC participants *not* being placed on the CDC, it was compounded by the \$550 per fortnight Coronavirus Supplement, resulting in a significant inflow of cash into communities that had otherwise adapted to a largely cashless economy. Some community members were led to question the effectiveness of the CDC in their communities, given the increases in anti-social behaviour and alcohol consumption that followed, when in fact it was the inflow of cash that had unsettled the established norms.



“If they’re all on Cashless Debit Cards, then where’s the money [to buy alcohol] coming from?” (Lawford Benning, Executive Chairman, Miriuwung and Gajerrong Corporation)ⁱ

Further, the last decision to extend trials was made only eight weeks before the scheduled end of the trials. While this timeline was undoubtedly affected by the COVID-19 pandemic which disrupted regular parliamentary schedules, the late decision did create uncertainty and anxiety in communities on the trial. A similar situation and timeline is unfolding with the current Bill, in which the current trial is due to end on 31 December 2020.

Providing certainty by transitioning the current trial sites to an ongoing program should also be accompanied by more flexible legislation to adapt to new circumstances as they arise between now and 2024. This may include the ability to remove or amend the cap to accommodate unexpected circumstances, and the ability to more easily allow additional individuals or communities to opt-in to the program.

Allowing positive outcomes to continue and compound

Generation One notes that the University of Adelaide’s evaluation of the Cashless Debit Card and its outcomes is yet to be published. Therefore, our position on the outcomes of the CDC is based on our own experience via regular engagement with all trial sites, over several years with key community leaders, service providers and CDC participants.

Generation One acknowledges feedback on the CDC is both positive and negative. Interestingly, the positive outcomes of the CDC are not generally communicated widely, despite outweighing the negative impacts. Generation One does not shy away from the negative aspects of the CDC, and in fact actively advocates for fixable issues to be addressed and rectified, as outlined in more detail below.

The benefits most consistently communicated about the CDC, and shared often by Elders, includes the reduced ‘humbag’ from families, and how the CDC allows individuals to maintain and control their income. There has been evidence of reduced alcohol consumption and some violence in trial communities, including through independent evaluations such as the 2017 ORIMA Final Evaluation Reportⁱⁱⁱ, and as witnessed first-hand by community members. Improvements have often arisen from a multipronged approach to welfare issues. We agree the CDC is not a silver bullet and works best with additional support in communities. Comments from numerous community consultations in Ceduna, Kalgoorlie and the East Kimberley note improvements with financial spending, employment and social outcomes. Note that some names have been omitted from the quotes below to protect the privacy and in some cases, safety, of individuals. Further information can be provided on request.

Ceduna:

“I like it (CDC) because I save more money. It lasts longer and I can buy clothes.”
(CDC participant, Ceduna – October 2019)

“Women like it. It’s good for kids. I am on it, it’s better, no hassles.”
(CDC participant, Ceduna – October 2019)

“Since the CDC we have definitely seen a decline in domestic violence, alcohol consumption and numbers of people presenting to ED at the hospital.”
(Community Paramedic, Ceduna – October 2019)

“Our people are coming home in boxes – due to alcohol and drugs. We go on the CDC to support our people”. (Community Elder, Ceduna – October 2019)



“The numbers of people presenting to court have declined. We used to hold court once a month. This has now declined to once every two months due to a decline in numbers.”

(Councillor and former Police Prosecutor, Ceduna – October 2019)

“The CDC has been terrific for the town in reducing violence, increasing tourism, improving safety for women.”

(Ceduna Services Collaboration Project Coordinator, Ceduna – October 2019)

“Don’t take it away!... Look out the window take a walk around. See the difference for yourself.” (Perry Will, CEO Shire of Ceduna – October 2019)

Kalgoorlie:

“We see families going to the shop to buy breakfast and lunch in the morning before school, so kids are better prepared for school... You see kids walking in new shoes, new clothes. They are cleaner, better fed and going to school.”

(Community Elder, Kalgoorlie – November 2019)

“I am on the CDC and it works fine. I have more money for food, and I get my Woolworths groceries online.” (CDC Participant, Kalgoorlie – November 2019)

“Indue card is brilliant. It puts a lot of people in check.”

(CDC Participant, Kalgoorlie – November 2019)

“Kids are no longer hungry; they are at school with lunches and school uniforms.”

(Hope Community Services Worker, Kalgoorlie – November 2019)

East Kimberley:

“My son had a long-term problem with the grog for five years. After the CDC came in it helped him get sober and now, he is working with a well-known Indigenous TV personality as a cultural advisor. It has changed his life. His wife is also working now.” (Community Elder, East Kimberley – August 2019)

“Since the CDC the seriousness of assaults seen by the refuge has declined.”

(Gawooleng Yawooreng Women’s Refuge Worker, East Kimberley – August 2019)

“Grog not gonna get you mob nowhere. Mothers with kids should stay on the card as kids are no longer looking for food like they used to.”

(CDC Participant, East Kimberley – August 2019)

“One positive sign I see in the community is the number of Indigenous families in Coles with full shopping trolleys. It’s a comment I hear regularly in the community.”

(Local Business Owner, East Kimberley – December 2019)

Wunan Foundation executive chairman Ian Trust is a long-term advocate for the card and supports the CDC becoming a permanent program.

“My view is that the cash welfare system is basically past its use by date... It’s time we come up with something that’s a bit more innovative about how we try and get people to move off this safety net into real employment, and in a lot of cases acquiring a better lifestyle.” (Ian Trust, Executive Director, Wunan Foundation – October 2020)ⁱⁱ

**GENERATION
ONE**



Based on the positive results and feedback from community, expanding the CDC from a trial to an ongoing program will give participants and communities certainty and allow longer-term positive effects to take place.

Realising current ‘improvements in progress’

There are several improvements to the CDC currently underway to address the most common criticisms voiced by participants. Feedback from all trial sites includes the need for improved technology with administrative issues at the point of sale. As outlined in Minderoo’s 2017 CDC Technology Report, the ability for restricted items to be automatically identified and blocked at the point of sale would be a significant improvement and remove some of the stigma associated with the CDC.

The Department of Social Services (DSS) has implemented a range of controls at merchants within existing trial locations to prevent the purchase of ‘restricted items,’ i.e. alcohol products, gambling products and services, and cash equivalents such as digital currency, gift cards and prepaid virtual cards. These controls include blocking merchant category codes, blocking specific merchants and blocking specific card terminals within a merchant’s premises. As the CDC expands, the introduction of product level blocking (PLB) at mixed merchants within trial locations will be a significant improvement to the current process and plans are now underway for major payment acquirers to support PLB at the point of sale (POS) across their integrated PIN PAD fleets in trial sites and nationally.

In addition to technological issues, Generation One has received feedback that some community members feel ongoing stigma and shame associated with the CDC and use of the “Indue branded card”. Many participants consulted believe their CDC cards should have the same appearance as other debit cards, ideally from their usual bank, to prevent cards being recognised as a CDC by merchant staff and other customers. Improvements in this area will also allow participants to hold cards with their own bank.

To address these issues, Generation One is proud to have established a CDC Technology Working Group (TWG) in February 2020, jointly facilitated by Minderoo Foundation and the Department of Social Services (DSS). The CDC TWG has a strong interest and a genuine commitment to contribute to CDC progress and improvement.

The purpose of the TWG is to work with key stakeholders to consider a number of improvements, including expansion of product level blocking at point of sale (PLBPOS) by all acquirers, and the technical requirements necessary should multiple Issuers support the CDC on a national basis (CDC Issuing). Participating organisations included the Federal Government, DSS, ANZ, CBA, NAB, Westpac, Australia Post, Coles, Metcash, Woolworths and Minderoo Foundation. Representation expanded in later meetings to include Indue and other specialist organisations. The TWG had its first meeting on 18th March 2020 and has convened monthly since.

The PLBPOS work focused on implementation of the necessary integration between merchant point of sale systems and payment devices to support PLB when a CDC is presented for payment. Pleasingly, in addition to the supermarkets that already support PLBPOS in the pilot locations, together with Australia Post, a number of acquirers have now committed to implement PLBPOS with implementation occurring now and through to June 2021.

The CDC Issuing work focused on the requirements to support multiple CDC Issuing. The objective of this work was to identify the most effective mechanism for new Issuers to implement CDC Issuing at both the current trial sites and future deployments of the CDC. A functional specification was developed, and a number of delivery options were identified to deliver CDC Issuing effectively.

The 2020 TWG builds on the prior work undertaken in 2017, where a number of functions were identified to improve the operation of the CDC. Pleasingly, of the 11 recommendations made in November 2017, the vast majority have now been implemented in the trial sites, with two major recommendations



(PLBPOS and CDC Issuing) now well defined, scoped and agreed with Issuers and Acquirers as to how best to implement them on a national basis.

The TWG will continue to review the challenges and issues that arise with the CDC and will make recommendations to the Federal Government, as necessary. Some feedback from communities includes the need for improved online shopping capabilities and for the CDC to be adopted by major banks to reduce stigma associated with the CDC. Ensuring technological improvements of the CDC is essential to the successful scale and expansion to new communities across the country.

The technology improvements with PLBPOS and CDC Issuing, together with a number of small improvements already identified to improve the customer and merchant experience when a CDC is presented, will all contribute to effective delivery of welfare to those most in need of this support.

Other considerations

In considering whether to extend the CDC into an ongoing program, we believe several additional factors warrant consideration. These include:

Consistency between trial sites

There are currently inconsistencies in the application of the CDC across trial sites, particularly affecting those on Disability Support Pensions (DSP) and those over the age of 35. Generation One supports the CDC being used as a tool for creating and improving pathways to sustainable employment. For some participants on the schemes, long-term employment may not be feasible. The 2017 ORIMA Evaluation also reported that recipients of the DSP had significantly less awareness and understanding of the CDC compared to other participantsⁱⁱⁱ. We recommend ensuring all trial sites are consistent in their approach to the CDC, based on the demonstrated effectiveness of the CDC in supporting those cohorts into meaningful employment. Moreover, any extensions of future trial sites must be done with community engagement, awareness, and education.

“We feel that we’ve had the card chucked at us.”

(Community Elder and Family Support Worker, Ceduna – October 2019)

“I’m used to the CDC now. It’s ok and helps me to save. People still get their alcohol from Port Augusta.” *(CDC participant, Ceduna – October 2019)*

“There were a lot of myths at the beginning. People thought they were having their money taken away. Now they understand how it works things are much better.”

(Shire of Laverton Staff, Laverton – November 2019)

Fraud and misuse

While the CDC has protected and supported many vulnerable people, there are still some instances of financial abuse, theft or fraud involving the CDC. For example, Generation One is aware of some Elders whose CDC funds are transferred electronically by family members to their own accounts, and there are certain merchants who keep or charge people’s CDC cards on bogus products, in exchange for a significantly lower amount of cash. While these instances are being reported and responded to, the consequences and ramifications of such actions are unclear. In transitioning the CDC to a program, the consequences of intentional fraud and misuse should be clarified and strengthened. In addition, it appears that many CDC participants and community members broadly are unaware of the option to transfer \$200 in cash every 28 days to their regular bank account, if their savings are sufficient. Ensuring that participants are aware of these available bank transfers is also important to allow full enjoyment of the benefits of the CDC.



Wrap-around support services

Generation One supports the CDC as part of a broader solution to creating parity. Informed by community needs and priorities, wrap-around services such as training and employment pathways, alcohol and other drug support and financial counselling should be implemented in conjunction with IM approaches to maximise the support available for vulnerable Australians. Despite the investments made by the Government to date, the current wrap-around services provided do not appear to meet community expectations and needs in trial sites. This is despite many communities having an exceptionally high number of service providers in their communities, in comparison to their populations. For example, the Shire of Laverton, part of the Goldfields trial site, has a population of approximately 1,150 people and is serviced by approximately 50 service providers at different times. Service efficacy and appropriateness must be evaluated, as well as coordination and uptake by community.

“Having two cards is a problem. No good, nothing’s changed. Rehab would be good.”

(Community Participant, Ceduna – October 2019)

“Reaction to the CDC is mixed. Some mob think it’s the best, others feel it takes away their independence.” *(Bega Garbirlingu Health Service Worker, Kalgoorlie – November 2019)*

“We all believe that for the Cashless Debit Card to succeed, and as was promised, the wrap around services are required as a matter of urgency.”

(Jim Epis, CEO, Shire of Leonora – February 2020)

2. Transition the Northern Territory (NT) and Cape York areas to the CDC program areas

Consistent with Generation One’s prior submission to the 2019 Senate Inquiry into the Social Security Bill, we support the proposed expansion of the CDC to the Northern Territory (NT) and Cape York. CDC has a number of benefits over the BasicsCard, which are summarised in **Appendix A**.

Recommendations:

- 6.** The CDC is expanded into NT and Cape York, until the end of 2024. This must be accompanied by face-to-face consultations to support a smooth transition.
- 7.** The Government ensures baseline data is collected from trial sites in the NT and Cape York and funds ongoing, timely and rigorous evaluation for trial sites, including a review of wrap-around services.
- 8.** The Government amends the transition from the BasicsCard to the CDC with emphasis on 80 per cent quarantine of income, as opposed to 50 per cent of income. This may necessitate greater, or more effective wrap-around services.
- 9.** Tobacco should be maintained as a restricted item in the NT and Cape York trials and extended into all CDC sites.
- 10.** The Government considers broader rollouts of the CDC to targeted cohorts, such as all Youth Allowance recipients.

In expanding the CDC, Generation One also recommends the consistent application of the CDC. Current proposed legislation will transition all current BasicsCard participants to the CDC at their current quarantined rate. In the NT, this is 50 per cent. Generation One strongly advocates for an 80 per cent quarantined rate, consistent with other trial sites, in order to realise more positive impacts of the card.



In the worst case, allowing for individuals to spend up to 50 per cent of their welfare payment on alcohol, drugs and/or gambling will not produce the positive results offered by the CDC program.

We also identify the need for meaningful and extensive community consultation in transitioning the sites between BasicsCard and CDC. While the participants we have consulted in the NT have largely been supportive of the transition once aware of the new opportunities, the transition itself will require individuals to re-establish their banking arrangements, their direct debits and more. Participants must be adequately supported through this process, face-to-face. In-person consultations should also target potential misinformation being spread about the CDC, and inform any wrap-around services required.

An additional enhancement to the BasicsCard to CDC migration in the NT could be to enable the Traditional Credit Union (TCU) to issue the CDC alongside Indue, to allow CDC users to retain their existing banking relationship. The same could be considered for the Cape York migration as well as extending the timeline to 2024, for the reasons identified in section one. Generation One also recommends restricting the purchase of tobacco in the NT and Cape York area, and for national consistency, across all CDC sites. Minderoo Foundation actively works towards making cancer non-lethal through its Collaborate Against Cancer initiative.

Further expansion considerations

Further expansions of the CDC should also be considered. Recent comments from trial sites expressed support for the CDC to be rolled out more broadly, to reduce the stigma for the current four regions. Western Australian Treasurer the Hon. Ben Wyatt MLA has also commented on community evidence in trial sites of a reduction in alcohol abuse, a reduction in physical assaults and improvements for school studentsⁱⁱ. A caveat to this statement is that these outcomes may not be translatable to other areas such as remote regions. This consideration should be reviewed during data collection and evaluation of new sites. To date it is still difficult to identify for which cohorts the CDC works best, without recent evaluation results.

A further recommendation is that the CDC is considered for extension nationwide for all Youth Allowance recipients. Early results from Bundaberg and Hervey Bay demonstrate the effectiveness of the CDC for its youth cohorts. In the first six months of the trial, Bundaberg reported a fall of 8.7 per cent (502 people, to 5,277 recipients) in the number of people on Newstart or Youth Allowance, and Hervey Bay dropped 10 per cent (double that of the national decrease)^{iv}. A wider trial will test the full effectiveness of CDC within these targeted cohorts.



3. Allowing individuals to opt-in

Generation One supports the proposed amendments to allow greater voluntary take-up of the CDC.

Recommendations:

11. The Government considers broader rollouts of the CDC to targeted cohorts, such as all Youth Allowance recipients.
12. Individuals and communities are empowered to voluntarily join the CDC program, regardless of their location.
13. Further legislative amendment be considered to streamline the capacity of communities to opt-in voluntarily to the CDC trial without further legislative amendments each time.

Enjoying the benefits of the Cashless Debit Card should not be restricted to those already on the program. For example, Kimberley Aged and Community Care reported that an increasing number of elderly people were seeking to voluntarily go on the CDC to protect them from family members humbugging them for cash, or taking their bankcards and withdrawing cash^v. Generation One supports the scale up of the CDC and the capacity of further individuals from current trial communities to voluntarily opt into the card, even if they no longer reside in the program area.

In addition, we believe that voluntary participation should be available on a community basis, beyond the current borders of trial sites. This is currently prohibited by cumbersome and unwieldy legislative barriers, with a successful amendment to legislation required for each change. These barriers adversely impact individuals and communities seeking to demonstrate leadership in addressing the issues of gambling, alcohol and drugs in their communities.

4. Conclusion

Generation One supports the proposed amendments, and wishes to highlight four key considerations:

- the extension of the CDC to NT and Cape York to 2024 with the 80:20 income quarantine ratio,
- enabling greater provisions for additional individuals and communities to opt-in,
- trialling an expansion of the CDC to all Youth Allowance recipients nationwide, and
- continuing technological improvements with feedback from trial sites.

Our support is grounded by our ongoing community consultations with trial sites since the establishment of the CDC. We continue to see the incredible positive impacts the CDC is making for individuals, families, and communities, and wish to see this continue. We thank the Senate Committee for the opportunity to provide our Submission.

**GENERATION
ONE**



References:

- I. <https://www.abc.net.au/news/2020-05-25/atrocious-behaviour-sees-kununurra-police-assaulted/12281176>
- II. <https://www.abc.net.au/news/2020-10-11/centrelink-cashless-welfare-card-how-to-christmas-shopping/12751038>
- III. https://www.dss.gov.au/sites/default/files/documents/08_2017/cashless_debit_card_trial_evaluation_-_final_evaluation_report.pdf
- IV. <https://northcoastvoices.blogspot.com/2019/09/morrison-government-continues-to.html>
- V. <https://www.abc.net.au/radio/kimberley/programs/breakfast/elder-abuse/11082636>



Appendix A: Summary of differences between the BasicsCard and CDC

BasicsCard	Cashless Debit Card
<ul style="list-style-type: none"> • Cannot be used to purchase alcohol, tobacco, drugs or gambling products. • Notably, smoking rates in the NT are the highest nationally at 20 per cent. Smoking rates amongst the Indigenous population and pregnant women in the NT are both greater than 50 per cent. 	<ul style="list-style-type: none"> • Cannot be used to purchase alcohol, drugs or gambling products. • The current CDC arrangements permit the purchase of tobacco products.
<ul style="list-style-type: none"> • Quarantines 50% - 90% of income. 	<ul style="list-style-type: none"> • Quarantines 80% of income, unless an adjustment is approved.
<ul style="list-style-type: none"> • ‘Closed-loop’ restriction model: the BasicsCard can only be used at approved stores (who have entered into a contract with the Department) to buy approved goods and services. 	<ul style="list-style-type: none"> • ‘Open-loop’ model: the CDC can be used at any eftpos merchant, except those categorised as a supplier of excluded goods and services (regardless of whether they have entered into a contract with the Department).
<ul style="list-style-type: none"> • Centrelink actively determines and pays ‘priority needs’ for welfare recipients before distributing any excess funds to the BasicsCard. 	<ul style="list-style-type: none"> • Centrelink does not determine and pay ‘priority needs’ for a welfare recipient on the CDC. Card users are empowered to make their own decisions about their needs.
<ul style="list-style-type: none"> • Cannot be used for online purchases or BPAY transactions. 	<ul style="list-style-type: none"> • Features a full transaction banking account which can facilitate online purchases, Direct Entry transfers (manually approved by the Department of Social Services or to other restricted accounts) and BPAY transactions.
<ul style="list-style-type: none"> • Limited security provided through a magnetic strip. 	<ul style="list-style-type: none"> • Enhanced security provided through an EMV chip, which is also harder to counterfeit and can include contactless functionality.
<ul style="list-style-type: none"> • “The service delivery approach required for New Income Management is resource-intensive, differs from the day-to-day processes used for the majority of services provided by [the Government], and consequently is a relatively higher cost service” – Australian National Audit Office. 	<ul style="list-style-type: none"> • Unit costs continue to decrease; predicted cost approximately \$800 per user. These costs will continue to decline over time.