NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
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Continuation of Cashless Welfare Bill 2020

Senate Standing Committee on Community Affairs

SUBMISSION

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About NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our Members provide about 3.1 million episodes of care per year for around 350,000 people across Australia, which includes about 800,000 episodes of care in very remote and outer regional areas.

Sector Support Organisations, also known as Affiliates, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their Members including advocacy, governance training and advocacy on State and Territory Government health care policies and programs.

Affiliates also support ACCHOs to deliver accessible, responsive, and culturally safe services for Aboriginal and Torres Strait Islander people. The leadership and support provided by Affiliates strengthens governance and financial expertise in the Aboriginal and Torres Strait Islander community-controlled health sector. Affiliates provide a strong interface for the Aboriginal and Torres Strait Islander community-controlled health sector with the national reform agenda occurring in the health system. Together NACCHO and Affiliates harness better coordinated, more cohesive and cost-effective mechanisms for stakeholder and community engagement on Aboriginal and Torres Strait Islander health issues, and providing advice to Federal, State and Territory Governments.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; Allied Health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Across the sector we employ about 6,000 staff, 56 per cent of whom identify as Aboriginal or Torres Strait Islander, which makes us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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Introduction

We thank you for the opportunity to make this response to the *Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020* (the Bill), with a particular focus on the Cashless Debit Card (CDC). We make this submission with input from NACCHO Affiliates, Queensland Aboriginal and Islander Health Council (QAIHC) and Aboriginal Medical Services Alliance of Northern Territory (AMSANT) and with endorsement from the Aboriginal Health Council of Western Australia (AHCWA).

There are many major aspects of the Bill that will further harm Aboriginal and Torres Strait Islander people in the targeted sites, and we urge the Australian Government to take a different approach. Although most participants in the CDC program are Aboriginal and Torres Strait Islander people, there has been and continues to be little consultation and negotiation with Aboriginal and Torres Strait Islander leaders and community representatives. This is despite the Australian Government having signed in July 2020 the *National Agreement on Closing the Gap*, wherein genuine partnership and shared decision-making with Aboriginal and Torres Strait Islander people is a central component.

While consultation sessions were held prior to the trials in the East Kimberley (WA), Goldfields (WA), Ceduna (SA) and Bundaberg and Hervey Bay (Qld) regions, it remains unclear as to the number of Aboriginal and Torres Strait Islander community representatives present, and the extent to which they were involved in shared decision-making with the Government. Only 83 information sessions with over 70 communities and around 3,500 community members were held in the Northern Territory and Cape York, despite the fact the introduction of CDC with impact about 25,000 Aboriginal and Torres Strait Islander people across these communities. The information sessions have been a one-way communication strategy as opposed to partnership and genuine decision-making, and it is unclear as to how many Aboriginal and Torres Strait Islander community representatives were in attendance and had their voices heard.

Structural reform of income support payments is required. Genuine partnership and shared decision-making is critical for self-determination to be realised and the health and wellbeing of Aboriginal and Torres Strait Islander people to be optimised. Adherence to the National Agreement must commence with the Australian Government discussing the issues and best income support arrangements with Aboriginal and Torres Strait Islander community representatives, including Aboriginal and Community Controlled Health Organisations (ACCHOs) and other Aboriginal and Community Controlled Organisations (ACCOs).

Key points

- Structural reform of income support payments is required.
- It is imperative to identify and respond to the root causes of poverty, alcohol and other drug consumption and gambling among not all but some Aboriginal and Torres Strait Islander people and communities, including the ongoing impact of colonisation and intergenerational trauma, and to implement holistic solutions.
- The Australian Government must engage in genuine partnership and shared decision-making with Aboriginal and Torres Strait Islander community representatives, as set out in the new *National Agreement on Closing the Gap*.
- The involuntary nature of the CDC is a violation of Aboriginal and Torres Strait Islander people's right to self-determination and has adverse effects on the social and emotional wellbeing and general health of participants.
- The health and wellbeing of Aboriginal and Torres Strait Islander CDC participants is compromised when purchases of essential goods and services cannot be made due to

inadequate cash, some goods and service providers not catering for CDC, technical issues with the card and stigma and shame associated with using the card.

- Involuntary participation in cashless income support has been found to have an adverse impact on Aboriginal and Torres Strait islander communities, including on birth outcomes, perpetuating intergenerational disadvantage.[1] This contradicts the Closing the Gap targets the Australian Government has signed up to in the National Agreement.

Recommendations

1. That the Bill be rejected by the Senate.
2. That, as per the new National Agreement on Closing the Gap, the Australian Government genuinely partner with and make shared decisions with Aboriginal and Torres Strait Islander community representatives, to:
    a) engage in structural reform of income support
    b) consider the range of adverse social, emotional, financial and health effects of involuntary participation with CDC on Aboriginal and Torres Strait Islander people, and how best to ensure the health and wellbeing of income support recipients
    c) eliminate barriers to exiting the program to ensure Aboriginal and Torres Strait Islander people's right to self-determination and freedom from racial discrimination
    d) mandate cultural awareness and safety training for all staff involved in developing policies and implementing programs and services associated with income support payments
    e) create more jobs in rural and remote communities, including a large number of Aboriginal-identified positions
    f) invest in preventive health and culturally safe, holistic, wrap-around services, including social and emotional wellbeing (SEWB) services, to reduce welfare dependency and to strengthen Aboriginal and Torres Strait Islander people, families and communities.

Background

Continuation of the current trial sites

Despite not adequately consulting with Aboriginal and Torres Strait Islander community representatives, from 2016 the Australian Government trialled the CDC program in the East Kimberley and the Goldfields in Western Australia, Ceduna in South Australia and the Bundaberg-Hervey Bay region in Queensland (and their surrounding regions).[2] The Bill makes the CDC program permanent in these regions, rather than a trial. In the East Kimberley, Goldfields and Ceduna regions, CDC is mandatory for all people receiving a working age income support payment. In the Bundaberg and Hervey Bay region, the program is mandatory to people aged 35 and under who receive Newstart, Youth Allowance (Job seeker), Parenting Payment (Partnered and Single).[3] While opting out is possible, an application needs to be lodged and assessed against set criteria, with only 20% of exit applications being successful (others report it to be lower than 20%). In the East Kimberley trial site, 85% of those using the card were Aboriginal and Torres Strait Islander people, and in Ceduna it is three-quarters of participants.[4]

Expansion into the Northern Territory and Cape York

The Bill will introduce the CDC as a permanent program, not a trial, to replace the current *BasicsCard* for about 25,000 people in the Northern Territory and Cape York region, with there being no cap on

[1] Australian Human Rights Commission (2017), Submission No 30 to the Senate Community Affairs Legislation Committee, Inquiry into Social Services Legislation Amendment (Cashless Debit Card) Bill.
[2] DSS, 2019, *Cashless Debit Card*, https://www.dss.gov.au/families-and-children/programmes-services/welfare-conditionality/
[3] Ibid, DSS, 2019
[4] ABC, 2020, *Cashless welfare card recipients denied exit from trial claim unfair treatment, https://www.abc.net.au/news/2020-*

the number of future participants. Whereas the *BasicsCard* provides 50% of the income support payment in cash and 50% as cashless debit, the CDC provides participants with 80% cashless debit and 20% cash.[5] While the Government has indicated the percentage of income that is restricted and placed on CDC will not change immediately, the Bill allows the Minister to change the percentage for everyone on the card, or for specific individual participants. The Bill collapses the 'long term welfare recipient' and 'disengaged youth' Income Management (IM) categories, with every recipient (who is not studying fulltime) of Youth Allowance, Newstart, Parenting Payment and other special payments, including those on child protection and vulnerable recipient IM measures becoming involuntary participants (unless the Secretary, not the participant, deems their participation to be detrimental to their mental, physical or emotional wellbeing). About 82% of people who will be transferred to the CDC in the Territory are Aboriginal, with most living in remote communities.[6] While the CDC trial locations were (according to the Australian Government) selected based on 'a range of factors, including community interest, support, readiness and willingness,'[7] there has been no consultations in the Northern Territory and Cape York region. Services Australia can place someone on the CDC program without making inquiries about a person's wellbeing.[8]

Evaluation of the CDC

The Australian Government continues to ignore findings from evaluations regarding the CDC. Queensland University of Technology (QUT) authored a report for the Department of Social Services (DSS) in 2018 that while qualitative evidence in the whole was positive for the changes caused by CDC in Cape York, quantitative evidence did not always support these accounts.[9] The Bill also removes the requirement for the CDC program to be independently evaluated in the future. Regardless, the Minister of Social Services has publicly stated that she has only heard positive stories from CDC participants, and the Government is confident the CDC has had a positive impact on both participants and the broader community.[10] NACCHO strongly refutes this interpretation of community views.

Issues for discussion with community representatives

Aboriginal and Torres Strait Islander community representatives, including ACCHOs and other ACCOs, are best placed to inform the Australian Government of the issues facing Aboriginal and Torres Strait Islander people, including those who are receiving income support payments and participating in the CDC program. The following issues are among those that must be considered and further discussed.

Racial discrimination

The Australian Human Rights Commission raised concerns about the compulsory CDC trials being inconsistent with the Racial Discrimination Act 1975 (Cth).[11] The UN Committee on the Elimination of Racial Discrimination has expressed concern about the discrimination faced by Aboriginal and Torres Strait Islander people, recommending that Australia 'maintain only opt-in' forms of social security quarantining.[12] Aboriginal and Torres Strait Islander people on income support payments in the identified sites/locations are automatically placed on the CDC, with most CDP participants being Aboriginal and Torres Strait Islander people. The objectives of the CDC include reducing the amount of payments available to be spent on alcoholic beverages, gambling and illegal drugs, and to encourage socially responsible behaviour.[13] The Explanatory Memorandum states that a CDC participant can only exit the program 'if the Secretary is satisfied they can demonstrate reasonable

[5] APO NT, Oct 2020, *Why we are calling on all MP's to oppose the Cashless Debit Card Expansion Bill*
[6] ABC News, Oct 2020, *Australian Government opts to enshrine cashless debit card*, or CDC, https://www.abc.net.au/news/
[7] See the Social security (administration) amendment (continuation of cashless welfare) Bill 2020 Explanatory Memorandum
[8] Admin Act, s 124PHA
[9] DSS, 2018, Strategic review of cape York Income Management https://www.dss.gov.au/families-and-children-
[10] Ibid, ABC News, Oct 2000
[11] Australian Human Rights Commission (2017), Submission No 30 to the Senate Community Affairs Legislation Committee, Inquiry into Social Services Legislation Amendment (Cashless Debit Card) Bill.
[12] UN, 2017, *Committee on the Elimination of Racial Discrimination Concluding Observations on the eighteenth to twentieth periodic reports of Australia*
[13] See the Social security (administration) amendment (continuation of cashless welfare) Bill 2020 Explanatory Memorandum

and responsible management of their affairs (including financial affairs)'. Not only can the Secretary place someone on the CDC program without making inquiries about a person's wellbeing, but place someone who has successfully exited the program back onto the card for a 'medical or safety reasons', as recommended by a health or community worker.[14] The involuntary participation of all Aboriginal and Torres Strait Islander people on income support payments in the CDC site areas racially stereotypes them as being financially and socially irresponsible. It fails to acknowledge that many want to work but there is a severe lack of jobs in many regional and remote communities, which forces residents, including the involuntary participants in the CDC trial and program, onto income support. The Government must take into consideration the fact there is a lack of jobs in and around many Aboriginal and Torres Strait Islander communities, which is broader employment policy and programs issue rather than the fault of community residents who want to work.

While, like other Australians, some Aboriginal and Torres Strait Islander people face issues with substance misuse, gambling and financial management, the large majority do not. While there may be benefit to some people receiving cashless welfare support, there is a crippling health and wellbeing impact on the majority of participants who have not volunteered to be on the program, discussed later in this submission. Accordingly, participation in the program must be voluntary for Aboriginal and Torres Strait Islander people, and where participation is involuntary the Government must be able to objectively substantiate that the participant does have a problem substance, gambling and financial management issue/s. Even when issue/s are proven to exist, the CDC program is fundamentally flawed and discriminatory in nature and impedes the health and wellbeing of participants.

The right to self-determination

CDC participation is involuntary for the large majority of Aboriginal and Torres Strait Islander people in the locations where the scheme is operating and set to operate, and exiting the program is difficult and, in some cases, impossible . Compulsory cashless income management disempowers income recipients and denies them control over their lives. The CDC scheme is a one-size fits all approach that largely targets Aboriginal and Torres Strait Islander people regardless of their circumstances, which contradicts the Orders of the National Indigenous Australian Agency (NIAA) to "enable policies, programs and services to be tailored to the unique needs of communities."[15] The Bill is considered by Aboriginal community representatives in the Northern Territory to be a new intervention.[16] It extends the legacy of colonisation and intergenerational disadvantage experienced by Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people's participation in the CDC program needs to be made voluntary and exit applications approved to ensure their right to self-determination is not violated, and their health and wellbeing not compromised.

The Bill directly contradicts the recent National Agreement on Closing the Gap signed by the Australian Government and jurisdictional and local governments. Central throughout the National Agreement is the need for self-determination via Aboriginal community control in all policies and programs affecting Aboriginal and Torres Strait Islander people.[17]

Limited purchase options and technical issues with the card

The majority (80%) of CDC participants' income support payment is cashless (on the CDC), whereas only 20% of the total payment amount is given as cash. However, the CDC cannot be used to purchase all goods and services, and some shops do not have the facilities to cater for purchases via CDC. One of numerous examples of the limited uses of the card / CDC account is not being able to pay rent with it when the CDC participants' name is not on the lease.[18] Purchases made with the CDC have been reported by participants to often be declined, even when there are adequate funds in the

[14] Admin Act, s 124PHA
[15] Australian Government, 2019, *Order to Establish the National Indigenous Australians Agency as an Executive Agency NIAA*, www.legislation.gov.au/Details/
[16] Ibid, APO NT, Oct 2020
[17] Ibid, APO NT, Oct 2020
[18] Ibid, ABC, 2020

account, due to technical issues with the card and/or many shops and organisations not having the facilities to permit payment using CDC. Not only does this create stress but results in essential goods and services not being able to be purchased, and Aboriginal and Torres Strait Islander people not accessing what they require, when they require it, which further adversely impacts their health and wellbeing.

Purchase restrictions and technical issues make it harder and riskier for people in poverty and in precarious situations, including victims of family violence fleeing an abusive partner or family member and the associated risk of homelessness. Although the card is promoted as being 'fee free', a fee is often applied on transactions,[19] further reducing participants' bank balances. While the Australian Government has acknowledged there are technical issues with the card and is looking into rectifying them,[20] the extent to which they will be rectified and whether some essential goods and services will still not be able to be purchased is concerning to Aboriginal and Torres Strait Islander CDC participants, their communities and their leaders.

Inadequate cash

Providing only 20% of income support payments in cash does not provide Aboriginal and Torres Strait Islander people with adequate cash to make purchases. Shops and services, particularly in rural and remote communities, often do not have EFTPOS facilities, or, if they do, these facilities may be temperamental, resulting in participants needing to use their very limited cash, and within a few days of receiving their income support their cash may be depleted. Also, school excursions and other expenses often need to be paid for with cash. Participants report feeling inclined to use their limited cash in some circumstances in shops where the CDC card is accepted due to feeling humiliated using the CDC, as opposed to using a bank card or cash, and the embarrassment of the CDC being declined due to technical issues, which happens frequently.[21]

Telecommunications and internet access issues

APO NT point out the CDC relies on regular and reliable access to the internet and mobile phone coverage.[22] In the Northern Territory, face-to-face Centrelink support has been stripped back in remote locations, and is being replaced by a 1800 number and/or an internet site, which is grossly inadequate for many Aboriginal and Torres Strait Islander people who lack access to reliable internet and computers, may face digital literacy challenges and speak English as a second or third language.[23]

Stigma and shame

Research[24] conducted by four universities involving 114 in-depth interviews conducted in Playford, Shepparton, Ceduna and Hinkler and a mixed-methods survey of 199 people at income management sites across Australia found there is an overwhelming number of negative experiences stemming from the card, including stigma and feelings of shame and frustration. 84% of survey respondents indicated experiencing stigma and shame while using the card, particularly when using the card in shops, purchases being declined (even when there is money in the account) and the participant not having cash, with interviewed participants being visibly upset.[25] The research concludes that the empirical case for continuing with the current policy settings around compulsory income management is weak and requires a fundamental rethink.

[19] Ibid, University of Queensland, 2020
[20] University of Queensland, 2020, *Compulsory income management 'disabling', study shows.* https://www.uq.edu.au/
[21] Ibid, APO NT, Oct 2020
[22] Ibid, APO NT, Oct 2020
[23] Ibid, APO NT, Oct 2020
[24] Ibid, University of Queensland, 2020
[25] Ibid, University of Queensland, 2020

Case study 1

One involuntary participant, a female aged 54 residing in Boulder in the Goldfields region of Western Australia where the CDC has been trialled, reports the use of the card is embarrassing and degrading, resulting in her refusing to use it. She has been trying to get off the card since it was introduced two years ago, when she was involuntarily put on the trial when she had quit her job and moved to Yatala in South Australia to care for her elderly father. She called the Department of Health hotline and went to the Centrelink office to ask to exit the program. She was sent to Human Services and then back to Social Services, throughout which she felt trapped in a humiliating and degrading system. She has been a care giver of her father (who died in 2017) and now of her mother, after having worked all her life and refrains from drinking and smoking. She states that the CDC has done more psychological harm to her that the ill health of her parents and now her husband.[26]

A lack of evidence

The Bill is being rushed forward despite the lack of any strong or positive evidence drawn from either the 2014 Social Policy Research Centre (SPRC) evaluation of New Income Management in the Northern Territory or the 2017 Orima Research evaluation of the trials.[27] There is no evidence that compulsory income management and the CDC works.[28] Research has shown that compulsory income management has a disabling rather than enabling effect on the lives of the large majority of participants in the SA, WA and Qld trials.[29] The Australian Governments' own evaluations in 2018 of CDC have also shown mixed results; while the card had succeeded in reducing alcohol consumption and gambling in Ceduna and the East Kimberley, only 17% of all participants reported feeling better off and 24% participants with children reported their children's lives were worse.[30] The reforms the Bill proposes have not been evaluated in the context of the impact of other social policy reforms in the Northern Territory, in terms of achieving behavioural change among participants that income management has failed to achieve, particularly in relation to alcohol consumption and related harm.[31] Research has also shown that income quarantining worsens birth outcomes in Aboriginal and Torres Strait Islander communities.[32]

The government is expected to release a study of the scheme conducted by the University of Adelaide in late 2020, and we urge the Australian Government to listen and respond appropriately to the issues experienced by Aboriginal and Torres Strait Islander CDC participants and to make shared decisions with Aboriginal and Torres Strait Islander community representatives that ensure the health and wellbeing of Aboriginal and Torres Strait Islander people.

Barriers to exiting the program

The Department of Social Services (DSS) website[33] states 'the program can be exited at any time,' but also states the participant must 'demonstrate reasonable and responsible management of their affairs, including financial affairs.' At present, the exit process includes completing a 6-page application form and telephone interview. The exit application is approved where DSS is satisfied that 'being on the CDC is affecting their (participants') mental, physical or emotional wellbeing.'[34] Despite being 'able to exit at any time', the rate of successful exit applications is very low. While

[26] Allam, L. 2020, *Exiting the cashless welfare card trial is almost impossible, critics say,* https://www.theguardian.com/
[27] See Bray, J. R. Gray, M. Hand, K. & Katz, I. (2014). Evaluating New Income Management in the Northern Territory: Summary report (SPRC Report 25e/2014), https://aifs.gov.au/publications/
[28] Ibid, APO NT, Oct 2020
[29] Ibid, University of Queensland, 2020
[30] Ibid, Allam, L. 2020
[31] NT Government, 2019, *Northern Territory Alcohol Policies and Legislation Reform*, /alcoholreform.nt.gov.au/data-and-evaluation/
[32] Doyle, M. Schurer, S. Silburn, Sven., 2019, *Why does income quarantining worsen birth outcomes in indigenous communities?* Conference paper, Menzies School of Health Research
[33] Ibid, DSS, 2019
[34] Ibid, Allam, L. 2020

some reports indicate only 2% of exit applications were approved to leave,[35] DSS reports it is 20%.[36] If indeed it is 20%, 80% are denied their right to self-determination.

There are also cases of CDC accounts remaining open after an exit application has been successful, even months earlier.[37] It is anticipated that the Government will make good the insertion in the Bill in Subparagraphs 124PGE (1) (g) and (h), that the program will 'ensure that a person does not become or continue to be a program participant if they are covered by a wellbeing or exit determination,' toward upholding Aboriginal and Torres Strait Islander people's rights to self-determination.

All criteria, existing and new, needs to be determined via genuine partnership and shared decision-making with Aboriginal and Torres Strait Islander community representatives. Currently, the Bill inserts 'a new Ministerial power to enable the making of a legislative instrument that allows the Minister to determine decision-making principles for current exit criteria,' and this 'would not add new criteria, rather it would set out principles that will provide participants with greater clarity relating to the considerations that underpin the determination of exit applications. Great powers are also given to the Secretary:[38]

> Thirdly, a person can apply to the Secretary to exit the cashless welfare arrangements under section 124PHB of the Social Security Administration Act if the person can demonstrate reasonable and responsible management of their affairs. This Bill also allows the Secretary to review and revoke any existing or future exit determinations where the Secretary ceases to be satisfied that a person is reasonably and responsibly managing their affairs.

CDC participants report that the exit application process is complicated, intrusive, humiliating and open to bias against them (see Case Study 1 and 2).[39] Many CDC participants report having their exit application denied despite experiencing declining mental, physical or emotional wellbeing,[40] but DSS is not be satisfied that their participation is having these effects. Some participants have waited more than a year to exit the program through a process they see to be unclear and unfair .[41]

Case Study 2

Another involuntary CDC participant, a mother in her mid-30s, had worked non-stop since she was 13 years old, until she injured her back on a mining job about three years ago and was placed on a disability pension. Soon afterward, she fell pregnant with her now two-year-old daughter and began receiving a single parenting payment from Centrelink, and was put on CDC. She says the card was regularly declined during withdrawal and direct debit transactions, and after five failed attempts it might work again the next day. Each time a transaction is declined the process to rectify the situation is laborious. Due to not have a history of drug, alcohol or gambling addiction, and her child being well cared for, she had assumed it would be easy to exit the CDC program. After a year of waiting for a response she was informed her application was denied, due to several incidents of her debit card transactions being declined, despite her providing evidence that there had been funds in her account when these incidents occurred, and the Australian Government acknowledging that there are technical issues with the card.[42]

[35] Ibid, Allam, L. 2020
[36] Ibid, ABC, 2020
[37] Ibid, ABC News, Oct 2000
[38] See the Social security (administration) amendment (continuation of cashless welfare) Bill 2020 Explanatory Memorandum
[39] Ibid, Allam, L. 2020
[40] Ibid, ABC, 2020
[41] Ibid, ABC, 2020
[42] Ibid, ABC, 2020

The assessment process to exit is also very subjective and open to bias[43] DSS assesses the applicants': children and other dependent's situation (including school attendance); criminal history; risks of homelessness; health and safety (and that of their community); responsibilities and circumstances; engagement with the community including employment and effort to obtain work); public housing record; and any other requirements set by the Minister.[44] The Minister will have the power to issue instructions to Services Australia employees regarding decision making principles based on these general assessment criteria. Declined or defaulted payments/purchases are also a red mark in the applicant's exit assessment, even when there were funds in their account at the time and it was due to a technical issue with the CDC (see Case Study 2), which the government has admitted is an issue and is looking into it.

Information sharing concerns

There are also concerns around the privacy of participants' information and the Governments' information sharing powers. The Bill gives the Secretary the power to obtain information or documents that she or he considers may be relevant to the operation of the program. The CDC contains sophisticated technology that captures a broad range of information, from purchases to services accessed to defaults on payments and purchases, which can potentially be used against participants seeking to exit the program. The Bill stipulates that information can be shared between Services Australia, community bodies and NT child protection.

Investing in jobs, prevention services and strengthening families

The millions of dollars invested in extending the CDP trials and supporting the transition of NT communities into a CDC "trial site" would be better invested in creating job opportunities in Aboriginal and Torres Strait Islander communities, and providing holistic wrap around services—including drug and alcohol support services. The Government has been promising an investment in such wrap-around services but so far has no delivered,[45] opting to instead invest in initiatives that adversely impact the health and wellbeing of Aboriginal and Torres Strait Islander people.

[43] Ibid, Allam, L. 2020
[44] Ibid, Allam, L. 2020
[45] Ibid, APO NT, Oct 2020