

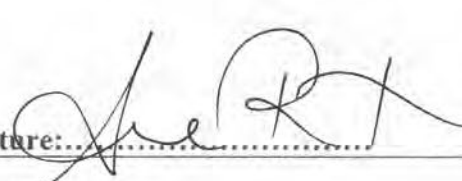
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	Australian Government Department of Social Services	General Brief MS21-000173
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To: Minister for Families and Social Services (for decision)

Subject: Assessing and analysing Cashless Debit Card (CDC) administrative data

Recommendations for Minister Ruston: That you


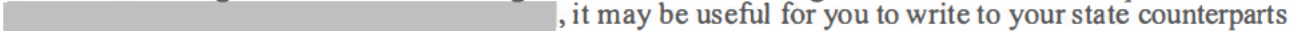
<p>1. Note the department is building an administrative data catalogue for the purpose of measuring the impact of the CDC program.</p> <p>2. Agree that the department:</p> <p style="margin-left: 20px;">a) procures an independent consultant from Australia to undertake an analysis of administrative data (Option 1 – preferred option),</p> <p style="margin-left: 20px;">b) engages the Australian Institute of Health and Welfare (AIHW) to undertake the analysis (Option 2), or</p> <p style="margin-left: 20px;">c) conducts the analysis internally (Option 3).</p>	<p>Noted / Please Discuss</p> <p>Agreed / Not Agreed</p> <p>Agreed / Not Agreed</p> <p>Agreed / Not Agreed</p>
Minister Ruston's Comments	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> Minister Ruston's signature:  </div> <div> Date: 11/5/2021 </div> </div>	

Key Issues:

1. The Australian National Audit Office (ANAO) highlighted that the first independent CDC evaluation by ORIMA did not utilise all available administrative data to measure the impact of the CDC program.
2. The second independent impact evaluation undertaken by the University of Adelaide, released on 17 February 2021, was designed to address recommendations made by the ANAO, using Australian Government and state government administrative data relevant to the CDC program.
3. The University of Adelaide did not make substantial use of community-level quantitative data, due to identified limitations and caveats. In its report, the university identified gaps in order to guide future research. The Department of Social Services (the department) has identified additional gaps in the administrative data and accessing this data would provide an opportunity to gather additional evidence on the impact of the CDC program.

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4. On 30 March 2021, the Prime Minister, the Hon Scott Morrison MP, agreed to long-term data collection and a study to inform local engagement and decision-making and to measure the impact of the CDC (MC21-028273). The department has commenced work to build an administrative data catalogue which will be used for ongoing analysis of the CDC program, to provide a more fulsome evidence base to the program's success and to inform policy decisions for the future of the program.
5. To ensure the data catalogue is robust and able to withstand scrutiny, it is proposed an independent consultant is engaged to assess the administrative data and provide a vigorous analysis of the CDC program. The department has identified three options:
 - Option 1: procure an independent consultant from Australia to carry out analysis on administrative data, with support from the department. (Preferred option)
 - Option 2: engage AIHW to carry out analysis on administrative data sourced by and with support from the department.
 - Option 3: the department conduct the analysis on administrative data internally.
6. s42 
7. With your agreement, the department will seek to engage a consultant with extensive, high-level expertise with government social programs and an ability to operate in a complex stakeholder environment to source state, Commonwealth and commercial data for the analysis.
8. It is anticipated the department will have a role in facilitating the data sourcing with the states where a data sharing agreement is not yet in place. The absence of a state in the administrative data sets may limit the capacity of the consultant to analyse the identifiable measures of program success. Officials have been holding discussions with state governments to obtain agreement to access the required data. s47B , it may be useful for you to write to your state counterparts to seek their agreement to access the data. The department will keep your office informed of developments in this space.
9. It is expected the independent consultant would provide a final analysis of CDC administrative data no later than 30 June 2022.

Sensitivities:

10. The department does not have data sharing agreements in place with all the states with CDC sites and other entities that would provide data pertinent to the analysis. Existing arrangements with states where an agreement is in place (South Australia and Western Australia) are limited to the provision of data to support the exits process.

Risk Management:

11. Secure access to de-identified CDC program participant data for an independent consultant or consultancy firm will be informed by departmental cybersecurity advice.

OFFICIAL: Sensitive**Departmental Funding / Financial Implications:**

12. Funds have been provided for the purpose of sourcing an independent consultant, which will be expended in the 2021-22 financial year. The period of the contract would be up to 10 months to 30 June 2022, with an estimated work effort of between 120 and 150 days. The estimated maximum contract value for a consultant sourced from within Australia would be [REDACTED] (GST inclusive).

Consultation:

13. Legal Services Branch has been consulted in the preparation of this brief.

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 Phone/Mobile: s47F [REDACTED]

Cleared by: Teena Blewitt
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 Position: Deputy Secretary
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Signature: s47F [REDACTED]

Date:

14/4/21

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Background / Additional Information:

In November 2018, the department commissioned the Future of Employment and Skills research centre at the University of Adelaide to undertake an independent impact evaluation of the CDC. The impact evaluation includes the Ceduna, East Kimberley and Goldfields CDC sites and the total cost is \$2.74 million (GST inclusive).

The purpose of the impact evaluation was to further develop an evidence base for the CDC, to better understand 'what works, for whom and in what contexts'.

The evaluation involved:

- qualitative in-depth interviews with 231 CDC participants and 178 stakeholders.
- a large-scale quantitative survey of CDC participants in the three CDC sites, with 1,963 useable survey responses received.
- analysis of relevant Australian Government administrative data and, where possible, state government administrative data.

The evaluation reports were published on the Department of Social Services website on 17 February 2021 and comprise:

- *Evaluation of the Cashless Debit Card in Ceduna, East Kimberley and the Goldfields Region: Consolidated Report* (Consolidated Report).
- *Evaluation of the Cashless Debit Card in Ceduna, East Kimberley and the Goldfields Region: Qualitative Supplementary Report* (Qualitative Supplementary Report).
- *Evaluation of the Cashless Debit Card in Ceduna, East Kimberley and the Goldfields Region: Quantitative Supplementary Report* (Quantitative Supplementary Report).

The Consolidated Report outlines the evaluation's key findings on the impact of the CDC. The Qualitative Supplementary Report and the Quantitative Supplementary Report provide further detail and context. They include the full qualitative and quantitative analysis that underpins the evaluation.

The evaluation includes both positive and negative findings about the CDC. Consistent with the first impact evaluation undertaken by ORIMA Research on the Ceduna and East Kimberley sites, the evaluation found evidence of reductions in relation to alcohol consumption and gambling, and suggestions of a reduction in the use of illicit drugs. For example:

- 25 per cent of survey respondents (who reported they drink alcohol) reported reducing the amount they drink at any one time and 22 per cent reported reducing the number of times they drink.
- 21 per cent of survey respondents reported a positive change in gambling behaviours for either themselves, family, friends or the community where they live.
- 21 per cent of survey respondents reported a positive change in the use of illicit drugs for either themselves, family, friends or the community where they live.

The evaluation was informed by Australian Government administrative data, including Services Australia administrative data on CDC participant in all CDC sites and administrative data from the Card provider (including information on card activation, transaction information at the merchant category code level and attempts at purchases from restricted merchants).

The University of Adelaide established a set of fitness criteria for community-level data as guiding principles to judge if a data collection was useful for the overall evidence base needed to evaluate the CDC. This criteria included data granularity, data availability outside the CDC areas, data availability before the CDC rollout, data collection frequency and national coverage.

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Using the guiding principles, the University of Adelaide found that community-level data at the state level made available by the evaluation team was mostly unsuitable for formulating impact statements about the CDC.

Although the University of Adelaide noted the limitations and caveats related to the use of community-level data to evaluate the CDC in their report, they suggested further research and data investment could provide more information in relation to the potential impact of the card.



Australian Government
Department of Social Services

General Brief

MS21-000689

To: Minister for Families and Social Services and Minister for Women's Safety (for decision)

Subject: Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project

Recommendations for Minister Ruston: That you

1. Note the progress of the work on the CDC Data Infrastructure and Analytics Project, including delays in securing agreement to access data held by state and territory governments.	Noted / Please Discuss
2. Approve the mock-up illustrating types of reports that could be provided in 2022 at Attachment A .	Approved / Not Approved

Minister Ruston's Comments

Disappointed with the limited data proposed at Att. A. Hoping that the December brief will be more detailed. I would also like the Dec data to contain comparisons with a non-participant control group of people on income support with similar characteristics. In addition, comparison with total income support pop would be helpful.

Minister Ruston's signature: *[Signature]* **Date:** 18/11/2021

However, if not possible by Dec then for future updates.

Key Issues:

1. The Cashless Welfare Economic and Employment Support Services Package, a 2021–22 Budget measure, allocated \$2 million towards data analysis to better measure the impact of the CDC program.
2. You have asked the department to make better use of administrative data to generate further evidence on program impact and participant outcomes that can be used to inform future policy development. You have asked the department to deliver preliminary analysis in December 2021 and findings from March 2022.
3. The department is undertaking the CDC Data Infrastructure and Analytics Project (the project), building an administrative data catalogue to support analysis on a range of policy questions, across topics such as community harm, social harm, unemployment and long-term welfare dependence. The project involves 3 specific streams of work:
 - obtaining relevant Commonwealth and state and territory data
 - building new data assets
 - data analytics.
4. The department has previously briefed you on the approach to building the administrative data catalogue and advised that analysis of CDC program administrative data would be delivered by 30 June 2022 (MS21-000173 at **Attachment B**).

5. You also agreed that the department would procure services from an external supplier. Deloitte has been engaged to support the data infrastructure build. Additionally, Deloitte is supporting the expansion of the department's data analytics capacity so that analysis can continue on an ongoing basis into the future.

Accessing data

6. In order to access data to support the project, the department has been engaging with state and territory and other Commonwealth agencies to negotiate access to data (refer **Attachment C**). The department is seeking a wide range of data from state and territory government agencies, including data related to health, alcohol misuse, drug use, gambling, financial management, family and domestic violence, child protection, crime, education and employment.
7. s47B
8. Senior executive are leading discussions with state and territory counterparts to seek agreements to access data. The department will brief you separately on the progress of these negotiations, and, as requested by your office, provide draft letters to your state and territory ministerial colleagues seeking support to expedite data-sharing arrangements.
9. To ensure that evidence is available in March and June 2022, the department is prioritising the analysis of existing data — social security data, CDC program data and CDC transaction data — and data that is publicly-available. This will comprise stage 1 of this project; stage 2 will use external data if access can be secured.
10. The department will continue to pursue access to state and territory data, and seek to integrate and link those datasets with social security data and CDC transaction data as they become available. Linking data from different sources at the (de-identified) unit record level may allow for useful analysis, however this is a complex technical undertaking. Depending on the specifics of the datasets involved, completing such linkage may require between 2 and 6 months once data has been supplied. Preliminary analysis will analyse and compare individual datasets for insights on targeted outcomes.
11. An update on the progress of the project, including a 'mock-up', is at **Attachment A**. The 'mock-up' presents a conservative illustration of the types of datasets and analysis methods that may be used to provide findings. These 'mock-up' slides (slides 3 and 4) do not contain real data or findings and the data included in these slides is purely for illustrative purposes.
12. The types of findings illustrated in the 'mock-up' can be delivered using data held by the department, such as income support payment data, program data and CDC transaction data.
13. The department is aiming to deliver findings across a wider range of policy questions once state and territory data is able to be secured. Further detail on the scope of analysis that may be possible with additional data is provided below.

Building new data assets

14. A new CDC data asset is being created, supporting more rapid, agile monitoring and reporting of CDC program data. A summary of the progress of the data infrastructure build is at **Attachment D**.

15. With the development of this new CDC data asset, the department is commencing new analysis of income support payment data, program data and CDC transaction data, as mentioned above. While past work has mainly reported simple statistics, this new work will use data analytics to demonstrate people's experiences before and after being on the CDC.
16. This analysis is more sophisticated than work previously undertaken and is expected to generate new, robust and meaningful findings. These stage 1 findings will be provided in March and June 2022 while the department pursues access to and analysis of additional datasets.

Data analytics

17. The department is expanding its data analytics capacity for the CDC in order to fully analyse both departmental and external data. This will produce greater insight than previous reporting, which has been focussed on monitoring the CDC program's implementation and providing point-in-time statistics.
18. **Attachment A** illustrates the types of findings that may be generated: social security data may produce evidence on welfare dependence and employment and education outcomes; CDC transaction data may produce evidence on spending and financial management; other departmental data may provide evidence on participant needs and support services.
19. If the department is able to access aggregate data from the state and territory government agencies, analysis may produce evidence on a range of social and community-level outcomes, such as crime or community safety. Comparisons with similar regions and analysis of longitudinal trends may be undertaken.

Next steps

20. The department is managing risks to ensure findings on participant outcomes and program impacts are delivered in March and June 2022. At minimum, these findings may use only departmental data, noting the department will continue to pursue access to a range of state, territory and other datasets.

Sensitivities:

21. Some stakeholders may have concerns about the use of CDC program data or data accessed under data-sharing agreements. The department is engaging with stakeholders in CDC regions to demonstrate how data-sharing arrangements will maintain participant privacy and data security.

Risk Management:

22. **s47B** The department will brief you separately and recommend that you write to your state and territory ministerial colleagues.
23. This is a complex project and requires specialist skills across a range of areas. The department has procured services from an external supplier (Deloitte) to support delivery.

Departmental Funding / Financial Implications:

24. Nil. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil.

Consultation:

25. Data Access Branch; Performance and Evaluation Branch.

Attachments:**Attachment A:** Progress update**Attachment B:** MS21-000173 Assessing and analysing Cashless Debit Card (CDC) administrative data**Attachment C:** Negotiating to share data - summary of state and territory engagement**Attachment D:** CDC data infrastructure build

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Signature:

Date: / /

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	Australian Government Department of Social Services	General Brief MS21-000173
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To: Minister for Families and Social Services (for decision)

Subject: Assessing and analysing Cashless Debit Card (CDC) administrative data

Recommendations for Minister Ruston: That you

<p>1. Note the department is building an administrative data catalogue for the purpose of measuring the impact of the CDC program.</p> <p>2. Agree that the department:</p> <ul style="list-style-type: none"> a) procures an independent consultant from Australia to undertake an analysis of administrative data (Option 1 – preferred option), b) engages the Australian Institute of Health and Welfare (AIHW) to undertake the analysis (Option 2), or c) conducts the analysis internally (Option 3). 	<p>Noted / Please Discuss</p> <p>Agreed / Not Agreed</p> <p>Agreed / Not Agreed</p> <p>Agreed / Not Agreed</p>
Minister Ruston's Comments	
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Key Issues:

1. The Australian National Audit Office (ANAO) highlighted that the first independent CDC evaluation by ORIMA did not utilise all available administrative data to measure the impact of the CDC program.
2. The second independent impact evaluation undertaken by the University of Adelaide, released on 17 February 2021, was designed to address recommendations made by the ANAO, using Australian Government and state government administrative data relevant to the CDC program.
3. The University of Adelaide did not make substantial use of community-level quantitative data, due to identified limitations and caveats. In its report, the university identified gaps in order to guide future research. The Department of Social Services (the department) has identified additional gaps in the administrative data and accessing this data would provide an opportunity to gather additional evidence on the impact of the CDC program.

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 - Option 1: procure an independent consultant from Australia to carry out analysis on administrative data, with support from the department. (Preferred option)
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7. With your agreement, the department will seek to engage a consultant with extensive, high-level expertise with government social programs and an ability to operate in a complex stakeholder environment to source state, Commonwealth and commercial data for the analysis.
8. It is anticipated the department will have a role in facilitating the data sourcing with the states where a data sharing agreement is not yet in place. The absence of a state in the administrative data sets may limit the capacity of the consultant to analyse the identifiable measures of program success. Officials have been holding discussions with state governments to obtain agreement to access the required data. s47B it may be useful for you to write to your state counterparts to seek their agreement to access the data. The department will keep your office informed of developments in this space.
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Risk Management:

11. Secure access to de-identified CDC program participant data for an independent consultant or consultancy firm will be informed by departmental cybersecurity advice.

OFFICIAL: Sensitive**Departmental Funding / Financial Implications:**

12. Funds have been provided for the purpose of sourcing an independent consultant, which will be expended in the 2021-22 financial year. The period of the contract would be up to 10 months to 30 June 2022, with an estimated work effort of between 120 and 150 days. The estimated maximum contract value for a consultant sourced from within Australia would be s47E (GST inclusive).

Consultation:

13. Legal Services Branch has been consulted in the preparation of this brief.

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Cleared by: Liz Hefren-Webb
 Position: Deputy Secretary
 Phone/Mobile: s47F

Signature: s47F

Date: 14/4/21

OFFICIAL: Sensitive

Background / Additional Information:

In November 2018, the department commissioned the Future of Employment and Skills research centre at the University of Adelaide to undertake an independent impact evaluation of the CDC. The impact evaluation includes the Ceduna, East Kimberley and Goldfields CDC sites and the total cost is \$2.74 million (GST inclusive).

The purpose of the impact evaluation was to further develop an evidence base for the CDC, to better understand 'what works, for whom and in what contexts'.

The evaluation involved:

- qualitative in-depth interviews with 231 CDC participants and 178 stakeholders.
- a large-scale quantitative survey of CDC participants in the three CDC sites, with 1,963 useable survey responses received.
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The evaluation was informed by Australian Government administrative data, including Services Australia administrative data on CDC participant in all CDC sites and administrative data from the Card provider (including information on card activation, transaction information at the merchant category code level and attempts at purchases from restricted merchants).

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OFFICIAL: Sensitive

Using the guiding principles, the University of Adelaide found that community-level data at the state level made available by the evaluation team was mostly unsuitable for formulating impact statements about the CDC.

Although the University of Adelaide noted the limitations and caveats related to the use of community-level data to evaluate the CDC in their report, they suggested further research and data investment could provide more information in relation to the potential impact of the card.

Negotiating to share data – summary of engagement with other agencies

Approach to stakeholder engagement:

Some state and territory agencies may have concerns about sharing data. The department is engaging with state and territory agencies that are expected to be open to sharing data and able to commence sharing data within a relatively short period of time. The department is simultaneously engaging with agencies that may be more hesitant to share data. It is anticipated that securing some ‘quick wins’ will demonstrate capacity to share data safely and will demonstrate the benefits that data sharing may deliver.

The department is working to establish head agreements with state and territory counterparts, with schedules covering specific data analytics projects to be added on a rolling basis. The department is seeking access to aggregated data whilst also establishing arrangements for supply of unit record level data.

The department is engaging with other Commonwealth agencies about using data assets held by those agencies. This includes engagement with the Department of Education, Skills and Employment about labour market and employment services data. The department is also developing proposals to use integrated Multi-Agency Data Integration Project (MADIP) data, managed by the Australian Bureau of Statistics. Additionally, the department is exploring opportunities to share data with the Families Responsibilities Commission.

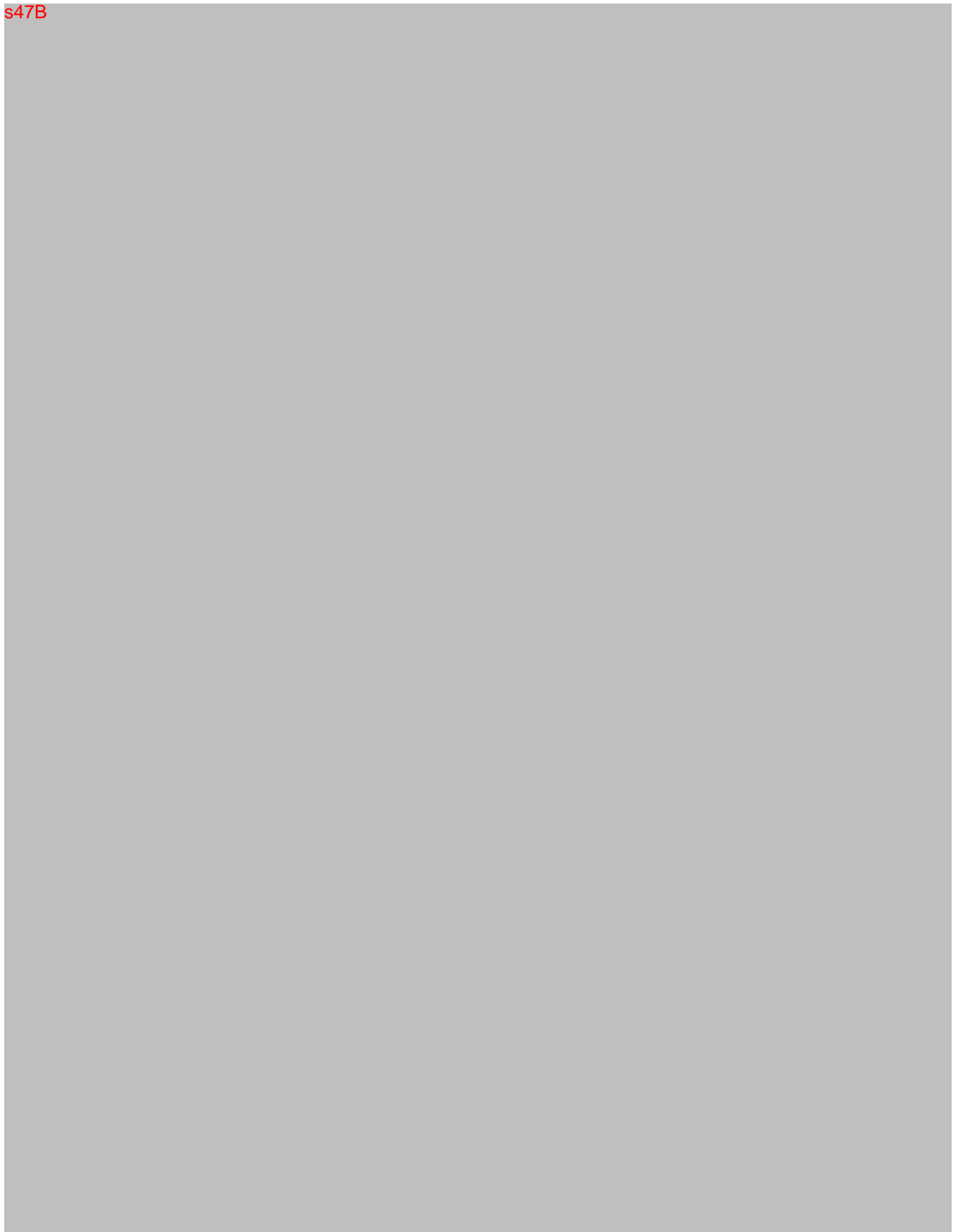
Table 1: Key steps and estimated timeframes to access and use state and territory data

Steps	Estimated timeframe
Data-sharing agreement <ul style="list-style-type: none"> Negotiating a head agreement setting out general principles Negotiating individual schedules governing each data-sharing and analytics project Requires agreement from the custodian of each dataset covered by a schedule 	<ul style="list-style-type: none"> Historically, similar agreements have taken in excess of 12 months to finalise Dependent on state/territory agreement May require an extended period of time to negotiate Schedules require agreement on a range of technical details: must specify how data will be transferred, stored and used and how privacy and risks will be managed.
Data supply <ul style="list-style-type: none"> Arrangements for secure data transfer Data may need to be deidentified prior to supply (a technical process) 	<ul style="list-style-type: none"> Depends on state and territory agencies Requires state and territory agencies to prioritise work to prepare and transfer data

Steps	Estimated timeframe
Data linkage and integration <ul style="list-style-type: none"> Aggregate datasets may be integrated to support analysis. If unit record level data is supplied it may be possible to link data at the individual level so that CDC participants can be distinguished within external datasets. 	<ul style="list-style-type: none"> Data linkage is a complex and highly technical process. Minimum estimated time required: 4 to 6 weeks The estimated timeline depends on: <ul style="list-style-type: none"> quality of data provided by state and territory agencies and extent of data cleaning that is required to correct errors in supplied data complexity of the datasets and whether these have previously been linked to Commonwealth data resource availability (note that the Australian Bureau of Statistics have advised that their capacity may be constrained).
Data analysis	<ul style="list-style-type: none"> Minimum 5 to 6 weeks to generate and validate findings for each data analytics project Requires data cleaning, testing variables to use for indicators, and development and validation of models
Interpretation, data visualisation and reporting	<ul style="list-style-type: none"> Additional time is required to interpret and present findings.

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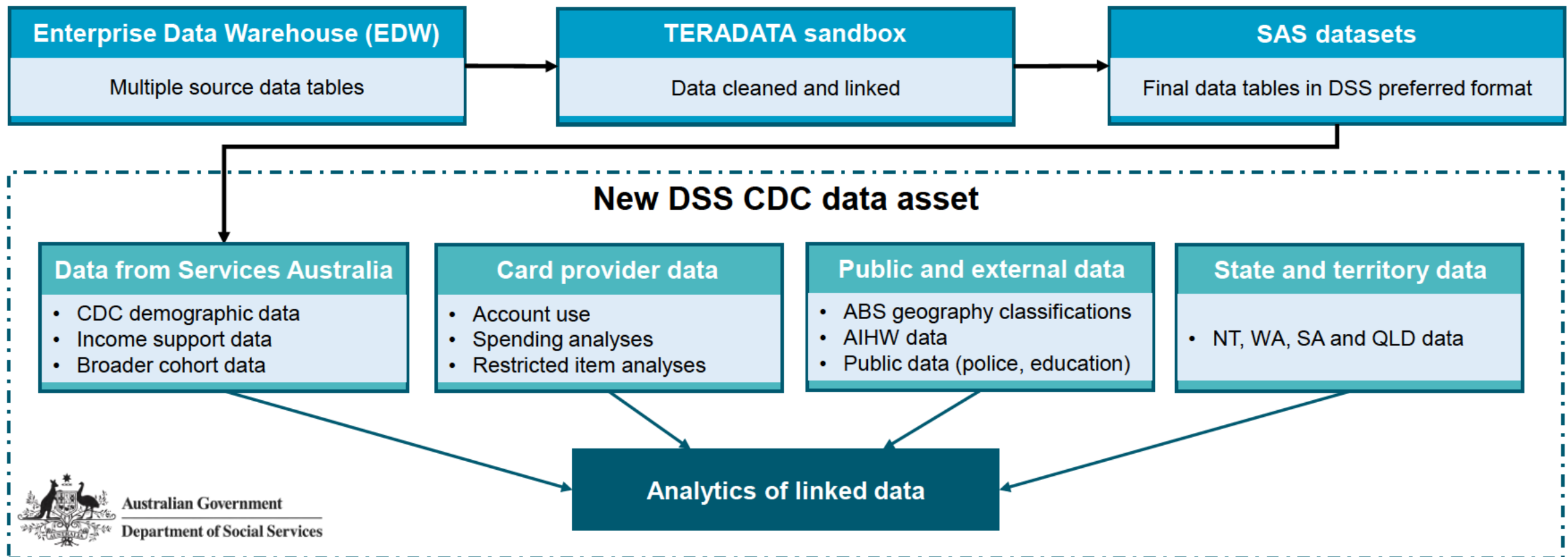
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CDC data infrastructure build

At present, multiple branches at DSS and Services Australia are involved in acquisition and supply of data each week. The new CDC data infrastructure will support considerable automation and a self-sufficient data stream. This greatly expands the data available for analysis.

Services Australia IT environment





To: Minister for Families and Social Services and Minister for Women's Safety (for decision)



Subject: December update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project

Recommendations for Minister Ruston: That you

1. Note the preliminary insights on the CDC program, generated from analysis currently in progress, at Attachment A .	Noted / Please Discuss
2. Agree that the Department of Social Services (the department) will provide the next update presenting more detailed analytics findings by 31 March 2022.	Agreed / Not Agreed
3. Note that you will be briefed separately on next steps to improve access to data, including options for you to write to state and territory ministerial colleagues to expedite this access (MS21-000689).	Noted / Please Discuss
Minister Ruston's Comments	
<p>Minister Ruston's signature:..... Date:....../..../ 2021</p>	

Key Issues:

1. You have asked the department to make better use of administrative data to generate further evidence on the CDC program impact and participant outcomes that can be used to inform future policy development. You asked the department to deliver preliminary analysis in December 2021 and findings from March 2022.
2. Following the initial data 'mock-up' provided in **MS21-000689 (Attachment B)**, the department has been progressing work using administrative data to improve measurement of the impact of the CDC program. You agreed that the department would deliver preliminary insights from this analysis in December 2021.
3. Despite significant engagement efforts from the department, no formal commitments to release data have been secured from states and territories. This has required the department to undertake its preliminary analysis to date using existing Commonwealth data — social security data, CDC program data and CDC transaction data — and data that is publicly available.
4. You have asked the department to prepare letters to your state and territory ministerial colleagues seeking support to expedite data-sharing arrangements. Draft letters are being provided to your office separately (**MS21-000647**).

5. In recent weeks the department has held discussions with state and territory counterparts at the senior executive level. s47B

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7. The draft letters being provided to your office (**MS21-000647**) are informed by these developments. Each letter seeks a commitment to establish a formal data-sharing agreement by February 2022; further commitments to commence sharing data between February and June 2022 are also sought. The department will advise your office if further engagement at a ministerial level would be helpful to expedite data sharing.
8. The preliminary insights using existing data are provided at **Attachment A**. The next update, with findings from more in-depth data analytics, will be provided by 31 March 2022. The analysis has not yet generated clear findings on program impact. These preliminary insights, however, illustrate the types of methods that are being used, including matched comparison groups and time series analysis.
9. The insights presented at **Attachment A** also illustrate some of the policy priorities being explored. Data points include:
 - South Australian crime statistics for Ceduna (drawn from publicly-available data which could not be replicated for other sites at this stage)
 - participant exits after spending fewer than 12 months on the CDC program
 - proportion of participants moving from a job seeker payment to a study payment within 12 months (comparing CDC participants and similar income support payment recipients)
 - likelihood of participants accessing Emergency Relief services
 - participant expenditure on priority goods
 - increase over time in the range of merchants where the CDC is being used.
10. Definitions of terms and other information on how data points are presented in **Attachment A** is at **Attachment C**.
11. These data should be interpreted with caution as further analysis will be required to explore any possible causal relationships in data trends. Notably, the economic and labour market impacts of the COVID-19 pandemic and the impacts of associated policy changes have added complexity to the environment. Some analysis has been adjusted to account for these impacts: for instance, analysis of participant expenditure has been restricted to exclude Coronavirus Supplement payments. Further work is needed to fully understand the scale and scope of these impacts.
12. The crime statistics presented demonstrate the need for further analysis. Preliminary insights show a decrease of 14 per cent in number of reported crimes in the Ceduna region when the CDC was introduced, before an increase of 22 per cent during 2020. As you are aware, changes to welfare payments in 2020 as a response to the COVID-19 pandemic resulted in an increase in the amount of cash available to CDC participants.

13. This initial analysis did not show differences in rates at which participants accessed Emergency Relief after commencing on the CDC, compared to prior to commencing on the program. Further analysis is required to understand factors affecting financial stress and use of services, especially after the shocks associated with the COVID-19 pandemic in 2020.
14. The insights presented at **Attachment A** have been generated using a new data asset that the department has created that draws together departmental administrative data and CDC transaction data. This data asset is being expanded iteratively and is supporting a corresponding expansion of the department's capability to analyse the impact of the CDC program.
15. The department has commenced work to investigate program impact. This includes investigation into crime data, further analysis on participant spending habits, and analysis of employment patterns.
16. As you have requested, this work is using robust methods, including comparisons of CDC participant outcomes with other similar income support payment recipients. The department will continue testing and refining models to produce the most robust findings possible, including the suitability and of identified comparison groups. Findings from this next stage of work will be provided in the 31 March 2022 update.

Sensitivities:

17. Some preliminary findings may seem to suggest limited impact of the CDC in some areas. Further analysis is needed to determine whether any early trends represent actual impacts, and securing access to state data will provide a broader evidence base to draw upon.

Risk Management:

18. This is a complex project and requires specialist skills across a range of areas. The department has procured specialist services from an external supplier (Deloitte) to support delivery.

Departmental Funding / Financial Implications:

19. Nil. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil.

Consultation:

20. Performance and Evaluation Branch.

Attachments:**Attachment A:** CDC data analytics – December 2021 update**Attachment B:** MS21-000689 – Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project**Attachment C:** Data definitions

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Date: / /

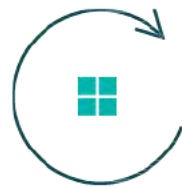


Building analytics capability

The CDC data analytics capability continues to expand as the project progresses.

Progress to date

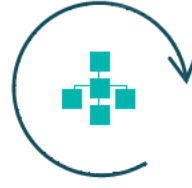
- New baseline data asset for the CDC program created
- Integration of CDC related Services Australia data into the data asset
- Linking of departmental historical data and reporting, allowing for initial analysis to commence
- Commenced analysis of policy questions
- Ongoing engagement with state and territory agencies to negotiate data sharing
- Developed new proposal to use Australian Bureau of Statistics (ABS) integrated data assets
- Analysis of Indue transaction data exploring spending patterns and financial management



Progress update

October 2021

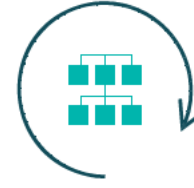
- Report on project progress ✓
- Example 'mock up' product illustrating what future analysis will produce ✓



Preliminary findings

December 2021

- Completion of baseline data asset build ✓
- Analysis using historical departmental data ✓
- Integration of publicly-available data ✓



Second phase findings

March 2022

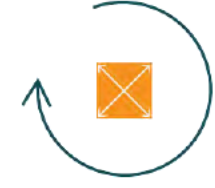
- Findings from analysis using social security data and transactional data
- Analytic capability shifts from point-in-time comparisons to time-series analysis



Third phase findings

June 2022

- Analysis addressing policy questions related to social harm, employment and education outcomes
- Integration of datasets from state, territory and other Commonwealth agencies, if available



Continuous development phase

Beyond July 2022

- Iteratively expand scope of analysis to support future policy development
- Continue to link additional datasets from other agencies

s22



Australian Government
Department of Social Services

General Brief

MS21-000689

To: Minister for Families and Social Services and Minister for Women's Safety (for decision)

Subject: Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project

Recommendations for Minister Ruston: That you

1. Note the progress of the work on the CDC Data Infrastructure and Analytics Project, including delays in securing agreement to access data held by state and territory governments.	Noted / Please Discuss
2. Approve the mock-up illustrating types of reports that could be provided in 2022 at Attachment A .	Approved / Not Approved

Minister Ruston's Comments

Disappointed with the limited data proposed at Att. A. Hoping that the December brief will be more detailed. I would also like the Dec data to contain comparisons with a non-participant control group of people on income support with similar characteristics. In addition, comparison with total income support pop would be helpful.

Minister Ruston's signature.....

Date: 18/11/2021


however, if not possible by Dec then for future updates.

Key Issues:

1. The Cashless Welfare Economic and Employment Support Services Package, a 2021–22 Budget measure, allocated \$2 million towards data analysis to better measure the impact of the CDC program.
2. You have asked the department to make better use of administrative data to generate further evidence on program impact and participant outcomes that can be used to inform future policy development. You have asked the department to deliver preliminary analysis in December 2021 and findings from March 2022.
3. The department is undertaking the CDC Data Infrastructure and Analytics Project (the project), building an administrative data catalogue to support analysis on a range of policy questions, across topics such as community harm, social harm, unemployment and long-term welfare dependence. The project involves 3 specific streams of work:
 - obtaining relevant Commonwealth and state and territory data
 - building new data assets
 - data analytics.
4. The department has previously briefed you on the approach to building the administrative data catalogue and advised that analysis of CDC program administrative data would be delivered by 30 June 2022 (MS21-000173 at **Attachment B**).

5. You also agreed that the department would procure services from an external supplier. Deloitte has been engaged to support the data infrastructure build. Additionally, Deloitte is supporting the expansion of the department's data analytics capacity so that analysis can continue on an ongoing basis into the future.

Accessing data

6. In order to access data to support the project, the department has been engaging with state and territory and other Commonwealth agencies to negotiate access to data (refer **Attachment C**). The department is seeking a wide range of data from state and territory government agencies, including data related to health, alcohol misuse, drug use, gambling, financial management, family and domestic violence, child protection, crime, education and employment.
7. 
8. Senior executive are leading discussions with state and territory counterparts to seek agreements to access data. The department will brief you separately on the progress of these negotiations, and, as requested by your office, provide draft letters to your state and territory ministerial colleagues seeking support to expedite data-sharing arrangements.
9. To ensure that evidence is available in March and June 2022, the department is prioritising the analysis of existing data — social security data, CDC program data and CDC transaction data — and data that is publicly-available. This will comprise stage 1 of this project; stage 2 will use external data if access can be secured.
10. The department will continue to pursue access to state and territory data, and seek to integrate and link those datasets with social security data and CDC transaction data as they become available. Linking data from different sources at the (de-identified) unit record level may allow for useful analysis, however this is a complex technical undertaking. Depending on the specifics of the datasets involved, completing such linkage may require between 2 and 6 months once data has been supplied. Preliminary analysis will analyse and compare individual datasets for insights on targeted outcomes.
11. An update on the progress of the project, including a 'mock-up', is at **Attachment A**. The 'mock-up' presents a conservative illustration of the types of datasets and analysis methods that may be used to provide findings. These 'mock-up' slides (slides 3 and 4) do not contain real data or findings and the data included in these slides is purely for illustrative purposes.
12. The types of findings illustrated in the 'mock-up' can be delivered using data held by the department, such as income support payment data, program data and CDC transaction data.
13. The department is aiming to deliver findings across a wider range of policy questions once state and territory data is able to be secured. Further detail on the scope of analysis that may be possible with additional data is provided below.

Building new data assets

14. A new CDC data asset is being created, supporting more rapid, agile monitoring and reporting of CDC program data. A summary of the progress of the data infrastructure build is at **Attachment D**.

15. With the development of this new CDC data asset, the department is commencing new analysis of income support payment data, program data and CDC transaction data, as mentioned above. While past work has mainly reported simple statistics, this new work will use data analytics to demonstrate people's experiences before and after being on the CDC.
16. This analysis is more sophisticated than work previously undertaken and is expected to generate new, robust and meaningful findings. These stage 1 findings will be provided in March and June 2022 while the department pursues access to and analysis of additional datasets.

Data analytics

17. The department is expanding its data analytics capacity for the CDC in order to fully analyse both departmental and external data. This will produce greater insight than previous reporting, which has been focussed on monitoring the CDC program's implementation and providing point-in-time statistics.
18. **Attachment A** illustrates the types of findings that may be generated: social security data may produce evidence on welfare dependence and employment and education outcomes; CDC transaction data may produce evidence on spending and financial management; other departmental data may provide evidence on participant needs and support services.
19. If the department is able to access aggregate data from the state and territory government agencies, analysis may produce evidence on a range of social and community-level outcomes, such as crime or community safety. Comparisons with similar regions and analysis of longitudinal trends may be undertaken.

Next steps

20. The department is managing risks to ensure findings on participant outcomes and program impacts are delivered in March and June 2022. At minimum, these findings may use only departmental data, noting the department will continue to pursue access to a range of state, territory and other datasets.

Sensitivities:

21. Some stakeholders may have concerns about the use of CDC program data or data accessed under data-sharing agreements. The department is engaging with stakeholders in CDC regions to demonstrate how data-sharing arrangements will maintain participant privacy and data security.

Risk Management:

22. s47B The department will brief you separately and recommend that you write to your state and territory ministerial colleagues.
23. This is a complex project and requires specialist skills across a range of areas. The department has procured services from an external supplier (Deloitte) to support delivery.

Departmental Funding / Financial Implications:

24. Nil. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil.

Consultation:

25. Data Access Branch; Performance and Evaluation Branch.

Attachments:**Attachment A:** Progress update**Attachment B:** MS21-000173 – Assessing and analysing Cashless Debit Card (CDC) administrative data**Attachment C:** Negotiating to share data – summary of state and territory engagement**Attachment D:** CDC data infrastructure build

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Signature:

Date: / /

Data definitions

This document outlines definitions, assumptions and considerations that readers should be aware of when reading the December update on CDC data analytics.

Participants who have exited the CDC program:

- CDC exits are defined as participants who exit for the following reasons:
 - ceased receiving a trigger payment
 - deemed financially capable by the Department of Social Services
 - deemed financially capable by Community Panel
 - wellbeing assessment.
- Analysis includes customers who have exited the CDC because a trigger payment has been cancelled for 13 or more weeks, regardless of the reason for that payment being cancelled. Further analysis will be conducted to understand these payment cancellations.
- Participants who exit the program for other reasons, such as where a customer has passed away, have not been included in this analysis.
- The number of CDC exits is compared with the number of participants who have participated in the CDC program for a total of 12 or more months in total.
- The time on the CDC program is calculated as the total amount of time a participant has been active on the CDC. This excludes periods where a participant has exited for a short time. The total time on the CDC program may not be continuous.

Priority goods:

- Priority goods data ceases at 1 March 2020 for this analysis.
- Analysis is limited to spending on Indue cards that occurs at merchants only. BPAY, bank transfers and direct deposits are not able to be categorised as priority or non-priority.
- Spending can only be categorised by Visa merchant category codes which does not take into account spending on non-priority goods at priority merchants.
- Details of non-quarantined funds spent are unknown.

Parents and children:

- A 'parent' is someone who has at least one child under 18 at the start fortnight and end fortnight of a six month window.
- A 'child' is any person under 18 years old linked to a CDC program participant who is eligible for Family Tax Benefit (FTB) or likely to be being cared for by a participant with an FTB ineligibility code that indicates they may be caring for a child.

Spending at utilities merchants:

- Transactions are limited to merchant code 'Utilities – Electric, Gas, Water, and Sanitary'.
- BPAY and bank transfers are currently unable to be used to determine spending at utility merchants.

Distinct merchants/merchant diversity:

- Merchant diversity is defined as the number of unique merchant category codes being used during a calendar year.
- Merchant codes that were used in previous years but were not used in the current year are counted.
- Number of merchants available to BasicsCard users is current as at 31 July 2021.

Declined transactions:

- Transactions declined due to restricted Merchant Category Code include a variety of types of merchants, such as drinking places, betting and casino gaming venues and packaged alcohol stores. Transactions may be declined for a number of other reasons.

Ceduna crime statistics:

- Ceduna crime statistics have been sourced from Data SA.¹ SA crime statistics are recorded by postcode. Not all postcodes were represented in the crime data.
- Suburbs for inclusion in each LGA were sourced from the Australian Statistical Geography Standard Geographic Correspondences (2016).²
- Oak Valley (Maralinga Tjarutja) and Yalata were also included in the analysis of the Ceduna LGA as the CDC operates in these communities.
- Total population for this analysis was calculated using the population estimates for the LGAs of Ceduna, Maralinga Tjarutja, Tumby Bay, Kangaroo Island, Gawler and Coober Pedy, as well as the population estimates for Yalata State Suburb. Population numbers have been sourced from the ABS Census (2011 and 2016) and Regional Development Australia Eyre Peninsula Inc Population Estimates (2020).³

¹ <https://data.sa.gov.au/data/dataset/crime-statistics>

² <https://data.gov.au>

³ <https://profile.id.com.au/rda-eyre-peninsula/population-estimate?WebID=100>



Australian Government
Department of Social Services

General Brief

MS22-000182

To: Minister for Families and Social Services and Minister for Women's Safety (for decision)

Subject: Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project – analytics findings (March 2022)

Recommendations for Minister Ruston: That you

1. Note the analytics findings at Attachment A .	Noted / Please Discuss
2. Agree that the Department of Social Services (the department) will continue to progress the CDC Data Infrastructure and Analytics Project, with the next update with further findings to be provided by 30 June 2022.	Agreed / Not Agreed
3. Note the update about data-sharing agreements with states and territories.	Noted / Please Discuss

Minister Ruston's Comments

Can you pls provide a further update on options to progress data sharing with the States + Territories.

Minister Ruston's signature:

Date: 28/3/2022

Key Issues:

1. You have asked the department to make better use of administrative data to generate further evidence on the CDC program impact and participant outcomes. The Cashless Welfare and Economic and Employment Support Services Package, a 2021–22 Budget measure, allocated \$2 million towards data analysis to better measure the impact of the CDC program.
2. The department has now built a new data asset. This asset includes CDC program and social security payment data, including data not previously accessed such as detailed payment history and deductions over time.
3. You were previously provided with progress updates in October 2021 (MS21-000689 at **Attachment B**) and December 2021 (MS21-002224, provided to your office on 15 December 2021, at **Attachment C**). The December 2021 update included preliminary insights (**Attachment D**).
4. This update expands on the previous updates, presenting findings of comparative analysis as well as longitudinal analysis. Comparisons have been drawn at the individual level - between CDC participants and income support payment recipients in similar regions - and at the regional level — comparing community outcomes in CDC regions with community outcomes in similar regions. Comparison regions have been identified based on demographics, socioeconomic status and remoteness. Findings are presented at **Attachment A**.

5. Analysis identified some positive trends in community-level outcomes since implementation of the CDC, including lower than expected rates of some types of crime. For instance, rates of some offences remained steady in CDC regions whilst increasing significantly in comparison regions:
 - Following implementation of the CDC in the Goldfields region, there was no significant increase in reported domestic violence crimes. In a comparison region (Mid West-Gascoyne) there was a 36 per cent increase during the same time period. See page 5 of **Attachment A**.
 - Following implementation of the CDC in Bundaberg and Hervey Bay, there was no significant change in reported property damage and unlawful entry to dwelling offences. In a comparison region (Gympie) there were increases of 19 and 23 per cent respectively for these offences over the same time period. See page 6 of **Attachment A**.
 - Note that there have been significant changes to crime trends during the COVID-19 pandemic, including increases in some reported crime. The appendix to **Attachment A** (from page 22) presents detailed regional comparisons.
6. Analysis did not identify evidence of improvement for some participant outcomes, especially in relation to employment.
 - CDC participants in the first four CDC regions (Ceduna, East Kimberley, Goldfields and Bundaberg and Hervey Bay) were not more likely to exit CDC trigger payments for 3 months or more than income support payment recipients in similar regions were to exit the same payments. See page 12 of **Attachment A**.
 - CDC participants in these regions were less likely than similar income support payment recipients in comparison regions to exit trigger payments for 3 months or more due to employment. See page 13 of **Attachment A**.
 - An impact on exits from income support payments may be difficult to identify, especially as many CDC participants face barriers to employment. The department will continue analysis of employment outcomes and provide updates on further findings.
7. Analysis of payments and deductions suggests improvements to some CDC participants' financial management:
 - Crisis payment requests in Ceduna fell by 24 per cent in the 12 months after the CDC was implemented. See page 17 of **Attachment A**.
 - Of CDC participants in East Kimberley who had previously requested urgent payments, 73 per cent made fewer requests after commencing on the CDC. See page 18 of **Attachment A**.
8. This analysis uses both unit record level social security data and regional data. The analysis also draws on work undertaken by an external supplier, Deloitte. The department engaged Deloitte to support the building of the CDC data asset and deliver some data analytics outputs. **Attachment E** provides detail on the data used for this analysis and offers guidance on interpreting findings.
9. The department proposes to deliver the next round of findings by 30 June 2022. If the department is able to secure data from state and territory agencies, these data will inform future updates.
10. You recently wrote to your state and territory counterparts on 18 January 2022 (refer MS21-000647 at **Attachment F**). The department is pursuing access to state and territory data including formal data-sharing agreements a high priority.

11. s47B

12. The department is also now engaging in multilateral discussions and the Department of Prime Minister and Cabinet is providing advice on multilateral options for data sharing. These discussions are being held in parallel to bilateral engagement to minimise risks of delay. Further detail is included at **Attachment G**.

Sensitivities:

13. Some stakeholders may have concerns about the use of CDC program data or other administrative data for analysis. Data gathered as a part of this project is handled and used according to legal requirements to maintain participant privacy.

Risk Management:

14. This is a complex project requiring specialist skills across multiple areas. The department procured services from Deloitte to expand long-term capability to undertake analysis over the long term.

Departmental Funding / Financial Implications:

15. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil**Consultation:**

16. Performance and Evaluation Branch provided analysis of CDC participants' use of a range of types of services, using Data Exchange data and social security data (see **Attachment A**, page 14). Performance and Evaluation Branch also provided advice on approach to analytics.

Attachments:

Attachment A: Analytics findings – Cashless Debit Card update

Attachment B: MS21-000689

Attachment C: MS21-002224 – provided 15 December 2021

Attachment D: December 2021 Preliminary Insights

Attachment E: Explainer – about the data

Attachment F: MS21-000647

Attachment G: State and territory data – progress update

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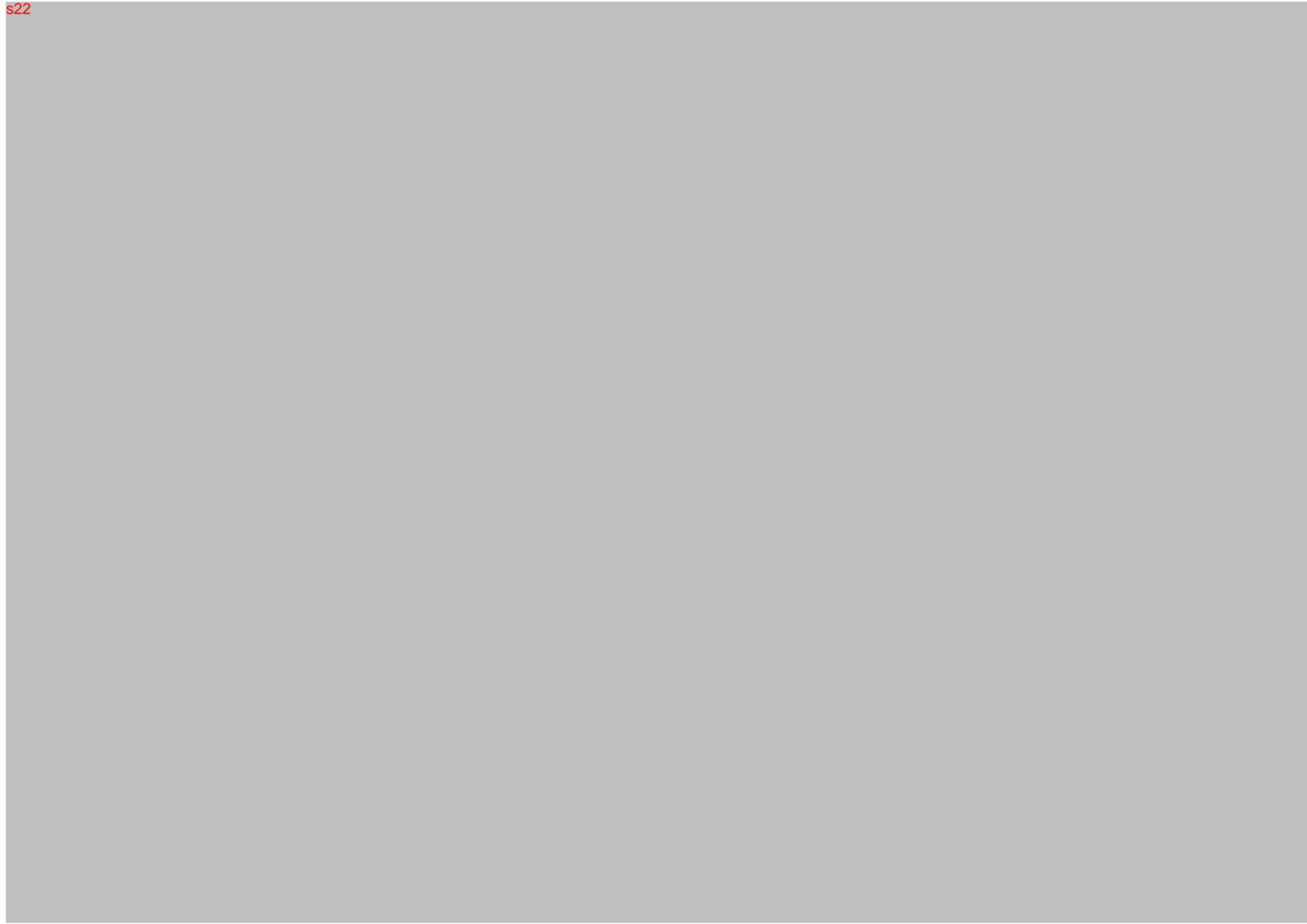
Signature:

Date: / /



































Australian Government
Department of Social Services

General Brief

MS21-000689

To: Minister for Families and Social Services and Minister for Women's Safety (for decision)

Subject: Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project

Recommendations for Minister Ruston: That you

1. Note the progress of the work on the CDC Data Infrastructure and Analytics Project, including delays in securing agreement to access data held by state and territory governments.	Noted / Please Discuss
2. Approve the mock-up illustrating types of reports that could be provided in 2022 at Attachment A .	Approved / Not Approved

Minister Ruston's Comments

Disappointed with the limited data proposed at Att. A. Hoping that the December brief will be more detailed. I would also like the Dec data to contain comparisons with a non-participant control group of people on income support with similar characteristics. In addition, comparison with total income support pop would be helpful.

Minister Ruston's signature.....

Date: 18/11/2021


However, if not possible by Dec then for future updates.

Key Issues:

1. The Cashless Welfare Economic and Employment Support Services Package, a 2021–22 Budget measure, allocated \$2 million towards data analysis to better measure the impact of the CDC program.
2. You have asked the department to make better use of administrative data to generate further evidence on program impact and participant outcomes that can be used to inform future policy development. You have asked the department to deliver preliminary analysis in December 2021 and findings from March 2022.
3. The department is undertaking the CDC Data Infrastructure and Analytics Project (the project), building an administrative data catalogue to support analysis on a range of policy questions, across topics such as community harm, social harm, unemployment and long-term welfare dependence. The project involves 3 specific streams of work:
 - obtaining relevant Commonwealth and state and territory data
 - building new data assets
 - data analytics.
4. The department has previously briefed you on the approach to building the administrative data catalogue and advised that analysis of CDC program administrative data would be delivered by 30 June 2022 (MS21-000173 at **Attachment B**).

5. You also agreed that the department would procure services from an external supplier. Deloitte has been engaged to support the data infrastructure build. Additionally, Deloitte is supporting the expansion of the department's data analytics capacity so that analysis can continue on an ongoing basis into the future.

Accessing data

6. In order to access data to support the project, the department has been engaging with state and territory and other Commonwealth agencies to negotiate access to data (refer **Attachment C**). The department is seeking a wide range of data from state and territory government agencies, including data related to health, alcohol misuse, drug use, gambling, financial management, family and domestic violence, child protection, crime, education and employment.
7. 
8. Senior executive are leading discussions with state and territory counterparts to seek agreements to access data. The department will brief you separately on the progress of these negotiations, and, as requested by your office, provide draft letters to your state and territory ministerial colleagues seeking support to expedite data-sharing arrangements.
9. To ensure that evidence is available in March and June 2022, the department is prioritising the analysis of existing data — social security data, CDC program data and CDC transaction data — and data that is publicly-available. This will comprise stage 1 of this project; stage 2 will use external data if access can be secured.
10. The department will continue to pursue access to state and territory data, and seek to integrate and link those datasets with social security data and CDC transaction data as they become available. Linking data from different sources at the (de-identified) unit record level may allow for useful analysis, however this is a complex technical undertaking. Depending on the specifics of the datasets involved, completing such linkage may require between 2 and 6 months once data has been supplied. Preliminary analysis will analyse and compare individual datasets for insights on targeted outcomes.
11. An update on the progress of the project, including a 'mock-up', is at **Attachment A**. The 'mock-up' presents a conservative illustration of the types of datasets and analysis methods that may be used to provide findings. These 'mock-up' slides (slides 3 and 4) do not contain real data or findings and the data included in these slides is purely for illustrative purposes.
12. The types of findings illustrated in the 'mock-up' can be delivered using data held by the department, such as income support payment data, program data and CDC transaction data.
13. The department is aiming to deliver findings across a wider range of policy questions once state and territory data is able to be secured. Further detail on the scope of analysis that may be possible with additional data is provided below.

Building new data assets

14. A new CDC data asset is being created, supporting more rapid, agile monitoring and reporting of CDC program data. A summary of the progress of the data infrastructure build is at **Attachment D**.

15. With the development of this new CDC data asset, the department is commencing new analysis of income support payment data, program data and CDC transaction data, as mentioned above. While past work has mainly reported simple statistics, this new work will use data analytics to demonstrate people's experiences before and after being on the CDC.
16. This analysis is more sophisticated than work previously undertaken and is expected to generate new, robust and meaningful findings. These stage 1 findings will be provided in March and June 2022 while the department pursues access to and analysis of additional datasets.

Data analytics

17. The department is expanding its data analytics capacity for the CDC in order to fully analyse both departmental and external data. This will produce greater insight than previous reporting, which has been focussed on monitoring the CDC program's implementation and providing point-in-time statistics.
18. **Attachment A** illustrates the types of findings that may be generated: social security data may produce evidence on welfare dependence and employment and education outcomes; CDC transaction data may produce evidence on spending and financial management; other departmental data may provide evidence on participant needs and support services.
19. If the department is able to access aggregate data from the state and territory government agencies, analysis may produce evidence on a range of social and community-level outcomes, such as crime or community safety. Comparisons with similar regions and analysis of longitudinal trends may be undertaken.

Next steps

20. The department is managing risks to ensure findings on participant outcomes and program impacts are delivered in March and June 2022. At minimum, these findings may use only departmental data, noting the department will continue to pursue access to a range of state, territory and other datasets.

Sensitivities:

21. Some stakeholders may have concerns about the use of CDC program data or data accessed under data-sharing agreements. The department is engaging with stakeholders in CDC regions to demonstrate how data-sharing arrangements will maintain participant privacy and data security.

Risk Management:

22. s47B The department will brief you separately and recommend that you write to your state and territory ministerial colleagues.
23. This is a complex project and requires specialist skills across a range of areas. The department has procured services from an external supplier (Deloitte) to support delivery.

Departmental Funding / Financial Implications:

24. Nil. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil.

Consultation:

25. Data Access Branch; Performance and Evaluation Branch.

Attachments:**Attachment A:** Progress update**Attachment B:** MS21-000173 – Assessing and analysing Cashless Debit Card (CDC) administrative data**Attachment C:** Negotiating to share data – summary of state and territory engagement**Attachment D:** CDC data infrastructure build

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Cleared by: Liz Hefren-Webb
Position: Deputy Secretary
Phone/Mobile: s47F

Signature:

Date: / /

OFFICIAL

	Australian Government Department of Social Services	General Brief MS21-002224
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To: Minister for Families and Social Services and Minister for Women's Safety (for decision)

Subject: December update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project

Recommendations for Minister Ruston: That you

1. Note the preliminary insights on the CDC program, generated from analysis currently in progress, at Attachment A .	Noted / Please Discuss
2. Agree that the Department of Social Services (the department) will provide the next update presenting more detailed analytics findings by 31 March 2022.	Agreed / Not Agreed
3. Note that you will be briefed separately on next steps to improve access to data, including options for you to write to state and territory ministerial colleagues to expedite this access (MS21-000689).	Noted / Please Discuss
Minister Ruston's Comments	
<div style="display: flex; justify-content: space-between;"> <div> Minister Ruston's signature:..... </div> <div> Date:....../.... / 2021 </div> </div>	

Key Issues:

1. You have asked the department to make better use of administrative data to generate further evidence on the CDC program impact and participant outcomes that can be used to inform future policy development. You asked the department to deliver preliminary analysis in December 2021 and findings from March 2022.
2. Following the initial data 'mock-up' provided in **MS21-000689 (Attachment B)**, the department has been progressing work using administrative data to improve measurement of the impact of the CDC program. You agreed that the department would deliver preliminary insights from this analysis in December 2021.
3. Despite significant engagement efforts from the department, no formal commitments to release data have been secured from states and territories. This has required the department to undertake its preliminary analysis to date using existing Commonwealth data — social security data, CDC program data and CDC transaction data — and data that is publicly available.
4. You have asked the department to prepare letters to your state and territory ministerial colleagues seeking support to expedite data-sharing arrangements. Draft letters are being provided to your office separately (**MS21-000647**).

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5. In recent weeks the department has held discussions with state and territory counterparts at the senior executive level. s47B
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6. s47B
7. The draft letters being provided to your office (**MS21-000647**) are informed by these developments. Each letter seeks a commitment to establish a formal data-sharing agreement by February 2022; further commitments to commence sharing data between February and June 2022 are also sought. The department will advise your office if further engagement at a ministerial level would be helpful to expedite data sharing.
8. The preliminary insights using existing data are provided at **Attachment A**. The next update, with findings from more in-depth data analytics, will be provided by 31 March 2022. The analysis has not yet generated clear findings on program impact. These preliminary insights, however, illustrate the types of methods that are being used, including matched comparison groups and time series analysis.
9. The insights presented at **Attachment A** also illustrate some of the policy priorities being explored. Data points include:
 - South Australian crime statistics for Ceduna (drawn from publicly-available data which could not be replicated for other sites at this stage)
 - participant exits after spending fewer than 12 months on the CDC program
 - proportion of participants moving from a job seeker payment to a study payment within 12 months (comparing CDC participants and similar income support payment recipients)
 - likelihood of participants accessing Emergency Relief services
 - participant expenditure on priority goods
 - increase over time in the range of merchants where the CDC is being used.
10. Definitions of terms and other information on how data points are presented in **Attachment A** is at **Attachment C**.
11. These data should be interpreted with caution as further analysis will be required to explore any possible causal relationships in data trends. Notably, the economic and labour market impacts of the COVID-19 pandemic and the impacts of associated policy changes have added complexity to the environment. Some analysis has been adjusted to account for these impacts: for instance, analysis of participant expenditure has been restricted to exclude Coronavirus Supplement payments. Further work is needed to fully understand the scale and scope of these impacts.
12. The crime statistics presented demonstrate the need for further analysis. Preliminary insights show a decrease of 14 per cent in number of reported crimes in the Ceduna region when the CDC was introduced, before an increase of 22 per cent during 2020. As you are aware, changes to welfare payments in 2020 as a response to the COVID-19 pandemic resulted in an increase in the amount of cash available to CDC participants.

OFFICIAL

13. This initial analysis did not show differences in rates at which participants accessed Emergency Relief after commencing on the CDC, compared to prior to commencing on the program. Further analysis is required to understand factors affecting financial stress and use of services, especially after the shocks associated with the COVID-19 pandemic in 2020.
14. The insights presented at **Attachment A** have been generated using a new data asset that the department has created that draws together departmental administrative data and CDC transaction data. This data asset is being expanded iteratively and is supporting a corresponding expansion of the department's capability to analyse the impact of the CDC program.
15. The department has commenced work to investigate program impact. This includes investigation into crime data, further analysis on participant spending habits, and analysis of employment patterns.
16. As you have requested, this work is using robust methods, including comparisons of CDC participant outcomes with other similar income support payment recipients. The department will continue testing and refining models to produce the most robust findings possible, including the suitability and of identified comparison groups. Findings from this next stage of work will be provided in the 31 March 2022 update.

Sensitivities:

17. Some preliminary findings may seem to suggest limited impact of the CDC in some areas. Further analysis is needed to determine whether any early trends represent actual impacts, and securing access to state data will provide a broader evidence base to draw upon.

Risk Management:

18. This is a complex project and requires specialist skills across a range of areas. The department has procured specialist services from an external supplier (Deloitte) to support delivery.

Departmental Funding / Financial Implications:

19. Nil. The 2021–22 Budget allocated up to \$2 million for data collection and analysis of the CDC program.

Regulatory Implications: Nil.**Consultation:**

20. Performance and Evaluation Branch.

OFFICIAL**Attachments:****Attachment A:** CDC data analytics – December 2021 update**Attachment B:** MS21-000689 – Update on Cashless Debit Card (CDC) Data Infrastructure and Analytics Project**Attachment C:** Data definitions

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Cleared by: Patrick Burford
Position: A/g Group Manager
Group: Communities
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Cleared by: Liz Hefren-Webb
Position: Deputy Secretary
Phone/Mobile: s47F

Signature:

Date: 15/12/21

Building analytics capability

The CDC data analytics capability continues to expand as the project progresses.

Progress to date

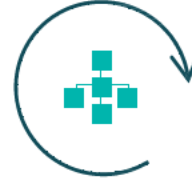
- New baseline data asset for the CDC program created
- Integration of CDC related Services Australia data into the data asset
- Linking of departmental historical data and reporting, allowing for initial analysis to commence
- Commenced analysis of policy questions
- Ongoing engagement with state and territory agencies to negotiate data sharing
- Developed new proposal to use Australian Bureau of Statistics (ABS) integrated data assets
- Analysis of Indue transaction data exploring spending patterns and financial management



Progress update

October 2021

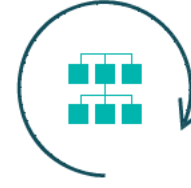
- Report on project progress ✓
- Example 'mock up' product illustrating what future analysis will produce ✓



Preliminary findings

December 2021

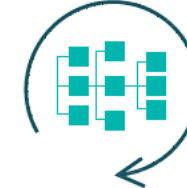
- Completion of baseline data asset build ✓
- Analysis using historical departmental data ✓
- Integration of publicly-available data ✓



Second phase findings

March 2022

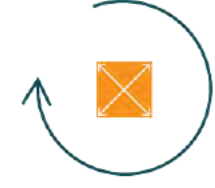
- Findings from analysis using social security data and transactional data
- Analytic capability shifts from point-in-time comparisons to time-series analysis



Third phase findings

June 2022

- Analysis addressing policy questions related to social harm, employment and education outcomes
- Integration of datasets from state, territory and other Commonwealth agencies, if available



Continuous development phase

Beyond July 2022

- Iteratively expand scope of analysis to support future policy development
- Continue to link additional datasets from other agencies

Explainer – about the data

This document provides more detail about the data and analytical methods used to generate findings for the March update of the CDC Data Infrastructure and Analytics Project. Findings are presented at **Attachment A**.

What data have been used?

- **Social security data:** data related to social security payments, including income support payment data and other administrative data recorded by Services Australia.
- Data reported by service providers through the **Data Exchange (DEX)**: service delivery data reported by providers funded by the department.
- **Regional data** on community outcomes and crime.
 - Some community outcomes analysis has been undertaken using publicly-available regional data. Different datasets, at differing levels of aggregation, are available in each jurisdiction: these determine the types of analysis that are possible. Not all analysis can be undertaken for all CDC regions.
- Data presented are as at 28 January 2022, unless otherwise stated.
- The period after the commencement of the **COVID-19 pandemic** has been excluded from analysis unless otherwise stated. Some graphs include the period affected by the pandemic.
 - This period includes economic and other shocks. Additional policy measures, including stimulus payments, were also implemented.
- Data relating to small numbers of people are suppressed in accordance with department policy on confidentialisation. Approximations are used where it is not appropriate or not possible to be precise, such as <5 rather than a precise number, or **n.p.**, meaning ‘not provided’.
- Generally, data are rounded to the nearest whole number, or one percent for clarity.

Comparative methods:

- **Comparative analysis:** analysis comparing different groups or units. This update includes comparative analysis undertaken at the regional level and comparisons between CDC participants and other income support payment recipients. Consistent time periods and variables are used for comparisons.
- **Comparison groups of similar income support payment recipients** were constructed based on several variables:
 - address, and a minimum threshold of time at that address
 - age filters: these corresponded with CDC eligibility in each region
 - a minimum threshold of continuous days receiving an income support payment
 - length of time that social security data about an individual are available
 - exclusion of Income Management participants and previous CDC participants.

- **Comparison regions** were selected on the basis of multiple factors: remoteness, socioeconomic status and disadvantage, land area, population, and population receiving income support payments.
 - Indices used: Accessibility / Remoteness Index of Australia (ARIA+), the Index of Relative Socio-Economic Disadvantage (IRSD), the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD), the Index of Education and Occupation (IEO), and the Index of Economic Resources (IER).

Longitudinal methods:

- **Longitudinal analysis:** analysis of the same variables over a period of time: In this report, this includes ‘pre-post’ analysis and analysis of trends over multiple years.
 - Some pre-post analysis compares data prior to CDC implementation with data after implementation commenced to identify any changes.
 - Some pre-post analysis explores changes after commencement of the COVID-19 pandemic. This may identify impacts of the pandemic, associated shocks, or impacts of associated policy measures.
 - Stimulus payments introduced as part of the pandemic response, including the Coronavirus Supplement Payment, significantly increased the amount of cash available in some communities. Impacts on community or participant outcomes may be identifiable.

Demographic data:

- CDC demographic data (page 3, Attachment A) are as at 28 January 2022.
 - The ‘original assessment community’ — the region where a participant commenced on the CDC — has been used for most analysis. The demographic tables on page 3, however, break down CDC participant numbers by current ‘assessment community’ to more accurately reflect participants’ current location.
- Indigenous status is based on self-reported categories.
- For CDC participants who move to the Northern Territory (NT) or Cape York region, prior location history is overwritten in the administrative data.
 - Most analysis uses the ‘original assessment community’ indicator is used to determine a participant’s location. In these instances, CDC participants who have moved to the NT or Cape York will be included with the NT or Cape York region. This affects only a small number of participants.

Domestic violence (DV) crisis payment requests (page 4, Attachment A): see crisis payments, page 5 below.

Crime analysis (pages 5–8 and 22–33, Attachment A):

- Crime analysis uses data at a community level. Data are not limited to CDC participants only.

- **Pre-post analysis** was designed to keep analysis periods balanced.
 - The sample size for each piece of analysis was determined based on the period of time after implementation of the CDC for which data were available.
 - The period after the commencement of the COVID-19 pandemic has been excluded unless otherwise noted.
- **Changes over time** are calculated by conducting standard statistical tests, where samples are large enough, to determine if there is a statistically significant difference between them. Where the difference is significant, the difference between the pre and post data period is reported as the percentage change between the means.
- Analysis of data during the **COVID-19 pandemic** is included in the Appendix. All COVID-19 related analysis must be interpreted with a high level of caution due to increasing variability in data. These tests are only statistically significant when analysing the average rates across the period of analysis.
- Policing practices may affect data. Proactive policing strategies to encourage the reporting of certain offences, or proactive targeting of specific offences, may increase the number of offences recorded.
- There is a very high level of variability in all crime datasets and seasonality is typical for crime data. Seasonality cannot be accounted for in the modelling used in this analysis as it is irregular; there is also a limited number of years suitable for analysis.
- Some graphs presenting crime analysis are aggregated by quarter, and some by month. This varies throughout the community outcomes section and Appendix. Aggregating by quarter may make some graphs easier to interpret.

Offences related to domestic violence (DV) (pages 5, 23–24, Attachment A):

- **South Australian offences linked to domestic violence** are reported at a postcode level. A small number of suburbs that do not fall into the defined CDC or comparison regions are included in the postcodes used for analysis.
- Analysis of domestic violence offences could not be undertaken for **Bundaberg and Hervey Bay**. Queensland offences are aggregated at a level that groups all assault charges, and does not identify domestic violence (DV) related charges. As such, this area is not deemed suitable for DV analysis.

Western Australia (WA) crime data (pages 7, 23, 25, 29–31, Attachment A):

- **Regions:** WA offence data used are at a district level. Districts are large, with populations of between 35,000 and 65,000 people.
 - Crime analysis could not be undertaken for **East Kimberley**. Data are aggregated by regions that do not align with the East Kimberley CDC region.
 - **Goldfields:** data for the **Goldfields-Esperance** district are used. 67 per cent of the Goldfields-Esperance population falls within the Goldfields CDC region. Findings should be interpreted with caution.
 - **Mid West-Gascoyne** has been used as the comparison district for Goldfields-Esperance. Mid West-Gascoyne includes Carnarvon, which was selected as a comparison region for the Goldfields CDC region. It also includes greater Geraldton, which is similar in socioeconomic terms but varies in other ways. Caution must be taken when interpreting results.

- Changes to recording and reporting practices implemented between **May and November 2017** affected crime data used in this analysis. Trends over this period should be interpreted with caution.
- Breach of Family Violence Restraint Order data for WA were not included in this analysis due to inconsistencies in reporting.

Prison crisis payments and prison-related benefit cancellations (page 9, Attachment A):

- This analysis includes approved crisis payments or a benefit cancellation with relevant cancellation codes.
- These payments and cancellations do not directly correlate with when an offence was committed. An offender may be imprisoned at a later date and imprisonment periods may vary.
 - When multiple prison release payments were made after commencing on the CDC it was assumed that at least one offence occurred after commencing on the CDC. A single prison release payment occurring after commencing on the CDC was not used to indicate that an offence that was committed after commencing on the CDC.

Gambling and school attendance (slide 10, Attachment A):

- Gambling data are available by Local Government Area (LGA). LGAs do not completely align with the boundaries of the Bundaberg and Hervey Bay CDC region. To account for this, weighted averages were applied to the LGAs of Fraser Coast and Bundaberg to approximate the boundaries of the CDC region.
- School attendance and gambling data could not be analysed for all CDC regions. Adequate data were not available at the appropriate level of disaggregation for all jurisdictions.

Leaving income support payments (slides 12–13, Attachment A):

- **CDC participants leaving payment:** participants that had a cancellation of all CDC trigger payments, after their first CDC payment, lasting for more than 3 months.
- **Income support payment recipients in comparison regions leaving payment:** payment recipients that had a cancellation that occurred after the date of implementation of the CDC in the CDC region.
- A temporary pause on placing new eligible participants on the CDC was implemented on 26 March 2020 in the context of the COVID-19 pandemic. CDC participants and comparison income support payment recipients were not included in the analysis if their first trigger payment occurred during the pause period.
 - CDC participants and comparison income support payment recipients were included if the cancellation occurred after the pause period — after they would have commenced on the CDC.
 - After the pause was lifted, a staggered approach was taken to commence new CDC participants. An approximate date for the end of the pause period was used to account for this.

- **Leaving payment due to employment:** employment was determined using payment cancellation codes related to employment or likely to relate to employment.
 - Some cancellation codes were deemed likely to relate to employment. The number of participants leaving income support with these codes were weighted by 0.8 to account for the uncertainty of the categorisation.
 - This approach is consistent with the method used for Try, Test and Learn Fund outcomes analysis. The method was informed by Department of Education, Skills and Employment survey data on employment outcomes.

Crisis and urgent payments (pages 5, 16–18, Attachment A):

- Only participants who had requested a crisis or urgent payment prior to commencing on the CDC were included in the analysis.
- **Payments requested after commencing on the CDC:** this only includes payment requests where the participant is active on the CDC at the time of the request.
- The pre and post CDC period is measured in relation to the date of each participant's first CDC payment.
- **Requesting fewer payments:** this refers to a participant requesting on average fewer payments per quarter.
 - Data may be available for differing periods of time pre and post CDC. To account for this, the analysis compares the average number of payment requests that a participant made per quarter before and after commencing on the CDC.
- Analysis of urgent payment requests includes all types of requests, except for approved requests for funeral expenses. For cultural reasons these requests may be more common in remote locations and regions with a high Indigenous population. Only approved requests are assigned a reason code.
- **Domestic violence (DV) related crisis payment requests** are a subset of all crisis payment requests. The same approach to analysing change after commencing on the CDC was used.
- A DV crisis payment request is defined by a set of codes specifically describing DV crisis payments. Perpetrator-related DV requests were not separated from all DV crisis payment requests.

Crisis and urgent payments - aggregate analysis over time (pages 17–18, Attachment A):

- The average rate of crisis payment requests represented the number of requests that are made, divided by the number of people, each quarter.

Rent Deduction Scheme (RDS) (page 19, Attachment A):

- Codes relating to RDS deductions and arrears were used for this analysis.

Centrepay (page 20, Attachment A):

- Codes existing under Centrepay deductions were used to identify deductions for accommodation.



Australian Government
Department of Social Services

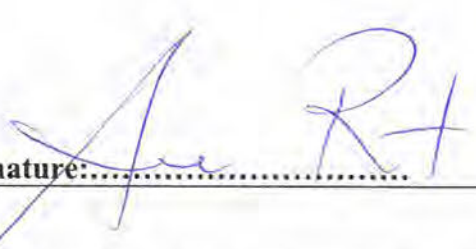
General Brief

MS21-000647

To: Minister for Families and Social Services and Minister for Women's Safety (for decision)


Subject: Letters to state and territory counterparts seeking support to expedite data sharing – Cashless Debit Card (CDC)

Recommendations for Minister Ruston: That you

1. Note that the Department of Social Services (the department) has been engaging state and territory counterparts to establish data sharing arrangements to better measure the impact of the CDC.	Noted / Please Discuss
2. Sign the letters, seeking support to expedite data sharing arrangements, to:	
a. the Hon Simone McGurk MLA, Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services (Western Australia) (Attachment A)	Signed / Not Signed
b. the Hon Steven Marshall MP, Premier of South Australia (Attachment B)	Signed / Not Signed
c. the Hon Paul Kirby MLA, Minister for Corporate and Digital Development (Northern Territory) (Attachment C)	Signed / Not Signed
d. the Hon Leanne Linard MP, Minister for Children and Youth Justice (Queensland) (Attachment D).	Signed / Not Signed
Minister Ruston's Comments	
<p>Minister Ruston's signature: </p> <p style="text-align: right;">Date: 20/.../.../ 2021</p>	

Key Issues:

- As part of the department's work to implement data collection and analysis to allow improved measurement of the impact of the CDC program, the department has been engaging with state, territory and Commonwealth agencies to negotiate new or renewed data-sharing arrangements to support policy development and program management of the CDC. A brief summary of recent engagement is at **Attachment E**.
- Discussions have been held at the Senior Executive level and while they have generally been productive, the department has not yet secured formal agreements with state and territory agencies to access data. Greatest progress has been made with Western Australia, with detailed discussions on data-sharing arrangements. Drafts of a data-sharing agreement and a technical proposal to link data have been shared for consideration. It is anticipated that a final agreement may be signed within the first quarter of 2022.

3. To support this, your office requested letters be prepared for you to send to your state and territory ministerial counterparts seeking their support to expedite data-sharing arrangements. Letters to ministers for the relevant portfolios in Western Australia, South Australia, the Northern Territory and Queensland are at **Attachments A–D**.
4. Each letter seeks a commitment to establish a data-sharing agreement by February 2022 and commence sharing data between February and June 2022. Significant work will be required to supply data after a data-sharing agreement is in place, and any delays to data supply may impact the department's work to generate evidence over and above what has been set out in **MS21-002224** (provided to your office on 15 December 2021).
5. These letters emphasise potential benefits for the states and territories, as well as the Commonwealth: integration and analysis of shared data could generate insights to support future policy decisions and service delivery.
6. Each letter is tailored to reflect recent engagements on data sharing (for details, refer **Attachment E**):
 - a) The letter to the Hon Simone McGurk MLA, Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services (Western Australia), to be copied to the Hon Don Punch MLA, Minister for Disability Services; Fisheries; Innovation and ICT; Seniors and Ageing, expresses appreciation for past successful data-sharing arrangements (**Attachment A**).
 - b) The letter to the Hon Steven Marshall MP, Premier of South Australia, to be copied to the Hon Michelle Lensink MLC, Minister for Human Services, expresses appreciation for past successful data-sharing arrangements (**Attachment B**). This letter addresses the Premier in his capacity as lead Minister on data sharing: the Office of Data Analytics in the Department of Premier and Cabinet is responsible for cross-government collaboration on data sharing.
 - c) The letter to the Hon Paul Kirby MLA, Minister for Corporate and Digital Development (Northern Territory), to be copied to the Hon Michael Gunner MLA, Chief Minister of the Northern Territory and the Hon Nicole Manison MLA, Minister for Police, Fire and Emergency Services) acknowledges recent correspondence from the Chief Minister expressing in-principle interest in sharing data (**Attachment C**; refer **Attachment G** for previous correspondence).
 - d) In drafting the letter to the Hon Leanne Linard MP, Minister for Children and Youth Justice (Queensland) (**Attachment D**), s47B

7. The Intergovernmental Agreement on data sharing between the Commonwealth and states and territories, which came into effect on 9 July 2021, establishes a National Data Sharing Work Program covering national priority data areas. National priority data areas are issues of significance across all jurisdictions, such as natural hazards and emergency management. The CDC program has not been nominated as a national priority data area but the work being undertaken in this space is consistent with the approach set out in the Intergovernmental Agreement. Writing to your counterparts may help to convey that the CDC is nonetheless a priority for the Commonwealth Government.

Sensitivities:

8. Some states may have concerns about data security or privacy. The department has strong data governance processes covering access to and use of CDC data. The department will engage with stakeholders to demonstrate that data-sharing arrangements will maintain participant privacy.

Risk Management: Nil.

Departmental Funding / Financial Implications:

9. The 2021–22 Budget allocated up to \$2 million over 3 years from 1 July 2021 to support data collection and analysis. s47E

s47E

Regulatory Implications: Nil.

Consultation:

10. State Network Branch.

11. s47B

Attachments:

Attachment A: Letter to the Hon Simone McGurk MLA

Attachment B: Letter to the Hon Steven Marshall MP

Attachment C: Letter to the Hon Paul Kirby MLA

Attachment D: Letter to the Hon Leanne Linard MP

Attachment E: Summary of recent engagement on data sharing

Attachment F: MS21-000689

Attachment G: Letter from Chief Minister Gunner regarding data sharing and the CDC program – 15 June 2021

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 Branch: Cashless Welfare Engagement and Support Services Branch
 Phone/Mobile: s47F

Cleared by: Patrick Burford
 Position: A/g Group Manager
 Group: Communities Group
 Phone/Mobile: s47F

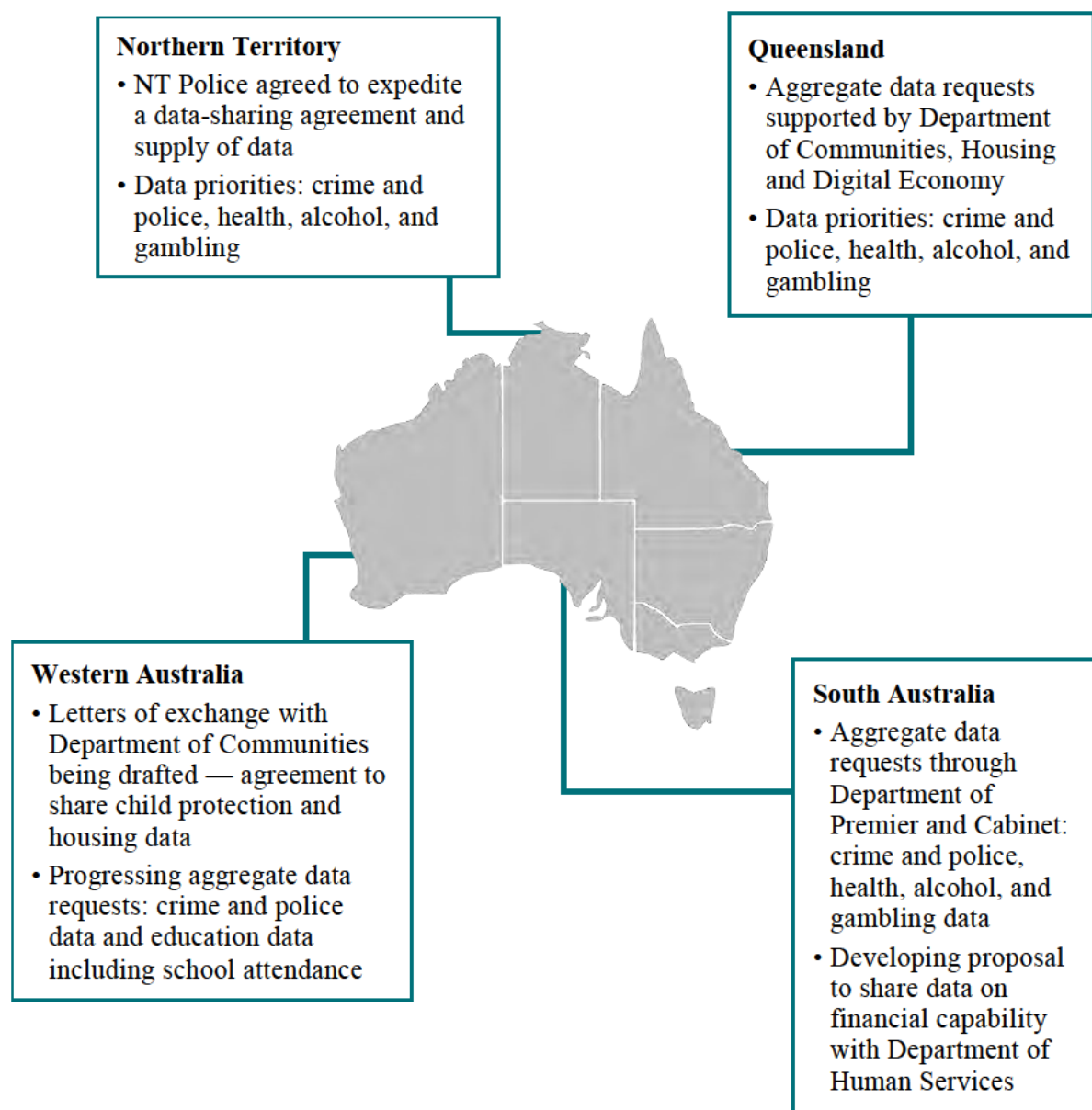
Cleared by: Liz Hefren-Webb
 Position: Deputy Secretary
 Phone/Mobile: s47F

Signature:

Date:

/ /

State and territory data – progress update



Recent developments:

- You have asked the department to prioritise accessing state and territory administrative data to inform ongoing analysis of CDC program impact and participant outcomes.
- You wrote to your state and territory counterparts on 18 January 2022 seeking support to expedite data sharing arrangements (refer MS21-000647 at **Attachment F**).
- Since that correspondence, discussions have accelerated. The department is now engaging in multilateral discussions with counterparts from the Northern Territory, Queensland, South Australia and Western Australia. The Department of Prime Minister and Cabinet is providing advice on multilateral options for data sharing.

- The department is continuing bilateral discussions in parallel to minimise the risk of delay. Bilateral data-sharing arrangements may progress more quickly than a multilateral agreement.
- Once formal agreements are in place, some time may be needed to commence data supply and prepare data for analysis.

Data priorities:

- Priority is being given to:
 - crime and police data
 - health data, including hospital data and use of alcohol and drug services
 - alcohol sales and consumption data
 - data on gambling expenditure and behaviour.
- The department is seeking access to unit record level data (deidentified individual data) or disaggregated data at the lowest level available.
 - Where possible, the priority is to integrate data — to link data from different sources at the unit record level.
 - This will allow the department to distinguish between CDC participants and other records in other datasets, and to combine social security data with other data to better analyse a wide range of participant outcomes.
- The department is requesting access to aggregate data (at a lower level of aggregation than is publicly available) whilst progressing proposals to access unit record level data.
- In the longer term, the department is seeking a wide range of data, including data related to housing, child protection, financial capability and financial support services, and education, so that evidence can be generated across a range of measures on an ongoing basis.

Northern Territory (NT):

- A senior executive meeting with the Northern Territory Police Force has led to agreement to commence sharing data as soon as possible.
 - A formal Memorandum of Understanding is being drafted.
 - Access to unit record level police data is expected to be secured relatively quickly.
- Engagement with the NT Department of Corporate and Digital Development regarding wider data sharing is continuing, along with aggregate data requests.

Queensland:

- The Queensland Department of Communities, Housing and Digital Economy is now facilitating aggregate data requests, including the following at the Statistical Area 2 (SA2) level:
 - hospital emergency department data
 - data on use of alcohol and other drug services
 - crime data.

- **s47B**
It is anticipated that access to unit record level data may require additional engagement and time.

South Australia (SA):

- The SA Department of Premier and Cabinet Engagement is facilitating aggregate data requests, commencing with crime and police data.
- The Department of Human Services has also expressed interest in sharing data related to financial capability and financial counselling and support services. A project proposal is being drafted.

Western Australia (WA):

- In response to your letter of 18 January 2022, the Hon Simone McGurk MLA, Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services, has agreed to expedite data sharing with the WA Department of Communities.
 - Minister McGurk has also referred whole-of-government considerations related to sharing unit record level data to the Hon Stephen Dawson MLC, Minister for Innovation and ICT; Medical Research; Volunteering.
 - This is consistent with the whole-of-government approach being taken under the Intergovernmental Agreement on data sharing.
- The department is working with the WA Department of Communities to progress data-sharing arrangements.
 - Letters of exchange are being drafted.
 - Aggregate data requests are being workshopped. These cover crime and police data and education data including school attendance.
- A project to share unit record level child protection and housing data is also being planned with the Department of Communities.