The SAY NO SEVEN Community submission to the Senate Community Affairs Legislation Committee
Inquiry: Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020

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The Say NO Seven community thanks the Secretary and welcomes the opportunity to make this submission to the Senate Affairs Legislation Committee.

Who we are.

The Say No Seven is now a 10,936 person strong public online community with an average daily post reach of 80,000 views and an issues post reach engagement between 200,000 and 340,000 views and interactions. We are an active on and offline community interconnected with the 32,000 strong community of 18 "No Card" groups nationally. We maintain a discrete observer presence within several community Indue Card private support groups and CDCT academic forums. In three and a half years of community liaison, writing, submissions and public protest we have come to be and represent an information hub and authoritative voice of community and grassroots opposition to the concept and practice of compulsory third party forced income management (Cashless Debit Card).

The Say No Seven Community opposes Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020 in the strongest possible terms.

The primary features of this bill are:

- to transform the Cashless Debit Card Trial [CDCT] to a permanent program and extend cashless debit card policy into Cape York region and the entire Northern Territory
- to include Age Pension as a mandatory income managed payment within the Social Security Act CDCT measures for the first time
- to empower the minister to act unilaterally by legislative and notifiable instruments not subject to dis-allowance and permit the minister to sanction income support payment quarantined portions.
- to remove the CDCT numbers cap completely
- to remove independent evaluation oversight and current evaluation time limits within the policy framework
- to remove the evaluation reporting time limit of six months and end the current requirement for independent trial evaluation at the end of the legislated trial period
- to include payment nominees and distance education payment recipients in the CDCT legislation for the first time
- to include ongoing monitoring of centrelink payment recipients on and off the CDCT program.
- to extend, increase and cement the powers of the minister and the department to act contrary to consumer, protections, statutory rights and human rights and non discrimination obligations.

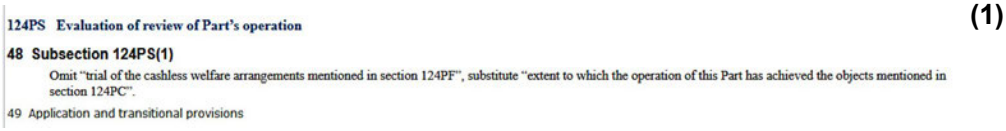
It is our view that the changes to the Social Security (Admin) Act 1999 this bill proposes, will **risk lives and cause significant harm** and **i**mpose a permanent, punitive, largely unaccountable and unqualified judiciary upon Australian taxpaying citizens receiving Centrelink payments.

The changes to the Act proposed indicate that government has abandoned the legislated CDCT objectives altogether and aims to progress this policy without evidence and while substantially increasing the socioeconomic and legal risks to compulsory cardholders.

Further we find that measures contained within this bill;

- Will end Closing the Gap, except in shell or name only.
- Will remove statutory legal rights for no justifiable or legal purpose, empowering the Social Services minister to act with largely unaccountable impunity and extrajudicial powers.
- Will deny and undermine the mission statements and guiding principles of every social and community service in Australia, including that of the Department of Social Services itself.
- Recklessly ignores evidence of significant impacts, including suicides and self injury.
- Ignores a decade of reporting on increased social harms and the conclusions and recommendations of every government report written in thirteen years of forced income management policy.
- Includes additions of even more restrictions, limitations and human rights infringements.
- Openly admits to existing multiple breaches of human rights legislation and non discrimination legislation yet attempts to justify the same in the weakest possible terms, omitting informed historical and recent Human Rights assessments by the Australian Human Rights Commission, Legal bodies and other medial and social service sector bodies.
- Ignores all relevant key factors regarding control of income and evidence of harm and impacts of the policy that have been raised by over 128 key stakeholders in 6 senate inquiries.
- Promotes the policing and ongoing monitoring of centrelink payment recipients onnad off the program, without just cause or legal basis.
- Ignores the current legislative requirement for *evidence based policy* and the governments own requirement for procession of this legislation based on successful evaluation as described within the 2016/17 and 2018 explanatory memorandums.
- If passed, federal and state prisoners will have more access to the protection of law and human rights and non discrimination protections than people forced onto this program.

ADDRESSING KEY CONCERNS:



124PS Evaluation of review of Part's operation

48 Subsection 124PS(1)

Omit "trial of the cashless welfare arrangements mentioned in section 124PF", substitute "extent to which the operation of this Part has achieved the objects mentioned in section 124PC".

49 Application and transitional provisions

(1)

Government has provided no evidence supporting Cashless Debit Card Trial (CDCT) policy efficacy that substantiates the claim the CDCT program is or has been successful; that it has met legislated objectives or that it has reduced social harms or is meeting the financial and psycho-social needs of those it is intended to support. The CDCT has not met any of its key performance indicators and New Income Management in the Northern territory has not met any key performance indicators or objectives in thirteen years of operation.

At the time of this submission: No new empirical evidence or quantitative data has been published since the largely discredited Orima Wave 2 Evaluation Report that does not include evaluation data from the Hinkler electorate or Goldfields trial regions. 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 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".

We assert that the CDCT objectives have not been met, and current data does not justify extension of the program in any current location or the expansion to any new region.

(2)

Items 66, 68, 70 and 72 repeal paragraphs 124PG(1)(d), 124PGA(1)(d), 124PGB(1)(d) and 124PGC(1)(d) and substitute new paragraphs (d) in each provision. Under current arrangements, a person can only be a program participant where the person does not have a *Part 3B payment nominee* (within the meaning of Part 3B of the Social Security Administration Act). New paragraphs 124PG(1)(d), 124PGA(1)(d), 124PGB(1)(d) and 124PGC(1)(d) will only exclude persons from being a program participant where they have a nominee who is not a CDC program participant or is not subject to IM under Part 3B.

The inclusion of formerly exempted payment nominees will mean that people who are physically, emotionally, mentally and intellectually unable to manage their income independently or cope with the complexity of internet portals and card management, will be left to fend for themselves with no support in place, no evaluation of this extremely vulnerable cohort required in the legislation. Further, Indue Ltd's cardholder terms and conditions will be required that families and carers of previously exempted people will be forced to breach card conditions simply to address their daily needs. Indue ltd terms and conditions expressly state no joint access is permitted and unspecified penalties remain for those accessing cards or portals on behalf of those unable to access the 'service'.

If this amendment passes, people with no or limited capacity to care for themselves will become subject to compulsory income management and so, to Indue Ltd terms and conditions and Visa terms and conditions, which do not permit anyone to use their card or online portal, under threat of penalty. These legal limitations include the sharing of passwords.

In the event people do divulge this information to one another, they lose all coverage of liability for card misuse, and password sharing is undertaken by necessity, this could lead to Visa and Indue imposing sanctions on card use and payments. Under current terms and conditions, it would legally empower Indue Ltd to cancel and close a participants Indue Ltd account denying them access to their social security entitlements in breach of section 61 of the Australian constitution.

This amendment will place any parent or carer who make use of another persons Indue card at risk of ligation and financial penalties. This is nothing short of active discrimination and criminalisation of people who are disabled, and people who are Carers.

This amendment could lead to the astounding predicament where people who are autistic, people with acquired brain injury, people with cognitive and physical disabilities, the socially isolated, mentally ill and the terminally ill who simply cannot access ATM's or internet portals on their own, being left without access to food, rental payments and medical care. By the departments records, over two hundreds thousand people are on Newstart with significant and life altering disabilities.

Already we have the absurd situation in trial sites now, where parents in charge of disabled children who gain significant NIDS funding and are deemed capable of managing that income by one government agency, are being deemed incapable of managing their own budgets by being included in CDC trials by the social services department.

In the Hinkler region, three people have already notified us that that since trials began they have had their nominee arrangements arbitrarily revoked by the department, without consultation and without the consent of either parties involved No reason or explanation was given and no appeals have been heard. People therefore are already 'breaking the law' just to ensure continuity of care for the acutely vulnerable and to ensure that their children retain medical and social services – food and housing.

This situation is untenable, irresponsible and an act of conscious cruelty and discrimination.

We have reports that people experienced severe mental health declines, including hospitalisations while several compulsory participants have been placed on life altering medication as a direct result of the mental health impact of being placed on cards. This distress has been compounded by the further stress they have experienced as they try to cope with the negation of their needs and distress by the department.

This amendment and the entire policy of blanket roll outs that include carers and the disabled as a primary target payment is actively and unconscionably discriminating against people with disabilities.

(3)

New subsection 124PJ(1B) provides that for a person who is a program participant under section 124PGE(1), both the restricted and unrestricted portions of a person's gross payment are set at 50 per cent. This subsection includes a note clarifying that the percentages for the restricted and unrestricted portions may be varied under subsection 124PJ(2A) or (3).

New subsection 124PJ(1C) provides that for a person who is a program participant under section 124PGE(2), the restricted portion of the gross amount of a person's payment is 70 per cent, with the unrestricted portion being the remaining 30 per cent. This subsection includes a note clarifying that the percentages for the restricted and unrestricted portions may be varied under subsection 124PJ(2B) or (3).

New subsection 124PJ(1D) provides that for a person who is a program participant under section 124PGE(1), both the restricted and unrestricted portions of a person's gross payment are set at 50 per cent. This subsection includes a note clarifying that the percentages for the restricted and unrestricted portions may be varied under subsection 124PJ(2B) or (3).

The restricted and unrestricted portions being applied to the Cape York area and the NT under section 124PJ(1A), (1B), (1C) and (1D) reflect the portions that currently apply to these regions under IM.

Item 86 adds a note at the end of subsection 124PJ(2) clarifying that the restricted and unrestricted portion percentages may be varied under subsection 124PJ(3).

Item 87 inserts new subsections 124PJ(2A), (2B) and (2C) which relate to the variation of the restricted and unrestricted portion percentages for NT program participants.

These items and others similar within the explanatory memorandum will mean that at least five different quarantine/non quarantine splits will exist over the six sites with restricted amounts varying from 30%, 50%, 70%, 80% up to 100% depending on location/postcode and legislative instrument use.

This is not only unfair, discriminatory and completely confusing for compulsory participants, all of these conditions will remain 100% subject to override under items 56 and 100 of the explanatory memorandum anyway and again under 124PJ(2a) and (2b), clauses that empower the minister to make unilateral change to any income split arrangement by notifiable instrument, with any decisions made not subject to dis-allowance.

Allowing reviews of wellbeing exemption determinations

(4)

This Bill will ensure that decisions made in relation to wellbeing exemptions can be reviewed in specific circumstances where an employee or officer of a State or Territory agency or body considers there are medical or safety reasons related to the person or their dependents which means it is necessary for the person to be a program participant. Such determinations would only be revoked in specific circumstances where an employee or officer of a State or Territory agency or body

This section is a needless and unnecessary power grab by the department, given that incapacity/capacity determination provisions already exist in both the Mental Health Act and State based Guardianship and Administration legislation.

program.

(5)

Item 9 amends the objects provision by repealing paragraphs 124PC(b) and (c) and substituting new paragraph 124PC(b). This reflects the change from a trial to an ongoing measure and identifies that supporting program participants and voluntary participants with their budgeting strategies is a key objective of the program.

This section creates a new 'objective' to the Act and in doing so, implies the department will assume some form of control over peoples daily budgets, budget information and spending habits directly. People who may require help with budgeting are ordinarily self supported by independent community based debt help and budgeting support services. This is a needless intrusion by the department into the private lives of centrelink recipients.

(6)

New subsection 124PHA(3) applies where the Secretary has previously determined that a person is not a program participant under subsection 124PHA(1). An officer or employee of a State or Territory, or of an agency or body of a State or Territory may request the Secretary reconsider the determination, if the officer or employee considers it necessary for the person to be a program participant due to medical or safety reasons that relate to the person or their dependents. This applies to both existing and future determinations, so the Secretary is able to reconsider existing wellbeing exemptions if asked to do so by an officer or employee of a State or Territory.

This section hands authority over the lives of centrelink recipients to largely unregulated institutional bodies and ambiguously, it includes, 'unspecified agencies' within the item. Given the extent of structural and systemic racism existent and pandemic levels of institutional abuse prevalent at this time, this leaves acutely vulnerable people at risk with no accountability measures or redress/complaints process in place whatsoever.

Item 39 inserts new subsection 124PHB(9A) which provides that, if the Secretary ceases to be satisfied as mentioned in subsection 124PHB(3), the Secretary must revoke the exit determination. While a person may have met the criteria at one point and been exited from the CDC program, this provision ensures that the Secretary has the power to review and revoke an exit determination where the Secretary becomes aware of information that suggests a person is no longer reasonably and responsibly managing their affairs. **(7)**

This item refers to the intention of the department to commit to *ongoing monitoring* of centrelink recipients who are not on the CDC program.

In addition, and with no clarification or protections in place for recipients, this item could empower anyone from local gossips, politically aligned individuals, or religious agencies to provide information to the Secretary, who is empowered to act on *suggestion* alone. There is no processes in place to offer right of reply for compulsory participants, no legal processes engaged or defined within this item.

This item polices recipients without grounds and is contrary to Australian Human Rights principles and obligations and existing legal protections afforded every other citizen in Australia. This power even if not abused, is quite simply unprecedented, and at worst, opens the door for ideological, political, racial and class abuse of the legislation.

The CDCT regime already engages and limits a range of human rights. This is an uncontested feature of the CDCT policy. Repeated arguments in support of compatibility from the department, have already been rejected by the Australian Human Rights Commission (AHRC) on three separate occasions.

We refer the Committee to the following statement by the Parliamentary Joint Committee (PJCHR) 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 or expansion or for the addition of new human rights infringements being considered within this item

Significant questions remain regarding the CDCT scheme's overall proportionality. The CDCT is not the "least restrictive alternative, of limited duration" and "reasonableness, necessity and proportionality" have not been established.

We support the Human Rights Commission statement above and their further statements submitted to the Senate in November 2017 that state the entire CDCT legislation fails to meet provisions under the Act for any continuance and expansion.

We therefore assert that this 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 protections at this time, will only provide the time and political opportunity for even further expansions and increase the likelihood of more 'policy on the run' ignorant to or in full avoidance of its impacts in peoples lives.

Income management (IM) statistics garnered over the last twelve years clearly demonstrate that IM discriminates against Aboriginal and Torres Strait Islander peoples. In their position statement on income management made in 2012, NATSILS [14] representatives stated that:

> *"Indirect discrimination such as this breaches Articles 1 and 2 of the Declaration on the Rights of Indigenous Peoples and Australia's obligations under the Convention on the Elimination of All forms of Racial Discrimination and therefore the Racial Discrimination Act 1975 (Cth)."*

They further stated that;

> *"Income Management cannot be characterised a special measure as the Commonwealth Government has not obtained the free, prior and informed consent of affected Aboriginal and Torres Strait Islander communities".*

The continuation and expansion of IM therefore, is itself a further breach of Articles 3, 19 and 23 of the Declaration on the Rights of Indigenous Peoples and therefore government is acting:

> *"… in direct opposition to international evidence that shows successful strategies for overcoming social and economic disadvantage are based on self-determination and community driven measures".*

The passing of this bill will mean that compulsory participant safety, their immediate and ongoing well- being and existing Human Rights concerns are relegated to the least of policy priorities, rather than as they should be, placed as a leading concern in a program that purports to be designed specifically to improve the welfare of those made subject to its restrictions.

Item 53 inserts a new paragraph (aa) into subsection 123ZN(1) of the Social Security Administration Act. The new paragraph will provide authority for funds to be appropriated from the Consolidated Revenue Fund for the purposes of making payments under paragraph 123UF(4)(a) or subsection 123UP(2), that is, to support the transfer of funds from a person's IM account to their CDC account. **(8)**

This section empowers the department to draw from consolidated revenue and give legal ownership of public money to private corporation Indue Ltd. Currently BasicsCard income remains in public ownership until paid into BasicsCard accounts, where becomes the legal property of the individual recipient according to current Social Security law.
This item will usurp payment protections under Social Security Law 8.4.3, (Feb 1999) and remove ownership of centrelink income from recipients.

In current CDCT regions, this loss of legal ownership has led to people having essential credit and loan applications denied, as banks cannot 'see' more than the 20% non quarantined portion as lawful income. This item further disenfranchises centrelink recipients, entrenches poverty, and impacts on autonomy and decision making, budget planning and the social mobility of forced program participants.

Government does not have a mandate to act with impunity, to hand public money to private corporations in stealth with no accountability or oversight process.

Summary:

The CDCT program is creating permanent *life altering harm* in the lives of many compulsory participants. Injuries and impacts, social, financial and psychological from consistent rental payment delays, forced homelessness, to declining financial and mental health and failed and successful suicide are not being formally collected and addressed, and are not being reported to the Senate by the Department.

Reports of injuries sustained as a result of CDC trials are being routinely dismissed by local MP's, are ignored when reported to the CDC call line and are left unresolved or dismissed by both Indue Ltd staff and Centrelink representatives.

Government is still commenting without evidence in media that there have only been 'positive' impacts and specifically, Keith Pitt MP has reported on several occasions that he has "only heard positive feedback". Yet we know from our own efforts to engage with Mr Pitt and others, including Anne Ruston, that ministers and members are still deleting messages and removing people reporting negative outcomes from their Facebook pages.

Ministers and members are not responding to telephone calls, are refusing appointments with cardholders who wish to provide feedback to them in their offices and don't respond to email from those who are experiencing difficulties, thus ensuring they are not going to hear anything but what they choose and want to hear.

In failing to formally structure feedback and complaints processes into the CDCT legislation and remaining unwilling to collect any complaints or any detailed information from trial participants about the hardships they are experiencing first hand, government is intentionally misleading parliament, skewing public perceptions and making a mockery of its purported concern for the welfare of compulsory participants and the communities they inhabit. Government is abandoning and actively avoiding its duty of care and claiming the result of that avoidance as 'proof of success' where no such proof exists.

The removal of program cap numbers at this time serves no functional purpose other than to highlight and underscore government intention to proceed to a full scale national roll out of the CDC. The removal of designated trial numbers preempts the requirement and promise that the policy would only proceed on successful evaluation. With such an evaluation fo all current sites, the department does not meet the requirement that all functions of this legislation adhere to a rational objective. This bill unacceptably, opens the door for endless expansions of an unproved untested policy by legislative and notifiable instrument alone.

Substantial evidence of policy failure exists from all sectors across Australia. Several detailed government commissioned reports from income managed regions within the Northern Territory and Cape York region over the past ten years have demonstrated that forced third party income management measures under the New Income Management method have not worked and have failed to meet any key performance indicators in thirteen years. A transition to cashless debit cards, while opening up a small amount of shopping options in some regions, does nothing to address any of the concerns raised within those reports and ignores report recommendations completely.

The Cape York region income management program is unique. It is a functioning community based, community empowering and Aboriginal run and managed program. Successful passage of this bill will render Cape York community authorities powerless. It will end the only income management program method in Australia that has ever shown any promise. The amendments contained in this bill, will also undermine the wider process of Aboriginal community informed, led and managed income management in Australia as whole, and will dissolve progress and community trust rebuilt over the last decade.

These amendments are indicative that government is abandoning Closing The Gap principles, especially if this bill proceeds in light of *significant* community opposition.

Technological breakdowns, electricity and internet outages, inexplicable card declines at point of sale for non prohibited items, income simply disappearing from Indue accounts and significant numbers of rental and direct debit payment delays and associated breach and late fees are creating greater economic hardship among compulsory participants.
Compulsory participants are being charged $10 inbound fees for emergency transfers and are being charged extraneous store charges and visa surcharges that are reducing available centrelink income to already financially stressed households.

Technical malfunction and inconsistent service delivery is creating immense hardship and daily stress of uncertainty and undermines government statements to the effect that this policy is fee free and intended to help people budget their income. We remind the Committee that while Indue Ltd itself may not charge a direct fee, banks and merchants and Indue Ltd partners including Visacorp, do.

The CDCT intentionally infringes upon protected Human Rights, social security rights, privacy rights, consumer rights and non discrimination protections. These infringements continue to remain unaddressed and the rights of compulsory participants overall, are being actively negated and dismissed by government despite senate inquiry submissions and statements from the Australian Human Rights Commission, the Australian Law Council et al.

Removal of the requirement to evaluate CDCT trials within six months of trial end date, equates to an unacceptable risk and brings to light the reality of governments ongoing unwillingness to run and complete an authentic trial process at all, let alone to thoroughly investigate results and data prior to wider program deployment.

Government appears adamant in its attempts to deny the full measure of basic Human Rights to Australian taxpaying citizens receive centrelink recipients, who have committed no crime and are not established as delinquent in any way prior to forced inclusion within the CDC program. This, combined with the lack of examination of the impact of the loss of these rights in the lives of compulsory participants is a breach of governments oath of office and duty of care to all members of the Australian constituency.

Ministers and members of parliament, and government representatives use of vilifying language to describe people in receipt of centrelink payments as a cohort, depicting them as drug addicts alcoholics and social delinquents on a near daily basis in media and parliament for the last four years, continues to be propagandist, vilifying and discriminating. In its refusal to alter its language, government is committing an act of active psychological abuse and actively contributing to social segregation and isolation.

Consistently jumping the gun, putting the cart before horse and in creating ‘policy on the run’, this bill typifies the ongoing abuse of the concept of a “trial” process and highlights governments unwillingness to engage in evidence based policy creation. Overall, this bill highlights and underscores the current governments continued callous disregard for the lives, welfare and safety of compulsory trial participants.

The passing of this bill will mean that compulsory participant safety, their immediate and ongoing well- being and existing Human Rights concerns are relegated to the least of policy priorities, rather than as they should be, placed as a leading concern in a program that purports to be designed specifically to improve the welfare of those made subject to its restrictions. Significant trial participant distress continues to be ignored and people have taken their lives.

> “*“Empirical research indicates that those subject to coercive income management are experiencing a range of negative outcomes yet to be addressed by law and policymakers. These include increased financial hardship, misrecognition of budgetary capacity, mental health problems, diminished well-being, restricted travel capacity,*

barriers to accessing housing and ongoing racial discrimination." - Dr Shelly Beilfield 2018

We maintain that the department and this parliament have to date, failed to address in any meaningful or mutually respectful manner, any reports of chronic and acute distress being experienced by compulsory trial participants and their families in trial regions.

The cumulative stress of daily life 'on the card' is directly placing thousands of lives at significant legal social and psychological risk. Governments avoidance of these impacts and their failure to address these concerns openly and publicly is also leaving many service providers overwhelmed and the national media and the wider Australian community uninformed of the full range of trial related impacts being experienced.

Conclusion:

The CDCT policy assumes that people in receipt of centrelink payments have done something wrong in order to be receiving social security entitlements. They haven't It then assumes that recipients are in some way personally, intellectually, morally or socially deficient owing to their need to access these entitlements. They aren't.

- We hold that if this bill passes the house, this government will have been aided via its haste, via political apathy and ignorance, via deception and via community indifference, to intentionally create the first national and systemic structure of socioeconomic apartheid in Australia's modern history.

- We hold that the CDCT has failed, and continues to cause harm among cohorts impacted. The Indue card does not work, and Indue Ltd are not a suitable service provider. (Appendix G)

- We assert that the CDCT no longer pursues a legitimate objective; that the restrictions implemented currently and within this amendment bill are not rationally connected to the legislated objectives.

- We hold that the expansion and extension amendments contained within this bill are not 'the options of last resort' as required under Human Rights provisions.

- We assert that due to the targeting of predominantly aboriginal regions and communities within this bill, more Aboriginal and Torres Strait Islander (ATSI) identifying people will be subject to the cashless welfare card than non-ATSI identifying people overall. This engages and infringes upon protected rights under the Racial Discrimination Act 1975 (Cth), *while not meeting the requirements for a special measure* under the same Act.

- We assert that this bill presents no safeguards for any compulsory participants anywhere now or in the future, and in absurdity, removes what few current safe guards are in place, such as independent interviews, evaluation requirements and cap numbers. These measures set in place were designed to protect compulsory participants and designed to inform and legitimize an authentic trial process. These protections prevent the policy from acts of political nepotism and abuse. As government remains unwilling to assess and address any negative CDCT impacts at this time, to permit expansion and extension, to include a further 25,000 more vulnerable individuals, is simply too grave a risk. (10)

- We highlight the fact that to date no full cost-benefit analysis of the CDCT has been publicly disclosed. CDCT related expenditure remains “commercial in confidence” and “not for publication” without legal basis for the same, and costings information has been routinely withheld from parliament and the people as a matter of method. We find this unacceptable and willfully deceptive. The parliament and the people have a right to know the exact costs of the CDCT in full before being asked to consent to extension or expansion.

- We assert that government has not adhered to its commitment to only expand cashless debit card policy based on community consent and on clear evidence that it achieved its objectives. The CDCT has not meet a single KPI.

- While accepting there may be a need to implement voluntary CDCT measures and methods designed to wean individuals who are dependent on income management systems from current arrangements, we cannot support the continuation of any compulsory aspect of the CDCT program, given the same is an act of direct financial abuse according to governments own definition of that crime.

- The CDC roll outs and policy, is hurting Australia’s most vulnerable people. (Appendix G)

- We recommend this policy be scrapped in entirety.

We cannot support this bill, that by deliberate intention seeks to usurp the statutory, consumer, privacy and fiduciary rights of Australian citizens in recipient of centrelink payments and allows government to monitor centrelink recipients on an ongoing basis. We cannot support any government measure that contradicts the principles of a free and inclusive Australian society and the upholding of a qualified, accountable legal and judicial system that applies to all members of society equally.

This bill and its amendments are clearly aimed to bestow plenary powers on a single minister; powers that in ethos, practice and potential, represent the institutionalisation of racial and socioeconomic discrimination, are open to further structural and systemic abuses, and that outside of pretext and marketing, hold no connection to social welfare policy and best practice principles at all.

We thank the Committee for its time.

The Say NO Seven community.

Bibliography:

(10) *Sn7 Submission 2019:*
https://drive.google.com/file/d/19dtNKctvrr1W0MxNykXy20kuSA74_chM/view

Appendix G: VIDEO:

🕐 Purchasing alcohol with Indue card:
https://www.facebook.com/zephatali/videos/10156867279803667/UzpfSTI3NTM0NDI2Mjg2MDM5NTo4NDExNTQyODI5NDYwNTQ/

🕐 Cashless Card declining non prohibited items in Hinkler region:
https://www.facebook.com/crystal.belle.35/videos/10157263082501768/

🕐 Indue card failing to pay rent:
https://www.youtube.com/watch?v=AqopUAyf9Ww&feature=share