

Thank you for the opportunity to speak. As I indicated in my submission, I am in the target group. However, our local federal member Keith Pitt made no attempt to contact me, nor anyone else I know in the target group, to consult with us as those who will be directly affected by the Cashless Debit Card (CDC). I live in a multi-generational household. My grandfather received a letter from our Keith Pitt which explained that he would not be put on the card. On the back, there was a questionnaire asking if he was for or against the card. However, I did not receive this - Instead, my mother and I received a joint letter, which spoke about the card in glowing terms... and we only had the option of expressing support for the card via an online petition. How were we expected to make an informed decision on such a policy as this based merely on the information provided in that one letter? Why is it I was not given the opportunity to say that I did not support the CDC? And why is it my mother was not given that opportunity either? A copy of this letter was provided at the prior senate inquiry, and can be provided again if needed.

I'm currently studying law through my local university, and am nearly finished. As part of the constitutional law unit, we were taught about the basic tenets of representational government, namely accountability, transparency and responsibility. So why is it individuals acting on behalf of the executive and legislative arms of the government are not ensuring that everything is above board in relation of the CDC? Why is it that there has not been a single public consultation held at by our local federal representative where members of the public, as well as service providers, and community leaders can discuss in a open and robust fashion the issues that affect our region, and determine as a community how to deal with these issues. Would it not be better to be working from a position of knowledge, rather than merely going "that seems like a good idea... we need to do something"?

Due to my interest in law, and current issues, I have been an active follower of legislation and commentary on the CDC. I have read the explanatory memorandum, FlagPost articles, commentary from supporters and critics, as well as attended public meetings held by other members of parliament (both state and federal) and speaking with people in my community. I would like to think I have a better grasp of the issues surrounding the CDC than the average person on the street. I fully appreciate that there may well be issues surrounding intergenerational welfare dependence, as well as addictions such as drugs, alcohol and illicit drugs.

However, I do not believe that this correlates with the assumption being made here that a person on social security benefits aged 36 or below is an junkie, gambler or alcoholic. And this view is backed up by academics who have submitted to this inquiry. In fact, there is evidence supporting the view that compulsory income management such as this actually achieves the opposite of the stated goals of the CDC. It will further increase dependence on the social security system. It will remove an individual's agency, and ability to budget and manage their finances. It will not cure the mental health issues of illicit drugs, alcohol and gambling addictions. It won't even impact on smoking, obesity and sugary drinks as some of the supports who I have spoken to thought it was being brought in to combat! It will however, ostracise and segregate a portion of the community who are already at their lowest, often due to no fault of their own. It will promote illegal activity in order to fuel the cravings of a person with a mental health issue, who is not being given support, but instead told that a cashless card will fix the problem.

Let me finish with three short examples of how the card will - will, not could - make lives worse. The first of these is more apparent in a rural area such as mine. A lot of people have rain water tanks, instead of town water. And in times of drought (as we are in now), tanks are nearly empty, and the local water tanker guys need to be called to cart some water out, and fill those tanks. But he doesn't accept EFTPOS! Because he's always been able to rely on cash, and he doesn't want the hassle and expense of a EFTPOS machine that won't work half of the time anyway due to signal issues. So what do these people do now?

How about bills like council rates, or insurance payments. People who have learnt the skill of budgeting and have been able to pay their bills on time or early, and receive discounts (or not receive late penalty payments) for doing so will be out of luck if Indue fails to process a payment by the due time. It's there in the Indue Terms and Conditions that Indue is not responsible if that were to happen. So you now have a person who has to pay extra fees because of a mistake by Indue, as well as facing the possibility of services being cut off, and probably affecting their A1 credit rating. Another issue that people face when making the most count is being able to make a small payment, or simply spend the last \$5 that you have this fortnight. However, the minimum EFTPOS transaction allowed by a lot of stores is \$10. So not only can you not spend the last of the money that you have left, but you have to spend a minimum of \$10 in a store, when you might have only spent \$3 or \$5 for some milk and bread!

If Keith had given me the opportunity to give alternatives, I would have suggested that there needs to be more funding given to our struggling drug and mental health support services. That unskilled and entry level jobs are needed in this region, so could the money be better used to offer incentives to businesses to move into the region and create jobs and boost the local economy?