QCOSS position statement

Cashless Debit Card Trials (CDCT)

Our position

Everyone in Queensland deserves to live a good life, but many people on low incomes don't have enough money to afford the basics. Queensland Council of Social Service (QCOSS) believes accessing an adequate social safety net is a critical part of a civil society and supports social cohesion.

QCOSS does not support the expansion or extension of the mandatory Cashless Debit Card Trials (CDCT). Addressing complex health and social issues, such as alcohol, drug and gambling problems, through the welfare system is fundamentally flawed. Participation in income management should only be on a voluntary basis alongside a suite of relevant support services.

The CDCT unnecessarily restricts people's access to their own money, divides communities and stigmatises people accessing income support. Increasing income support and increasing alcohol and other drug treatment options has more positive outcomes for people experiencing employment and/or alcohol and other drugs issues than quarantining income support.

Income support is critical for those that are unable to find work. There are insufficient jobs for those seeking employment in most communities. The CDCT does nothing to address this structural issue.

We must end the stigmatisation of people accessing income support as 'undeserving'. They are not in need of punitive motivation in order to achieve self-reliance or a work ethic. Instead we must ensure everybody is able to access the supports they need to live a meaningful life.

Recommended actions

We call on our politicians and policymakers to make decisions that prioritise equality, opportunity and wellbeing for every person in every community.

1. Increase inadequate income support payments, such as Newstart. This is far more helpful in supporting vulnerable people than punitive measures such as the CDCT.
2. End all compulsory income management such as the CDCT.
3. Identify and implement the most effective response to these health and social issues in target communities:
    - seek expert advice regarding the scientific understanding of problematic substance use in the context of wider community socio-economic problems.
    - incorporate an economic development focus to ensure participants have a pathway to employment.
    - work with all levels of government and the community to adopt a place-based, citizen-led, strengths-based approach that ensures people impacted are involved in decision-making.
4. Make any participation in income management voluntary, and supported by a suite of relevant, adequately funded, holistic services such as legal services and counselling for alcohol, drug and gambling problems.
5. Challenge stigmatising narratives that frame people who access income support as 'welfare dependent', and lead to excessive restrictions and penalties.

Rationale

Purpose

The stated purpose of Cashless Debit Card Trial (CDCT) in the Hinkler region in Queensland is to reduce the consumption of alcohol, drugs and gambling, and address youth unemployment. The CDCT is a blanket, deficit-based approach imposed on communities without understanding local context, cause and effect of issues, and community assets which would be better suited to addressing issues.

As confirmed by the Auditor-General's report (see below), the Trial evaluation does not present conclusive evidence that the Cashless Debit Card addresses consumption of alcohol, drugs and gambling (ANAO, 2018). There is a lack of evidence of a causal link between people receiving income support and those with alcohol, drug and gambling problems.

An evaluation by Australian National University's Centre for Aboriginal Economic Policy Research on various Australian income management schemes found the most effective schemes generally were voluntary and specifically target people with high needs as part of a holistic set of services (Klein, 2017).

High youth unemployment and inter-generational unemployment in the Hinkler electorate in Queensland is a result of historical and entrenched economic issues, which will not be solved by the mandatory quarantining of people's income.

Background

The Cashless Debit Card Trial (CDCT) is intended to decrease the consumption of drugs, alcohol and gambling.

The CDC doesn't change the amount a person receives from Centrelink. It changes the way in which people receive and spend fortnightly payments:

- 80 per cent of a recipient's fortnightly payment is paid onto the Cashless Debit Card managed by Indue Ltd.
- 20 per cent is paid into a person's regular bank account.

The Cashless Debit Card does not work 'just like a regular bank card', there are numerous restrictions and problems with its use. As access to cash is restricted, gift cards, money orders, postal orders and digital currency cannot be purchased. To restrict access to alcohol and gambling products, many other items from 'mixed merchants' who also sell alcohol or gambling products are also restricted. These include eBay, Gumtree, Amazon and Woolworths online. The CDCT also does not work with PayWave or PayPal. Participants cannot use the card to pay for larger second-hand items such as furniture, cars or trips without seeking permission from the private company that runs the CDCT.

The card began in March 2016 in Ceduna, South Australia and the East Kimberly in Western Australia. In February 2018, the CDCT was expanded to Kalgoorlie Goldfields region in Western Australia and in January 2019 to Hinkler, Queensland, for recipients of Newstart, Youth Allowance (Jobseeker) and Parenting Payment who were under the age of 36.

Summary of government evidence

According to government reports, the CDCT has been found to be:

1. **Ineffective** - no evidence that it reduces social harm (Auditor-General, 2018)
2. **Expensive** - $10,000+ per participant (Auditor-General, 2018)
3. **Harmful** – participants were more likely to indicate that it made their lives worse than better (Orima Evaluation, 2017)
4. **Unsupported** - recorded community opposition (Orima Evaluation, 2017 and Adelaide University Evaluation, 2019)
5. **Discriminatory** - breaches human rights of privacy and social security (Human Rights Committee, 2018)
6. **Paternalistic** - removes people's agency to manage their affairs (Human Rights Committee, 2018).

Australian National Audit Office (ANAO) Report

The July 2018 Auditor-General report on the implementation and performance of the CDCT, indicated:

1. The approach to monitoring and evaluation was inadequate, so it is difficult to conclude whether there had been a reduction in social harm.
2. The total cost of the CDC Trial for the two initial sites was $18.3 million, (more than $10,000 per trial participant).
3. Department of Social Services (DSS) did not actively monitor risks and there were deficiencies in the procurement processes (for example Indue was awarded the card contract from a desktop review with no competitive tender and Orima's evaluation ended up costing $1.6 million, more than double the originally agreed amount).
4. Aspects of the proposed wider roll-out of the CDC were informed by learnings from the trial, but the trial was not designed to test the scalability of the CDC and there was no plan to do further evaluation.
5. DSS did not complete all the activities identified in the strategy to monitor and analyse the CDC Trial (including cost-benefit analysis) and did not do a post-implementation review of the CDC Trial.
6. There was no review of KPIs during the original trial and KPIs have not been established for its extension. There was no measure of the available drug and alcohol, or financial and family support services in the community or their effectiveness.
7. DSS did not build evaluation into the CDC Trial design, nor did they coordinate data collection to ensure an adequate baseline or specific targets to measure the impact of the trial, including any change in social harm, such as frequency of problematic drug, alcohol or gambling usage or violent crime.
8. DSS regularly reported on aspects of the performance of the CDC Trial to the Minister but the evidence base supporting some of its advice was lacking. This included alcohol-related hospital admissions, St John Ambulance call-outs and school attendance, each of which had been inaccurately reported and did not support CDC Trial outcomes.
9. The trial did not test the scalability of the CDC Trial. Many of the findings from the trial were specific to the cohort (predominantly indigenous) and remote location, and there was no plan in place to continue to evaluate the CDC to test its roll-out in other settings. (ANAO, 2018 p. 8-10, 18, 37, 43, 45, 55)

Recent developments

Currently tabled legislation is proposing to extend the CDCT to Northern Territory and Cape York, transitioning participants onto the CDCT. These communities are currently subject to mandatory income management through the Northern Territory Intervention and the Cape York Welfare Reform Trials.

Evidence shows that the compulsory income management currently operating in these communities suffers the same poor outcomes as other compulsory income management programs like the CDCT. Transitioning these programs to CDCT may save the government some expense in administrating these punitive programs but will not help to meet the government's objectives.

Cape York Income Management (CYIM) has been operating since 2008 and currently has about 150 participants. The CYIM is part of a suite of available responses used by the Family Responsibilities Commission (FRC) for individuals who trigger criteria like criminal charges or low school attendance. The CYIM is compulsory, and has mixed outcomes:

- QUT Strategic review of CYIM (Scott, et al, 2018) found outcomes and impact were mixed. Local people feel that it was imposed, rather than agreed to. It failed to show evidence of an improvement in child safety and wellbeing across IM communities. It also failed to lead to a significant increase in school attendance.
- Cape York Welfare Reform Evaluation (FaHCSIA, 2012) "*the evidence suggests that the impact of the local FRC Commissioners is in their listening, guiding and supporting role, rather than in the exercising of their punitive powers to order income management*"

Northern Territory Intervention Income Management has been operating since 2010 and currently has about 22,500 participants. It is a blanket, untargeted compulsory income management, that disproportionately impacts on Aboriginal and Torres Strait Islanders. The Federal Government's 2014 evaluation of NT Income Management (Bray, et al 2014) showed despite $410M spent, the results were poor: "*A wide range of measures related to consumption, financial capability, financial harassment, alcohol and related behaviours, child health, child neglect, developmental outcomes, and school attendance have been considered. Despite the magnitude of the program evaluation does not find any consistent evidence of income management having a significant systematic positive impact*".

QCOSS consultation

Participant stories from Hinkler

Since August 2019, QCOSS has been receiving stories from multiple local Hinkler residents who are participants in the CDCT. These CDCT participants indicated that the CDCT continues to make people's lives worse, often having the opposite effect to its objectives.

Blanket application: Participants express frustration at being subjected to the CDC when they experience none of the issues the card is designed to address. Multiple people said they don't drink, use drugs or gamble, some say they never have. This also means that the evaluation will likely ignore them. (The Orima Evaluation dismissed up to 300 responses to some questions when people indicated that they did not drink alcohol, gamble or use drugs.) Many say they always pay bills on time, with one reporting a social worker said the participant budgeted better than they did.

Stigma and harassment: Participants report experiencing stigmatisation such as being identified at venues as paying with 'one of those druggie cards'. One participant reported their child being bullied at school for being a 'son of a crackhead'. These incidents were reported to have negative impact on people's mental health.

Mental health impact: People identify with having stress, panic attacks and feeling physically sick as a result of negative impacts of the CDCT. People express a feeling of being controlled by the card, and not having the freedom to budget their finances in a way that has worked for them. They also express the humiliation of having to seek permission from a third party (Indue) to access their own money for essential items like rent and second-hand furniture.

Reduced access to essentials like rent and fresh food: CDCT can make it harder to pay for essential items such as housing or fresh food by needing permission to set up special private rental arrangements (which are often paid late), and restricted access to cash-only fresh food outlets. The inadequate level of payments such as Newstart already makes it difficult to access essential items. The additional issues with access to payments through CDCT further restricts their ability to pay for essential items.

Many reported problems with paying rental payments: Despite applying through appropriate process to set up regular payments these were often not paid on time, or stopped, leading some to receive breach notices, including 'notices to leave'. In some cases, they were forced to access their 20per cent cash to pay rent, meaning they could not access cash for other essentials such as food. People also reported having to limit food purchases, and not having access to cheaper fresh food from cash only stores.

Blocked access to second-hand goods: People reported not being able to access sufficient funds to be able to purchase cash-only items such as a second-hand vehicle or furniture. Accessing second hand goods is often critical to managing on a low income. Lack of a vehicle would limit their access to other social and financial participation such as employment (again, the opposite of the intent of the CDCT).

Payment failures: People listed multiple problems with payment of bills. These include regular rental payments being paid late or cancelled and energy payment problems. These were sometimes returned as 'not authorised' or 'payment failed', despite adequate funds being available on CDC. There have also been numerous reports of the CDC being declined at approved venues such as at Aldi where many people rely on getting cheaper food and essential items.

Financial hardship: People reported that managing their finances had become more difficult. Some had incurred extra fees due to bills not being paid on time and having to sell personal belongings to raise cash.

Network outages: People reported experiencing many network outages, sometimes all EFTPOS systems were down, other times only the Indue system was down. These outages limited people's ability to access essentials and caused further stigma, when they were singled out for exclusion in shops.

Formal complaint denied: As a result of one of the multiple outages of the CDC, one participant wanted to lodge a formal complaint. They tried with Indue and were referred to the DSS Helpline, who refused to take the complaint because the CDC was now back online and hung up on the person.

Human rights: Some participants expressed concerns that restricting access to their own money was a breach of their rights.

Community event: Some further experiences of being on the CDCT were shared at a community event in Hervey Bay in October 2019:

- A local post office refusing to take the card, sending people to the TMR office to pay their car rego instead
- A local movie theatre that refuses to take the card because they refuse to sign the Indue merchant terms and conditions
- A mother of a four year old child with high functioning autism said that she was accosted by someone in a shopping centre when she went to use the card, saying they were going to call Child Safety because "that's one of those druggie cards".

QCOSS Cashless Debit Card Trial (CDCT) Hinkler surveys

Engagement. QCOSS has run two Cashless Debit Card Trial (CDCT) surveys in Hinkler, the first was in December 2018 to January 2019. A follow-up survey ran September to October 2019. The QCOSS CDCT Follow-up Hinkler Survey had strong engagement from the community with 182 responses, (up 42 per cent on the 128 responses to our first survey). These responses were primarily from individuals (92 per cent), 55 per cent of whom are either on the CDCT themselves or have family on the CDCT. Of the organisational representatives that responded, 36 per cent have clients in scope for the CDCT.

Awareness. While there was high awareness of the CDCT (91 per cent knew the CDCT details), this awareness was primarily from non-government sources of information (media and social media). Despite the government saying they held over 180 meetings, most (71 per cent) respondents did not attend any CDCT meetings (government or otherwise). Many respondents said they had received no information about any government meetings.

Community issues. A majority of respondents (65 per cent) did not see the targeted issues of drugs, alcohol or gambling as significant problems in Hinkler, with only youth unemployment seen by a majority (58 per cent) as a serious issue (down from 74 per cent).

Community changes. A majority of respondents said they did not observe that the issues targeted by the CDCT had changed in the community since the trial began in January 2019. These included alcohol misuse (81 per cent), drug misuse (80 per cent) and gambling misuse (87 per cent), employment opportunities (65 per cent) and youth unemployment (71 per cent).

A majority of respondents observed that crime and violence (71 per cent), financial hardship (85 per cent) and stigmatisation (78 per cent) had increased in the community since January. A majority of respondents observed that access to second-hand goods (64 per cent) and people's wellbeing (68 per cent) had decreased in the community since January.

Position. A significant majority, **81 per cent of respondents oppose the CDCT outright** (up from 65 per cent). An overwhelming majority of 93 per cent of respondents oppose the CDCT in its current compulsory form (up from 75 per cent), this proportion increases to 98 per cent when filtering for those with direct experience of the CDCT. 12 per cent saying they would support it if it was voluntary. A significant majority (89 per cent) have concerns about the CDCT (up from 77 per cent), and a significant majority (82 per cent) say they *experience* no benefits from the CDCT (up from 65 per cent *expecting* no benefit).

Individual impact. The most common problems people said they experienced from the CDCT were health or mental health needing support or treatment, rent problems and stigma and discrimination. A new Exit process started in July 2019, of which 27 per cent of respondents said that they were not aware, 25 per cent were aware but had not applied and 25 per cent had applied to Exit, with no respondents having been approved to exit.

Organisational impact. Survey respondents indicated that the highest need for additional service funding is mental health (74 per cent), employment (54 per cent) and drug and alcohol services (47 per cent). A majority (64 per cent) did not know if their service has enough resources to address the issues targeted by the CDCT (alcohol, drugs and gambling).

The results of these two surveys make clear that, in contrast with claims made by the government, there is strong community opposition to the CDCT in Hinkler. This opposition has grown since its introduction in January 2019, and those with lived experience of being on the CDCT, are even more strongly opposed to it.

Issues

There is a variety of evidence against the CDCT on a range of policy issues.

Social / health

- The CDCT is a paternalistic intervention that undermines personal freedoms (McGlade, 2017).
- Theft and property offences in Wyndham and Kununurra have risen (Davey, 2017).
- The CDCT will not address alcohol, drug and gambling problems and harmful effects (Nelson-Cox, 2017).
- Stakeholders felt that the Trial was not evidence-informed by expert addiction advice (Orima, 2017).
- A problematic user will still find access to substances. There is no evidence that providing a card that prevents purchase of substance will change the behaviour around the use of that substance (SCALC, 2017).
- There is ongoing harm caused to individuals and communities, multiple negative impacts, ongoing circumvention behaviours, and ongoing adverse consequences (Orima, 2017; QCOSS, 2017).

Economic / financial

- The Bill cites 'Youth Unemployment' as a reason for selecting Hinkler (DSS, 2018), and yet the CDCT is not targeted at employment, nor is there evidence of employment outcomes of the CDCT. (Orima, 2017).
- There is evidence that a black market in cash has developed, with reports of grog running, taxi cashbacks, fake service transactions (Orima, 2017, p. 86).
- Residents who do not gamble or have an alcohol or drug problem are also affected by the cashless card (Orima, 2017, p. 88).
- Local businesses that are largely cash based are affected. Added fees are accrued due the requirement to select credit for payment and minimum spend charges at some businesses (Orima, 2017, p. 91)
- The card limits cash users who must pay for informal renting arrangements, second-hand goods, cash purchases of locally grown produce, and pocket money for children (Orima, 2017, p. 89).

Consultation / decision-making

- The mayors of both the Bundaberg and Fraser Coast (that covers Hervey Bay) Regional Councils, opposed the CDCT being expanded to Hinkler (Walker, 2017; Smee, 2018).
- The government consulted only a select group of like-minded individuals and their organisations to roll out the card to their communities, rather than the broader community (Orima, 2017, p. 105-106).

- The Mayor of Ceduna, said council would support the trial if the community supported the idea and play a role in shaping how such a card might work. However, there was clear opposition to the card expressed at public meetings, strikes and petitions, that has been dismissed and ignored (Orima, 2017, p. 105-106).
- A significant majority (80 per cent) of the 172 submissions to the 2017 inquiry opposed the CDCT (SSCOCA, 2017).
- The trial is expanding despite the evaluation finding that 32 per cent of participants said it had made their lives worse and 24 per cent of participants reported that their children were worse off (Orima, 2017, p. 6).
- The $1.6 million for promised support services to Community leaders who agreed to host the trial in the East Kimberley turned out to be inappropriate and delivered late (Davey, 2017).

Human rights

- The CDC Bill acknowledges that it limits human rights of social security, privacy and equality (DSS, 2018). Privacy issues include applications for an increase in the cash percentage being decided by a panel of community members, and the card issuer sharing transaction information with government (Tennant, 2017). It also signifies who is on welfare, which may lead to people being treated differently (Martin, 2017).
- The government has not demonstrated that the limitations on human rights by the CDC are rationally linked and proportional to the objective. (Law Council, 2017; PJCHR, 2017).
- The Bill uses the Trial Evaluation as evidence for a rational connection between human rights limitation and the CDC objective (DSS, 2018). However, this is inadequate given the flawed nature of the Evaluation (QCOSS, 2017; ANAO, 2018). The government has not demonstrated a link between income management and reduction in the consumption of drugs, alcohol or gambling (ANAO, 2018).
- Human rights limitations are disproportionate given the CDC is compulsory. Both those with alcohol, drug or gambling problems and those without are compulsorily subjected to the CDC. (QCOSS, 2017)

Flawed evaluation

- The Trial Evaluation contains multiple negative results, ongoing circumvention behaviours, ongoing adverse consequences and evidence of a lack of community support (Orima, 2017; QCOSS, 2017).
- It has been criticised by Aboriginal leaders, drug and alcohol experts, social and indigenous policy experts, social services and peak bodies, and financial services (Nelson-Cox, 2017; Davey, 2017; McGlade, 2017; Hunt, 2017; Klein, 2017; Tennant, 2017; Martin 2017).
- As confirmed by the Auditor-General's report, the evaluation figures (based on small samples and on specific time frames), do not align with administrative data intended to validate the survey results, (ANAO, 2018; Hunt, 2017; Orima, 2017).
- The evaluation was unable to separate the findings from other programs operating in the trial sites, such as the Takeaway Alcohol Management System in the East Kimberley (Orima, 2017, Codeswitch, 2016).

References

ANAO (2018) *The Implementation and Performance of the Cashless Debit Card Trial*, The Auditor-General Report No.1 2018–19, Australian National Audit Office (ANAO) https://www.anao.gov.au/sites/g/files/net4981/f/Auditor-General_Report_2018-2019_1.pdf

Bray, R; Gray, M; Hand, K et al (2014) *Evaluating New Income Management in the Northern Territory: Final Evaluation Report*, UNSW Social Policy Research Centre (SPRC) & ANU https://www.dss.gov.au/sites/default/files/documents/12_2014/evaluation_of_new_income_management_in_the_northern_territory_full_repor.pdf

Codeswitch (2016) *Takeaway Alcohol Management System (TAMS): A review into the effectiveness of the trial system*. January–September 2016, Codeswitch, Mt Lawley. http://www.swek.wa.gov.au/Profiles/swek/Assets/ClientData/Document-Centre/2016_Final_Report_TAMS_Review.pdf

Davey, M (2017) *Aboriginal leader withdraws support for cashless welfare card and says he feels used.* The Guardian, 23 August 2017 https://www.theguardian.com/australia-news/2017/aug/23/aboriginal-leader-withdraws-support-for-cashless-welfare-card-and-says-he-feels-used

Department of Social Services (2018) *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 Explanatory Memorandum*, Commonwealth of Australia, Canberra, http://parlinfo.aph.gov.au/parlInfo/download/legislation/ems/r6130_ems_9bafe413-5f49-4db7-94f4-2247c4d09854/upload_pdf/674588.pdf;fileType=application%2Fpdf

FaHCSIA (2012) *Cape York Welfare Reform Evaluation*, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) https://www.dss.gov.au/sites/default/files/documents/03_2013/cywr_evaluation_report_v1.2_0.pdf

Hunt, J (2017) *The Cashless Debit Card Trial Evaluation: A Short Review.* CAEPR Topical Issue No. 1/2017. Centre for Aboriginal Economic Policy Research, ANU http://caepr.anu.edu.au/sites/default/files/Publications/topical/CAEPR%20Topical%20Issues%201_2017.pdf

Klein, E (2017) *The Cashless Debit Card causes social and economic harm – so why trial it again?,* The Conversation, Mar 2017 https://theconversation.com/the-cashless-debit-card-causes-social-and-economic-harm-so-why-trial-it-again-74985

Law Council of Australia (2017) *Submission to Senate Community Affairs Legislation Committee*, Law Council of Australia, October 2017. https://www.lawcouncil.asn.au/tags/submissions

Martin, P (2017) *The cashless welfare card may not be quite the success it seems*, Sydney Morning herald, 7 Sept 2017 http://www.smh.com.au/comment/the-cashless-welfare-card-may-not-be-quite-the-success-it-seems-20170905-gybm0q.html

McGlade, H (2017) *Cashless welfare card is not the answer to social problems in remote communities*. SBS News 11 AUG 2017 http://www.sbs.com.au/nitv/nitv-news/article/2017/08/11/cashless-welfare-card-not-answer-social-problems-remote-communities

Nelson-Cox, M (2017) *Welfare card is a silver bullet that doesn't fire*. National Indigenous News, 9 August 2017 http://nit.com.au/welfare-card-silver-bullet-doesnt-fire/

Orima Research (2017) Department of Social Services Cashless Debit Card Trial Evaluation: Final Evaluation Report. August 2017, Commonwealth of Australia, Canberra. https://www.dss.gov.au/sites/default/files/documents/08_2017/cashless_debit_card_trial_evaluation_-_final_evaluation_report.pdf

PJCHR (2017) *Parliamentary Joint Committee on Human Rights - Human rights scrutiny report*. Report 9 of 2017. 5 September 2017, Commonwealth of Australia, Canberra http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Human_Rights/Scrutiny_reports/2017/Report_9_of_2017

QCOSS (2017) *Review of the Cashless Debit Card Trial and Evaluation.* Queensland Council of Social Service (QCOSS), September 2017. https://www.qcoss.org.au/wp-content/uploads/2019/05/QCOSS-Review-of-the-Cashless-Debit-Card-Trial-and-Evaluation-1.pdf

QCOSS (2018) *QCOSS Position Statement Cashless Debit Card (CDC) Trial*, July 2018, https://www.qcoss.org.au/wp-content/uploads/2018/09/QCOSS-Position-Statement-Cashless-Card-Expansion.pdf

QCOSS (2019) *Cashless Debit Card Trial Hinkler Survey Results*, https://www.qcoss.org.au/wp-content/uploads/2019/05/QCOSS-Cashless-Debit-Card-Trial-Hinkler-Survey-Results_1.pdf

Scott, J; Higginson, A; Staines, Z; et al (2018) *Strategic review of Cape York Income Management Final Report*, QUT https://eprints.qut.edu.au/123533/1/final-report-strategic-review-cape-york-income-management%281%29.pdf

Senate Community Affairs Legislation Committee (2017) *Social Services Legislation Amendment (Cashless Debit Card) Bill 2017*, Commonwealth of Australia, Canberra, December 2017. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/CashlessDebitCard/~/media/Committees/clac_ctte/CashlessDebitCard/report.pdf

Senate Standing Committees on Community Affairs (2017) *Submissions received by the Committee - Social Services Legislation Amendment (Cashless Debit Card) Bill 2017,* Commonwealth of Australia, Canberra. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/CashlessDebitCard/Submissions

Smee, B (2018) *Bundaberg mayor turns against high cost of cashless welfare trial*, The Guardian, 21 May 2018, https://www.theguardian.com/australia-news/2018/may/21/bundaberg-mayor-turns-against-high-cost-of-cashless-welfare-trial

Tennant, D (2017) *Why We Should Be Sceptical About The Cashless Debit Card*. Shepparton News, 27 April 2017 http://www.powertopersuade.org.au/blog/why-we-should-be-sceptical-about-the-cashless-debit-card/26/4/2017

Walker, C (2017) *Fraser Coast politicians voice opposition to welfare card*, Fraser Coast Chronicle, 29 May 2017. https://www.frasercoastchronicle.com.au/news/fraser-coast-deputy-mayor-speaks-out-against-cashl/3226375/

QCOSS

We are QCOSS (Queensland Council of Social Service), Queensland's peak body for the social service sector.

Our vision is to achieve equality, opportunity and wellbeing for every person, in every community.

We believe that every person in Queensland – regardless of where they come from, who they pray to, their gender, who they love, how or where they live – deserves to live a life of equality, opportunity and wellbeing.

We are a conduit for change. We bring people together to help solve the big social issues faced by people in Queensland, building strength in numbers to amplify our voice.

We're committed to self-determination and opportunity for Aboriginal and Torres Strait Islander people.

QCOSS is part of the national network of Councils of Social Service lending support and gaining essential insight to national and other state issues.

QCOSS is supported by the vice-regal patronage of His Excellency the Honourable Paul de Jersey AC, Governor of Queensland.

Join us to mobilise a force for equality, opportunity and wellbeing. To join visit the QCOSS website (www.QCOSS.org.au).