



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. Despite significant engagement efforts from the department, no formal commitments to release data have been secured from states and territories. Securing access to data collected by states and territories requires formal data-sharing agreements as well as support for data supply.
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. s 47B 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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