

(Last updated July 2020)

## Cashless Debit Card Monitoring Strategy Working Group Terms of Reference V5

<b>1. BACKGROUND</b>	<p>The Cashless Debit Card Monitoring Strategy Working Group (the Working Group) is responsible for guiding the design of the Monitoring Strategy and overseeing the development of the CDC Monitoring Framework.</p> <p>The Framework outlines the overarching strategy for the monitoring of the CDC program across all current CDC sites. The CDC Monitoring Framework has recently been reviewed and updated to focus on monitoring the health of the CDC program and any identified circumvention activity. This review has resulted in two newly developed strategies, which are enclosed under the CDC Monitoring Framework:</p> <ol style="list-style-type: none"> <li>1) Data Monitoring Strategy for CDC Circumvention; and</li> <li>2) Data Monitoring Strategy for Program Health.</li> </ol> <p>The Working Group helps circulate advice and information relating to business improvements. This includes the development of the CDC Qlik Sense apps and the data held within it, building relationships with key stakeholders, and guidance on business decisions.</p>
<b>2. PURPOSE / ROLE</b>	<p>The Working Group will continue to act as an advisory body and review its data capabilities, program monitoring, evaluation activities, and reporting obligations.</p>
<b>3. CHAIR and SECRETARIAT</b>	<p>The WQ Policy and Evidence section will chair the Working Group and provide secretariat support. The Chair will facilitate the Working Group meetings and oversee the function of the Working Group. The secretariat is responsible for organising meetings, communicating with members between meetings, and managing action items. The secretariat will document and circulate key outcomes after and before upcoming meetings.</p>
<b>4. MEMBERSHIP</b>	<p>The Working Group will include Executive Level staff from the Department of Social Services. Proxies for absent members should be appointed to maintain representation and continuity from each section. Experts from outside the Department of Social Services may be invited to attend for specific purposes when additional expert knowledge is needed to fulfil the purpose of the Working Group.</p> <p><u>Membership:</u></p> <ul style="list-style-type: none"> <li>• Policy and Evidence - Welfare Quarantining Policy and Evidence</li> <li>• Operations - Welfare Quarantining Branch</li> <li>• Strategic Engagement - Welfare Quarantining Branch</li> <li>• New Policy Implementation - Welfare Quarantining Branch</li> <li>• Data Access and Integration - Data Strategy and Development Branch</li> <li>• Data Exchange Reporting and Analytics – Systems and Support Branch</li> <li>• Policy Evaluation - Policy Strategy and Investment Branch</li> <li>• Community Grants Hub – Operations (one representative)</li> </ul>
<b>5. FREQUENCY and FORMAT OF MEETINGS</b>	<p>This Working Group meets at least once every three months and the Terms of Reference will be reviewed annually.</p> <p>The Chair may adjust the meeting frequency and structure as needed. The Working Group may also request a change to the meeting frequency and structure. Meetings are facilitated by teleconference to remove any need for travel.</p>
<b>6. REVIEW</b>	<p>The WQ Policy and Evidence Section reserve the right to review the Terms of Reference at any time. The Working Group may also request a review.</p>

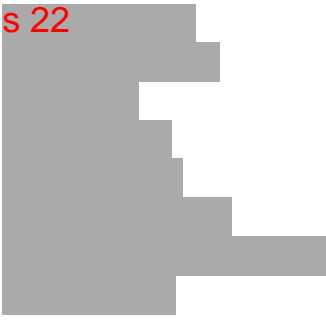
## Welfare Quarantining Monitoring, Evaluation and Reporting Working Group Terms of Reference V4 (updated December 2019)

<b>1. BACKGROUND</b>	<p>The Welfare Quarantining (WQ) Monitoring, Evaluation and Reporting Working Group (the Working Group) was involved in guiding the design of the Monitoring Strategy and oversaw the development of the CDC Monitoring Framework. The Framework outlines the overarching strategy for the monitoring of the CDC program across all current CDC sites.</p> <p>The Working Group helps circulate advice and information relating to business improvements. This includes the development of the CDC Qlik Sense app and the data held within it, building relationships with key stakeholders, and guidance on business decisions.</p>
<b>2. PURPOSE / ROLE</b>	<p>The Working Group will continue to act as an advisory body to support the WQ Branch to continually build and review its data capabilities, program monitoring and evaluation activities and reporting obligations.</p>
<b>3. CHAIR and SECRETARIAT</b>	<p>The WQ Policy and Evidence Section will chair the Working Group and provide secretariat support. The Chair will facilitate the Working Group meetings and oversee the function of the Working Group. The secretariat is responsible for organising meetings, communicating with members between meetings, and managing action items. The secretariat will document and circulate key outcomes after and before upcoming meetings.</p>
<b>4. MEMBERSHIP</b>	<p>The Working Group will include Executive Level staff from the Department of Social Services. Proxies for absent members should be appointed to maintain representation and continuity from each section. Experts from outside the Department of Social Services may be invited to attend for specific purposes when additional expert knowledge is needed to fulfil the purpose of the Working Group.</p> <p><u>Membership:</u></p> <ul style="list-style-type: none"> <li>• WQ Policy and Evidence, WQ Branch</li> <li>• CDC New Policy and Implementation, WQ Branch</li> <li>• CDC Operations, WQ Branch</li> <li>• WQ Strategic Engagement, WQ Branch</li> <li>• CDC Engagement and Transition, WQ Branch</li> <li>• Data Policy and Governance, Data Strategy and Development Branch</li> <li>• Data Access and Integration, Data Strategy and Development Branch</li> <li>• Data Exchange (DEX) Branch</li> <li>• Policy Evaluation, Policy Strategy and Investment Branch</li> <li>• Western Australia State Office</li> <li>• South Australia State Office</li> <li>• Queensland State Office</li> <li>• Northern Territory State Office</li> </ul>
<b>5. FREQUENCY and FORMAT OF MEETINGS</b>	<p>This Working Group commenced in February 2018 and has met at least once per month since that time, with the frequency changing depending on the activities of the Working Group. The Chair may adjust the meeting frequency and structure as needed. The Working Group may also request a change to the meeting frequency and structure. Meetings are facilitated by teleconference to remove any need for travel.</p>
<b>6. REVIEW</b>	<p>The WQ Policy and Evidence Section reserve the right to review the Terms of Reference at any time. The Working Group may also request to review the Terms of Reference.</p>

### Cashless Debit Card Monitoring Strategy Working Group members

Name	Email
s 22	[Redacted]
CashlessDebitCard.DeliveryLead CDC Queensland	s 22 s 22
s 22	[Redacted]

s 22



**CDC Monitoring Strategy Working Group Distribution List**

Section	Members
WQ Policy and Evidence	s 22
CDC Program Policy Technology, Procurement and Industry Engagement	s 22
CDC Implementation	s 22
CDC Operations	s 22
Data Access and Integration	s 22
DSS Evaluation Unit	s 22
Policy Engagement, Governance and Projects	s 22
DEX Reporting and Analytics	s 22
Grant Systems Training and DEX Policy	s 22
QLD SO	s 22
WA SO	s 22 s 22
SA SO	s 22
NT SO	s 22 s 22

**Senate Community Affairs Legislation Committee**

**ADDITIONAL ESTIMATES – 21 FEBRUARY 2019  
ANSWER TO QUESTION ON NOTICE**

**Department of Social Services**

**Topic:** Cashless Debit Card (CDC) Monitoring Strategy

**Question reference number:** SQ19-000027

**Outcome Number:** 2 – Families and Communities

**Senator:** Rachel Siewert

**Type of Question:** Spoken. Hansard Page/s: 50

**Date set by the Committee for the return of answer:** 29 March 2019

**Question:**

Can you provide a complete list of all the data you will be using for the monitoring strategy?

What resources were allocated to it the data monitoring framework? Did any outside consultants do any of that work?

Can you table the data monitoring framework?

**Answer:**

The Program Monitoring Framework, which contains a complete list of data sets that have been integrated to assist with monitoring of the CDC program, is provided at **Attachment A**.

The department developed the monitoring framework. The department engaged the University of Queensland Institute of Social Science Research to provide advice on:

- strengths and limitations of the administrative data in being able to measure program outcomes;
- how the department can make better use of CDC data as part of the CDC monitoring project, including which indicators to monitor to determine if the card is being implemented successfully, that participants are having positive interactions with the program, and impacts on the community.



Australian Government  
Department of Social Services

# Cashless Debit Card Program Monitoring Framework



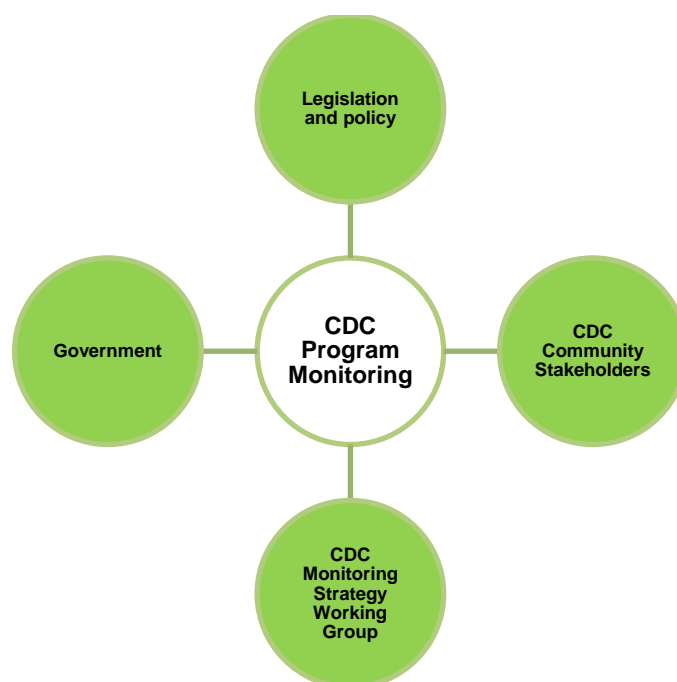
## Introduction

The mission of the Department of Social Services (the Department or DSS) is to improve the lifetime wellbeing of individuals and families in Australian communities. In response to the evidence base that links alcohol misuse, illicit drug use and problem with social harm (such as increased rates of child, family and community neglect and violence), the Cashless Debit Card (CDC) program seeks to reduce the amount of cash that can be spent on alcohol, drugs and gambling.

The CDC program monitoring strategy is an internal program activity designed to improve the visibility of how the program is being implemented in all sites. The strategy utilises administrative data to confirm if components of the program are performing as intended thus minimising potential workarounds and unintended disruption to participants.

Delivery and management of the CDC program will be routinely monitored throughout the life of the policy. Program monitoring will be supplemented by periodic evaluation activities that examine the impact of the program and other complementary community-led initiatives on individuals, families and communities.

## Governance



### Legislation and Policy

Activities undertaken through the CDC program monitoring strategy comply with the:

- *Privacy Act 1988* and Privacy Principles
- *Social Security (Administration) Act 1999*
- DSS Data Confidentialisation Policy
- DSS Data Access Policy
- Australian Government Open Data Strategy.



## Cashless Debit Card Monitoring Strategy Working Group

The Cashless Debit Card Program Monitoring Strategy Working Group (the Working Group) is an internal advisory body that provides advice on the ongoing monitoring of the program. The Working Group brings together subject matter experts from across the Department to:

- build the capacity of staff in the Welfare Quarantining and Gambling Branch
- provide advice on the program monitoring approach
- oversee program monitoring activities, and
- assist in undertaking data analysis activities.

Membership of the Working Group includes representation from the following teams:

- Policy and Evidence - Welfare Quarantining and Gambling Branch
- Operations - Welfare Quarantining and Gambling Branch
- Strategic Engagement - Welfare Quarantining and Gambling Branch
- Implementation - Welfare Quarantining and Gambling Branch
- Data Access and Integration - Data Strategy and Development Branch
- Data Exchange Reporting and Analytics – Systems and Support Branch
- Policy Evaluation - Policy Strategy and Investment Branch
- Community Grants Hub – Operations (South Australia, Western Australia and Queensland).

The Working Group meets at least once every two months and the Terms of Reference are reviewed annually, or more often if required.

## CDC Community Stakeholders

The CDC program is introduced in locations where the community has asked for the program to assist them in combatting social harms. The Department meets with key community stakeholders who decide what oversight they have of program monitoring activities including what is monitored, how the information is presented, and the frequency of the information being provided. These arrangements are to be reviewed periodically to ensure they continue to meet the needs of the community stakeholders and their governance function.

## Theory of change

The CDC program theory of change (**Attachment A**) is premised on national and international research that shows the relationship between alcohol misuse, illicit drug use and problem gambling with increased rates of social harm (including child, family and community neglect and violence). The CDC program is testing if reducing the amount of money that can be spent on alcohol, drugs and gambling leads to children, families and communities feeling and being safer.



## Program logic

The CDC program logic (**Attachment B**) defines the intended inputs, activities, outputs, outcomes and collective impact of the CDC program. It also outlines potential program circumvention activities, potential spill-over benefits, and potential adverse consequences of the program.

## Program monitoring and program evaluation

For the purposes of this Framework:

*Program monitoring* concentrates on the delivery and initial outcomes of the program to ensure the program is being delivered as intended, and to identify any unintended consequences or activity that seeks to circumvent the policy. Program monitoring requires the continuous and routine collection of information and data that tracks progress using key indicators, and allows for real-time adjustments to the program through a continuous improvement process.

*Evaluation* seeks to identify and understand the outcomes and impacts of the program on individuals, families and the community. Data collected as part of the monitoring activity will feed into the evaluation and provide useful context to evaluation findings.

## Monitoring program delivery and initial outcomes

The CDC program is delivered in three stages.

Stage 1: Pre-implementation

Stage 2: Implementation

Stage 3: Ongoing program delivery

The table below identifies the relationship between program outputs with the stages in delivering the CDC program.

Program Logic Activity 7: DSS program monitoring		
Stage 1	Stage 2	Stage 3
Pre-implementation	Implementation	Ongoing program delivery
Output 1. Community leaders endorse an initiative that is tailored to the community.		
	Output 2. Participants are aware of the program and understands how it works.	
	Output 3. Participants cannot spend more than 20 per cent of an Income Support Payment on alcohol, drugs and/or gambling.	
Output 4. Community support services are available.		
Output 5. Participants have access to an adequate range of merchants.		
	Output 6. Appropriate adjustments are made to income restrictions on a case-by-case basis.	
Output 7. Ongoing adjustments are made to the program where relevant.		

# Data collection, management and analysis

## Data development agenda

A data development agenda operates alongside program monitoring to systematically improve the data available to monitor and evaluate the CDC program. Data is continually reviewed for its:

- value – its power to measure the output or outcome
- veracity – the quality of the data
- variety – having a mix of different data
- velocity – timeliness of the data, and
- volume – having the right amount of data.

Action is taken to improve existing data, or obtain new data. This process will continue for the life of the program.

## Primary data sources

The monitoring strategy utilises the following administrative data collected as part of the CDC's operations:

- *Participant data* from the Department of Human Services (DHS): DHS collects the payment and participant information of CDC participants.
- *Operational data*: The Department of Social Services (DSS) collects information on CDC participants who contact the CDC Hotline and utilise the Local Partners in CDC locations.
- *Community panel data*: Community Panels in Kununurra, Wyndham and Ceduna collect information on CDC participants who apply for a reduction in their quarantined amount.
- *Card provider data*: Indue, the card provider, collects the transaction and account information of CDC participants. Transaction data is collected at the merchant category level.
- *Support service data*: Service usage of services funded by the Department is collected from the Data Exchange (DEX).

To supplement the integrated data, where possible, the monitoring strategy collects community level data from relevant state governments. This data is at the community level, cannot be integrated and does not distinguish between CDC participants and non-participants, it is used to support the verification and triangulation of the administrative data.

## Data integration

Data integration enables a crosscut view of all departmental payments and programs at the individual level, which allows the Department to identify trends that will provide a greater understanding of the impact of the CDC.

Administrative data is integrated through the Data over Multiple Individual Occurrences (DOMINO) DataMart.

## Data access for program monitoring purposes

The administrative data sets are accessed through a self-service data visualisation and analytics tool that provides timely access to data for the purposes of program monitoring and generating bespoke reports.

Performance indicators

Output	Performance measure / indicators	Evidence source	Timing	Responsibility
Community leaders endorse the CDC	N/A	Community Reference Group discussions Correspondence to the Minister/Department Media Anecdotal data register	Ongoing	Pre-Implementation and Communication team
Participants know about the program and how it works	# and % of cards that have been activated  Time taken to activate card  # and % of activated cards making transactions	DHS participant data Indue data  Anecdotal data register	Daily during implementation	Implementation team
	# and % of self-activations  # and % of supported activations	Shopfront data  Operations data DHS participant data		Implementation team  Operations team Indue local partners
	# Hotline phone calls by reason (including wellbeing exemption, change to	Shopfront data  Operations data Indue data		

	housing limit, purchase large value items with cash)  # and % of locations with replacement cards			
	Communication products are accessible to the community and participants	Shopfront data Key stakeholders Operations data	Ongoing	Pre-Implementation and Communication team
Participants cannot spend more than 20% of their income support payment on alcohol, drugs and/or gambling	No successful transactions are made at merchants who primarily sell alcohol or gambling products.  # of investigations into suspected program circumvention activities  % of completed investigations	Indue data DHS participant data Key stakeholders and other community members Ministerial correspondence Media	As needed	Strategic Engagement Team
Community support services are available	A range of support services are available to the community that is proportionate to the characteristics of the community  # and % of participants using DSS funded services	Information provided by Commonwealth and State/Territory Governments  Data Exchange DHS Participant data Indue data	Support service mapping occurs before the program is implemented into a location.  Ongoing.	Strategic Engagement Team

	# and % Locations with face-to-face support through local partners			
Participants have access to a range of merchants.	# and % of CDC purchasing goods or services with their CDC.  # transactions at a diverse range of merchants (based on Merchant Category Code)	Indue data  Anecdotal data register	Ongoing	Strategic Engagement Team.
Adjustments are made to income restrictions on a case-by-case basis.	# of applications to a community panel  # and % of applications approved by a community panel	Community panel data	As needed	Community Panel  Operations team
Ongoing adjustments are made to the program where relevant	# issues/risks identified  % issues/risks resolved	Official records of responsible team	As needed	Operations team

# Reporting and Communication

## Reporting Protocols

The Australian Government is committed to the principles of open data access, whereby non-sensitive data is made available by default, for research, statistical analysis, and policy development. Further information about public data access can be found in the Department's *Open Data Strategy*. In doing so however, consideration will be given to the Department's responsibility to protect the privacy and identity of individuals and businesses represented in the data.

A significant quantity of sensitive and personal data from government and non-government sources will be collected by the Department, which may then be shared externally when de-identified. While a key element of the strategy is to improve data transparency with community through data sharing, it is imperative that special care and consideration be given to decisions regarding what data is shared and with whom.

### No data with identifying features will be provided

For reasons of privacy, only aggregated or de-identified data will be provided to key stakeholders or analysed as part of program monitoring.

### Values of four or less will be suppressed

Many of the communities in CDC locations are relatively small, which increases the risk of individuals being identified through the data. As is standard practice, the Department will not report on data where the value is four or less.

### Data requests must be directly related to the CDC

The Department will only respond to data requests where the request is directly related to the CDC, including, but not limited to, implementation issues and community impact. In situations where a request is made and the relevance to the program is not apparent additional information will be sought from the requestor.

## Products

*Community Dashboards* - Bespoke reports are developed for established stakeholder groups as requested. The reports include demographic information on CDC participants and other areas of interest identified by the stakeholders.

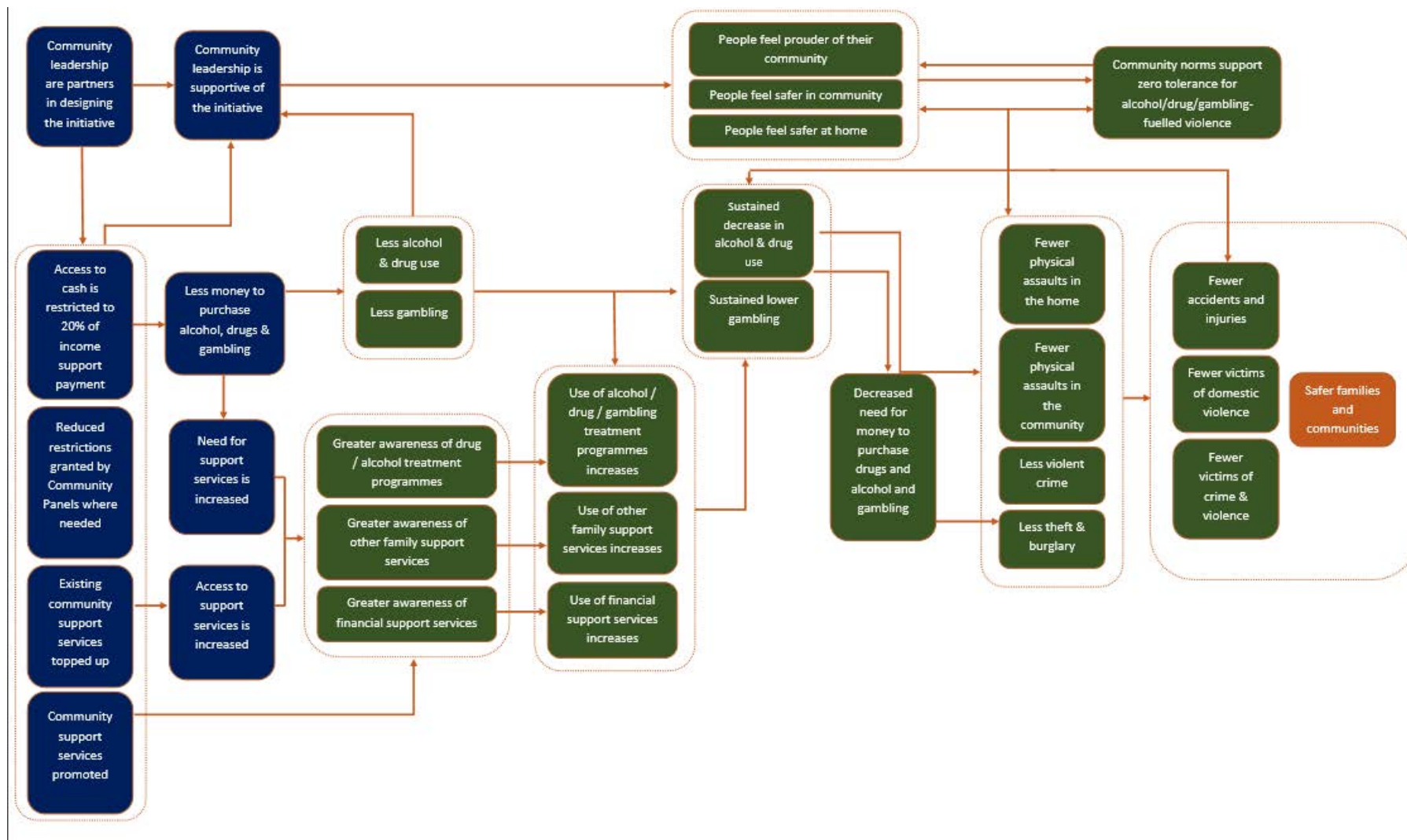
*Quarterly Review* - An internal quarterly review is undertaken to review the program's performance against the program's aim and outputs and alongside program risk and issues registers.

## Communication

Data is also made available to support other activities such as responding to ministerial enquiries and providing information to Senate estimates hearings.



### Theory of Change



## Program Logic

