



CHILDREN BY CHOICE  
ASSOCIATION INCORPORATED

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## About Children by Choice Association Inc:

Children by Choice provides counselling, information and education services on all options with an unplanned pregnancy, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service to women experiencing unplanned pregnancy, deliver sexual and reproductive health education sessions in schools, and offer training for GPs and other health professionals on unplanned pregnancy options. Through our active volunteer base, we campaign for the removal of abortion provisions from the Criminal Code of Queensland, and many reproductive health issues such as paid maternity leave.

Children by Choice supports women's access to all options with an unplanned pregnancy, including abortion, and have been involved in helping women access these options since the service began operation in 1972. Children by Choice is the only independent, not-for-profit women's service dedicated to unplanned pregnancy in Australia. Children by Choice is recognised nationally and internationally as a key advocacy group for the needs and rights of women in relation to access to reproductive health services with regard to unplanned pregnancy.

**Our vision: all women can freely determine their sexual and reproductive health choices.**

Key values that underpin our work are:

- pro choice and woman centred
- ethical and evidence based
- non-judgemental and unbiased
- confidential and respectful
- commitment to social justice, diversity and equity, and
- the right to self determination.

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## Proposed Government measures for new model of income management

Children by Choice has several concerns relating to the expansion of income management along the lines the Federal Government is proposing. These are:

- The arbitrary and compulsory nature of its application;
- That the legislation would remain discriminatory and have a disproportionately negative impact on women receiving income support;
- The lack of evidence that the intervention has been effective in the Northern Territory;
- The measure is expensive to implement;
- The lack of information on basic components of the policy, particularly control of access to quarantined payments;
- The impact on women experiencing domestic and family violence.

### The arbitrary and compulsory nature of its application

The Government is proposing to apply income management to several broad categories of people, including:

- disengaged youth;
- long-term welfare recipients;
- persons assessed as vulnerable, or requiring income management for reasons including vulnerability to financial crisis, domestic violence and economic abuse;
- persons referred by child protection authorities if the child protection worker deems that income management might contribute to improved outcomes for children at risk.

Children by Choice is concerned that people who are socially and economically marginalised can be allocated automatically to income management despite no individual history of social isolation, disengagement or participation in risky behaviours.

People referred by the Department of Child Safety can be targeted for compulsory income management, which may exacerbate their difficulties. Women of immigrant and refugee backgrounds are already struggling to negotiate their way through this system with little understanding or assistance from the Department, as is exemplified by the case study below. Antenesh's story was collected by members of the Young People's Reproductive Health Working Group from Brisbane:

*My name is Antenesh and I'm 17 years old and my baby boy Ambase is nine weeks old. I'm originally from East Africa and have been in Australia for 1 year. I've been a part of the Young Parents Program for about 6 months, I attended the Pregnancy Group and now I attend the Young Mums Group, I really enjoy the support and meeting other young mums.*

*After the birth of my son I stayed in hospital for two days then the next day one of the social workers came to me and said one of the nurses had reported that I'd shook my baby and I'd slapped my baby and called my baby "IT". I told the social worker that I didn't do these things and I wasn't going to harm my baby, I felt very upset. That afternoon a Department of Child Safety worker came to me with a court order saying that for the next 3 days the baby would be under their supervision and a nurse would be with me in the hospital until the court would send something. Child Safety came again on Wednesday with a court assessment order and my baby went into foster care for 1 week.*

*The Department of Child Safety also gave me a letter saying that the following week, I'd have to go to court for a court hearing. They also gave me a report with all of their concerns and noted evidence. There were so many errors in it! They had my*

*nationality wrong, they had the date of birth of my son wrong, they had wrong information about my relationship with the father of my baby. It was clear that they hadn't got their facts right and hadn't bothered to get to know me. They even confused how I said eat and thought I was calling my baby IT. They'd also written that I'd been very ambivalent about my baby and that wasn't true, stating that I claimed I didn't know anything about babies but I did! I'd attended antenatal classes at the hospital, childbirth education classes at YPP, I'd also done lots of my own research on the internet and I'd bought everything for baby (clothes, pram, bed).*

*So after leaving the hospital, 5 days after giving birth without my son, I had to organize some legal assistance, I got a legal aid solicitor, with help from my housing support worker, it was such a hard time, it was so difficult.*

*The next day I had an appointment at the Child Advocacy Unit which my YPP worker supported me at. I was able to see my son again as they did a medical examination to look for any physical evidence that I'd harmed him, they said that he was 100% and there wasn't any signs of harm. This was such a relief.*

*On the Monday they called my housing support worker, who they interviewed to get some more information from, YPP had also sent a supporting letter to the courts and Child safety saying how I'd attended the Child Birth Education program. Then the Department of Child Safety team leader and Child Safety Officer talked with me and the baby's father, they said they were dropping the case because there's no full evidence that the baby's at risk of harm. So I got my baby back, it was the happiest day of my life when I got him back, I was so happy. There was a court hearing for dropping the case that afternoon.*

*Two weeks later they came and visited to see how I was doing and then they sent me a letter saying that the baby wasn't at risk of harm and that the case was closed. Until now I'm feeling trauma and torture, because for taking your baby who you'd carried for 9 months and waiting for them to arrive and then having him taken after 2 days old, for a mother that's really tragic, it made my mind do very bad things happen.*

Children by Choice questions whether the proposed extension of income management would have resulted in this client being subject to further unnecessary and unjustified intervention by government agencies when the original government agency failed to act with due diligence.

If the scheme was voluntary however, the decision control for people who elect income management for themselves will lead to a mutual commitment from both parties to work towards better income management and sustainable behaviour change.

### **The legislation would remain discriminatory and have a disproportionately negative impact on women receiving income support**

Broadening the categories of people who would qualify for income management does not remove the inherent discrimination in its application, it only changes the grounds on which people are discriminated against. While an expanded model of income management would not be specifically targeted towards Aboriginal and Torres Strait Islander citizens, many community agencies have argued that they would remain the most affected by the legislation.

Furthermore, other marginalised or disadvantaged groups would be targeted by the legislation, creating further disadvantage rather than improvement. This is particularly the case where women are the recipients of 93% of all Parenting Payments (single). (2005-2006 Queensland OFW statistics). Income management will therefore affect a disproportionate number of women in the welfare system, yet no gender analysis has been performed on the measures. Discrimination on the basis of gender already faces women within their working lives, the expansion of income management could also increase gender discrimination in other spheres of their lives.

## The lack of evidence that the intervention has been effective in the Northern Territory

Despite the Government's stated commitment to evidence-based policy across all portfolios, the expansion of income management seems to go against the majority of evidence drawn from its trial in the Northern Territory.

The study of Julie Brimblecombe and David Thomas into the effect of income management on store sales in the NT, published in the Medical Journal of Australia, found that income management 'appears to have had no beneficial effect on tobacco and cigarette sales, soft drink or fruit and vegetable sales<sup>1</sup>.' The authors summarised their criticisms of the Government's lack of evidence that income management is successful for Crikey:

We are concerned that indigenous affairs minister Jenny Macklin has responded to our study by highlighting the results of the government's evaluation. [...] The evaluation cited by the minister was based on interviews with 76 income management clients in four communities, telephone interviews with 66 store operators as well as interviews with business managers and other stakeholders across several locations.

This is poor use of qualitative research to answer a question that essentially requires quantitative data: are people buying more healthy food as a result of income management<sup>2</sup>?

The Senate Community Affairs Legislation Committee consultation in 2009/2010 received many submissions and heard evidence from recipients of income management in the NT, raising problems with its efficacy and its negative impacts on recipients. We acknowledge there has been a small number of reports of positive outcomes as a result of income management, but believe that such a measure can not be arbitrarily imposed and should be undertaken on a voluntary basis by welfare recipients.

We also note that the authors of a recent study looking at child health and well-being in low-income or disadvantaged families, who stated that:

We note particular concerns by some authors that sanctions and conditions (such as working hours) placed on families may increase family stress<sup>3</sup>.

In spite of the government's commitment to gendered analysis of policy, no gendered evidence based research has been conducted to review the current arrangements, or examine the further impact of expanding the scheme.

## The measure is expensive to implement

The Australian Council of Social Service estimates the cost per head to implement the scheme at around \$4,400<sup>4</sup>. Children by Choice believes this money could be better spent in expanding support services into at-risk communities, and improving access to health and community services. We support the following statement made by WACOSS in the Committee's report:

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<sup>1</sup> JK Brimblecombe, J McDonnell, A Barnes, J Garnngulkpuy Dhurrkay, DP Thomas and RS Bailie, *Impact of income management on store sales in the Northern Territory* MJA 2010; 192 (10): 549-554. Available online at [http://www.mja.com.au/public/issues/192\\_10\\_170510/bri10090\\_fm.html](http://www.mja.com.au/public/issues/192_10_170510/bri10090_fm.html). Accessed 11 July 2010.

<sup>2</sup> J Brimblecombe and D Thomas *Macklin's twists truths* [sic] on income management Crikey 17 May 2010. Available online at [http://www.mja.com.au/public/issues/192\\_10\\_170510/bri10090\\_fm.html](http://www.mja.com.au/public/issues/192_10_170510/bri10090_fm.html). Accessed 10 June 2010.

<sup>3</sup> PJ Lucas, K McIntosh, M Petticrew, HM Roberts, A Shiell. *Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries*. Campbell Systematic Reviews 2008:9

<sup>4</sup> Clare Martin, ACOSS, Committee Hansard, 26 February 2010, p22. Cited in Community Affairs Legislation Committee *Inquiry into Social Security and Other Legislation Amendment (Welfare Reform and Reinstatement of Racial Discrimination Act) Bill 2009 and the Families, Housing, Community Services and Indigenous Affairs and Other Legislation Amendment (2009 Measures) Bill 2009 along with the Families, Housing, Community Services and Indigenous Affairs and Other Legislation Amendment (Restoration of Racial Discrimination Act) Bill 2009* Report, March 2010, Commonwealth Government, Canberra p55.

We would argue that to see better outcomes for children and families we should stop diverting resources from effective programs and services into income management, which is expensive to administer, with no established hard evidence that it actually works. We would argue that a sustainable approach would invest in addressing the root causes of poverty and social exclusion. We must also be prepared to wait for the outcomes if we are to see real lasting and meaningful change for families facing poverty. The other aim is to foster individual responsibility and to provide a platform for people to move up and out of welfare dependence. We join ACOSS in suggesting that solutions should focus on investment in social services, ensuring the adequacy of social security payments and providing better employment assistance for the long-term unemployed<sup>5</sup>.

### **There is a lack of information on basic components of the policy, particularly control of access to quarantined payments**

While the policy outlines on FAHCSIA's website seem fairly comprehensive in terms of the application of new income management measures, there is a lack of information available on two important components of the policy: what will constitute an 'essential item', and how income managed welfare recipients will be able to use their quarantined payment.

#### **Essential items**

Without a list of 'essential items' that quarantined payments will be able to be used to purchase, we are concerned that it may not be comprehensive enough. Access to contraception is particularly important, and we would argue vigorously that it needs to qualify as an essential.

#### **Access to quarantined payments**

According to FAHCSIA's own website:

The methods of accessing income managed funds will not change. For many people, the most convenient way to access their income management funds will be through the BasicsCard, a PIN protected card which operates using the existing EFTPOS network, and can be used at a broad range of merchants. However, there is a range of other ways to access income managed funds - Centrelink will discuss these with customers at their initial income management interview<sup>6</sup>.

The concerns of Children by Choice over access to quarantined payments are best reflected in previous submissions to the Senate Community Affairs Legislation Committee in 2009/2010. These are:

- restriction of shopping options, and lack of choice due to limited retailers with basics card functionality. We draw your attention to the following comments from the Western Australian Council of Social Service:  
...stores accepting BasicsCards were not necessarily appropriate for the demographic of families being subjected to income management. People were limited in where they could shop, subjecting them to higher prices and less choice. Shopping around at markets or smaller businesses was very difficult. From a cultural perspective, many people from diverse backgrounds were also not having their needs met. Many were unable to buy certified halal produce and were restricted in where they could shop<sup>7</sup>.
- difficulty in using BasicsCards. In the Committee inquiry into income management and welfare reform, several witnesses referred to 'high levels of shame and humiliation'

<sup>5</sup> Ms Sue Ash, WACOSS. Cited in Community Affairs Legislation Committee Report, p56.

<sup>6</sup> Available online at [http://www.fahcsia.gov.au/sa/families/progserv/welfarereform/Pages/new\\_income\\_mngnt.aspx](http://www.fahcsia.gov.au/sa/families/progserv/welfarereform/Pages/new_income_mngnt.aspx). Accessed 10 June 2010.

<sup>7</sup> Ms Sue Ash, WACOSS. Cited in Community Affairs Legislation Committee Report, p48.

resulting from difficulty accessing a balance on the BasicsCard and therefore overestimating the amount available and having to return goods at the registers<sup>8</sup>.

- segregation in retail outlets. From the Committee's report:  
The committee heard from the Northern Land Council that problems with the BasicsCard had led to the existence of segregated shopping lines existed in stores in Katherine<sup>9</sup>.

In addition to these general access concerns reflected by other agencies and individuals, Children by Choice is concerned at the impact income management could have on women experiencing unplanned pregnancy. Women at a financial disadvantage already face significant barriers in accessing sexual and reproductive health services, whether they decide to continue with the pregnancy or not, and this is exacerbated by distance for those living in rural and remote areas.

Women who contact Children by Choice for financial assistance in accessing abortion are generally those who are already at a financial disadvantage, many of whom are receiving government benefits. Many are raising children single-handedly, and have little access to support from friends or family members.

There is very little public provision of abortion services in the state's public hospitals, and the vast majority of procedures take place in private clinics where patients incur substantial non-refundable out-of-pocket fees. There are only three such clinics outside the southeast corner of the state, and the out-of-pocket costs are considerable – starting at around \$350 for women in the Brisbane area and rising sharply in regional centres to peak at \$830 up front in Cairns. When transport and accommodation is included, women from rural and regional areas who have to travel large distances to access the procedure face incredibly high costs.

The decision to terminate an unplanned and unwanted pregnancy is very time sensitive. In general pregnancy termination services in rural and regional areas only offer procedures in the first trimester and fees increase from around 10 weeks gestation. Therefore, it is important that financially disadvantaged women who have made the decision to terminate a pregnancy can access services as soon as practicable. Children by Choice is concerned that income quarantining and difficulties accessing income payments will impede attempts to gain financial support, delay women's presentation to medical services and may cause some women not to be able to access pregnancy termination services at all.

Emerging evidence from the Children by Choice rural and remote assistance client assistance project indicates solid trends. Of the women who have accessed financial support from the project:

- 85% were in possession of a Health Care Card.
- Almost 60% had pregnancies 11 weeks or over. Delayed presentation or diagnosis or pregnancy is a common issue with rural and remote women in part due to poorer access to medical services compared to women living in capital cities.
- Over 70% were sole parents.
- Of those women already parenting, by themselves or with a partner, the average number of children they already had was 2.75.
- They had to travel an average of 520km to access an abortion where they chose this option.
- None of them received any support from the man involved in the pregnancy.

These women will be further disadvantaged if they are subject to income quarantining. Of particular concern in relation to the issues faced by women in these circumstances, are the reported difficulties of recipients in needing Centrelink approval for large purchases. As noted by ACOSS:

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<sup>8</sup> Community Affairs Legislation Committee Report, p51.

<sup>9</sup> Mr Kim Hill, Northern Land Council. Cited in Community Affairs Legislation Committee Report, p52.

It is something that we should be embarrassed about. I have a transcript here from Stateline in the Northern Territory just a couple of weeks ago where they were talking to Aboriginal people in Katherine, and women, whom I know, were railing against the fact that if they want to buy a piece of furniture, they had to go to Centrelink and get a quote for it. They cannot even make that choice about their own lives. They have to trek around the streets getting quotes and take them, cap in hand, to Centrelink and say, 'Can I buy this piece of furniture?' and Centrelink will write out the cheque. What is this legislation doing to people's lives? It is not making them accountable or managing their finances better. It is really demeaning<sup>10</sup>.

While Children by Choice acknowledges that the Department is endeavouring to expand the number of large retailers which accept BasicsCard payments for household items, concerns remain about other circumstances which invoke high costs, such as medical procedures. In the case of pregnancy termination, there is also the very real possibility that the value judgements of individual workers could result in approval for payment for the procedure being denied. The NT Dept of Business and Employment raised similar issues in the Committee's consultation:

...staff are resistant to being the determiner of what is purchased and what is not. The other problem we have is that in the Northern Territory, like a lot of places, the turnover of staff in these checkout positions is quite high. You might educate your staff on what they can accept and what they cannot and then have a change of staff, or a staff member who has a different interpretation or a misunderstanding of what is required<sup>11</sup>.

The reported problems experienced by recipients in trying to arrange long-distance travel are also extremely relevant to the issues above, particularly given the experiences of some of Children by Choice's clients. One such client's story is as follows. Her name has been changed to protect her privacy:

*Claire called us earlier this year wanting help with accessing an abortion. Claire had four children already and had not wanted any more, so had been prescribed an injectable contraceptive through her local doctor. She conceived while on this and subsequently miscarried, causing her to miss her next appointment for her injection. She conceived again.*

*At 43, Claire considered her family complete and decided to seek an abortion. She presented at a community health service in Mt Isa. The health service called Children by Choice and was shocked to learn that Claire would not only have to travel to Cairns or Townsville (a distance of 900km, one way), but also that the procedure would cost over \$550 at a minimum. Claire had no money available to her, being dependent on Centrelink payments and also supporting some family members.*

*In addition to the financial stress, there was a time restriction – the Townsville clinic only operates one day per fortnight, flying in a doctor in from Brisbane to perform these procedures. The next operating day was four days from when Claire contacted us. If she couldn't raise the money in time, she would have to wait another fortnight and pay more, as the pregnancy would be further advanced.*

*A local service managed to arrange her transport from Mt Isa to Townsville and her accommodation whilst there. Even with this covered, the concerted efforts by Children by Choice and several other services to provide financial assistance still were not sufficient to raise the necessary funds, and Claire was faced with a gap of \$170 and a day to find it. Calls to government departments and MPs' offices proved fruitless. In desperation, Children by Choice contacted a supportive individual donor. Thankfully, the \$170 was forthcoming – with Claire and her support workers intensely*

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<sup>10</sup> Clare Martin, ACOSS. Cited in Community Affairs Legislation Committee Report, p 50.

<sup>11</sup> Doug Phillips, NT Dept of Business and Employment. Cited in Community Affairs Legislation Committee Report, p54.

*relieved but also aware that but for the generosity of one supportive person, she would have been faced with the prospect of continuing with the unwanted pregnancy.*

Claire's story is not uncommon, with women in rural and remote often facing significant distances to travel to access health services. Under income management, a woman like Claire would need to disclose private medical details to a large government agency. She needed an immediate response to her request, not consideration by a government employee whether her expense was within the access guidelines.

The costs of long distance travel coupled with accommodation expenses would be even more difficult to manage and arrange for income-managed women, which would further disadvantage them compared with urban women. ACOSS has already noted in their submission to the consultation that the lack of BasicsCard facilities interstate has made travel difficult for people already experiencing income management<sup>12</sup>.

Children by Choice notes the Committee's comments that a national rollout of the scheme could improve this situation, but is still concerned that income-managed individuals will not have timely access to quarantined income to manage a sudden emergency cost.

### **The impact upon women experiencing domestic and family violence**

According to the FAHCSIA website, people subjected to income management would include people who are:

[v]ulnerable welfare payment recipients, as assessed by a Centrelink Social Worker, to be experiencing issues such as financial hardship, domestic violence or economic abuse...[who] will not be eligible for exemption pathways, despite having access to ongoing reviews and to appeal rights.

Children by Choice is concerned that victims of domestic violence will be classified as 'high risk of social isolation and disengagement, poor financial literacy, and/or participating in risky behaviours' and therefore subjected to income management. Income management in these situations seems punitive, not supportive, and would act to exacerbate the above conditions instead of easing them. Women experiencing violence are frequently at risk of isolation due to the abuse. Putting these women under income management measures leads to less control over their lives, not more, and leaves them less available money to arrange for emergency accommodation or the means to leave a violent home or relationship.

### **Conclusion**

Children by Choice believes that an attempt to improve the living conditions of welfare recipients by imposing compulsory income management is misguided, and that efforts should instead be directed towards improving the conditions in people's lives which contribute to ill-health and disadvantage.

Women may face increased discrimination and the policy has not received sufficient gender analysis to determine its impact upon women already experiencing disadvantage. In particular, Children by Choice is concerned that compulsory income quarantining will further negatively impact socio-economically disadvantaged women's access to pregnancy termination services.

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<sup>12</sup> Clare Martin, ACOSS. Cited in Community Affairs Legislation Committee Report, p53.