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Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings

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(FES)

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Glossary

BasicsCard	Income management initiative operating in selected locations across Australia
CDC	Cashless Debit Card
CDC shopfront	Provides support to those participating in the CDC program
DSS	Department of Social Services
Indue	The payment company administering the CDC
ISP	Income Support Payments
Local partner	Provides support to those participating in the CDC program
NVivo	Qualitative data analysis computer software package
Operation Fortitude	Policing intervention in the City of Kalgoorlie-Boulder
SES	Stakeholder engagement strategy

1. Executive Summary

Developed in close consultation with local community and Indigenous leaders, local and state government agencies, the Australian Government has implemented a Cashless Debit Card (CDC) for income support payments (ISPs) in multiple locations where high levels of welfare dependence co-exist with high levels of social harm underpinned by alcohol, drug use and gambling. The CDC aims to reduce the levels of harm associated with alcohol consumption, illicit drug use and gambling by limiting participants' access to cash and by restricting the purchase of alcohol or gambling products.

In early 2016, the CDC commenced in two communities across Australia - Ceduna in South Australia and Kununurra and Wyndham in Western Australia. In the 2017-18 Budget, the Government announced its intention to expand the CDC to two new locations. The Goldfields region in Western Australia was selected as one of the new expansion sites following support for the card in the region. The CDC has been progressively rolling out in the Goldfields region since March 2018.

The Department of Social Services (DSS) commissioned the Future of Employment and Skills Research Centre (FES) to undertake the independent collection of baseline data from trial participants and other relevant stakeholders to allow an assessment of the conditions within the Goldfields around the time of the introduction of the CDC.

This report details the findings arising from the qualitative baseline data collection. Following a comprehensive stakeholder engagement strategy, in-depth qualitative interviews were conducted with 66 stakeholder representatives and 64 CDC participants across the different CDC site locations in the Goldfields. As the findings presented in this report arise from qualitative research, they are therefore subject to limitation in their generalisability to broader population groups.

1.1 Socio-economic conditions

Our research identified significant social, welfare and economic issues facing the Goldfields region prior to the introduction of the CDC. The most frequently mentioned problems related to those concerned with alcohol, drug use and associated crime, violence and impacts on children's health and well-being. Other concerns were associated with people coming into town from the Ngaanyatjarra Lands (the Lands) and the racial tension evident within the region. These issues were found to have historical causes and were intergenerational in nature. The social, welfare and economic issues discussed were also not mutually exclusive, many were interdependent and interacted with each other in ways that compounded their negative effects. They were also not experienced equally in each location of the Goldfields.

1.2 Tackling the social harm evidenced in the Goldfields

There were two main ways in which the social harm evident in the Goldfields region was being tackled prior to the CDC. This was via support services and other interventions, such as the alcohol accord and increased policing. However, the majority of respondents indicated that there were a number of factors that impinge on the effective delivery of services within the Goldfields and considerable service gaps were reported to be present. Many respondents also questioned the effectiveness of the other current interventions that aimed to address social harm which were operating within the region.

As a consequence, a need for additional measures to curb the social, welfare and economic issues evident within the Goldfields region was reported by respondents. The CDC was seen by many stakeholders as being a potentially appropriate and positive option to address these issues. However, concerns were also expressed that in isolation the CDC policy was insufficient to address the

entrenched issues present within the Goldfields. Some respondents reported that, in order to be fully effective, the CDC needed to be part of a suite of policies and programs such as enhanced health and community services, improved housing, greater policing and alcohol management.

1.3 Expectations of the Cashless Debit Card

Many respondents believed that the CDC had the potential to have positive impacts on conditions within their local communities. The expected impacts of CDC centred primarily on alcohol and drug use and misuse, child welfare and well-being, money management, and crime and family violence.

To a lesser extent, expectations around the impact of the CDC on employment and training as well as health and well-being were also described by respondents. Given that gambling was not perceived to be particularly problematic within the Goldfields, few respondents raised expectations of change in this issue.

1.4 Aspects of the CDC that are working well

Overall, stakeholders and participants considered that the implementation of the CDC in the Goldfields region had gone particularly smoothly and was working well. Aspects of the CDC that were thought to have contributed to the smooth implementation process included the community consultations which had occurred prior to the introduction of the CDC. These consultations were said to have been extensive and inclusive, engaging not only easy-to-reach groups but also engaging appropriately and sensitively with Indigenous community groups. This engagement work was reported to have successfully assisted in developing knowledge and preparations for implementation.

The CDC shopfronts were a further aspect which were considered vital to the success of the implementation in the Goldfields region. These shopfronts provide a space where participants are able to gain information and assistance with the CDC when needed. This was viewed by many stakeholders as being especially important given the prevalence of poor literacy among the CDC population in the region. Situating shopfronts in locations which created a safe space for CDC participants and the employment of local people with knowledge of the community was central to the successful roll-out and implementation of the CDC. The smooth implementation process was thought to be illustrated by the number of people that were self-activating their card, rather than seeking assistance from CDC office staff. Moreover, aspects of the card itself - being able to be used like a normal bankcard and the ability to set up SMS alerts to check balances - were also seen as being helpful.

Respondents identified certain groups of people for whom the CDC was working particularly well. These groups included people with drug and alcohol problems who were commonly reported to be reducing their consumption and spending more of their money on food, clothes and other essential goods. In addition, the CDC was also perceived to be working better for those with previous experience of income management systems, and people who were technologically literate and already good at managing their money.

1.5 Aspects of the CDC that are not working well

As could be expected with the implementation of any new policy intervention, stakeholder representatives and participants also identified several aspects of the CDC that were not working particularly well. These included a lack of consultation and insufficient information being provided to participants and some stakeholders prior to the CDC roll-out. As a consequence of not providing sufficient information and education, the circulation of misinformation about the CDC had occurred.

Problems had also been experienced with direct debit arrangements under the CDC, and other technological concerns were reported such as the card processes being dependent on the use of the internet. Respondents observed that CDC participants often did not have an email account, or access to a phone or internet, which were essential for activating their cards and for other processes. A number of systems-based technological difficulties were also reported to have been experienced in the early implementation of the CDC which had impacted upon card activations and the use of the card with some EFTPOS systems. Many participants raised continuing concerns about being unable to use the card in some locations including schools, shops, roadhouses and mixed businesses (e.g. motels which also sold alcohol).

Two issues relating to buildings and staffing that negatively impacted on the ability of the shopfronts to engage with CDC participants were also identified. Firstly, it was observed that a shopfront in one location was located in a new building and as such was considered to be quite unfamiliar and intimidating for people, particularly Indigenous people, to enter. In addition, stakeholders expressed concerns that there were no local, Indigenous staff employed at some of the CDC shopfronts. They felt that this diminished the ability of staff to connect with all community members, thus decreasing participant engagement with the shopfront.

Respondents were also concerned about the stigma associated with the card. Examples of direct discrimination were provided by some participants. The proportion of cash available to participants under the CDC was also questioned by some respondents. Finally, respondents discussed the appropriateness of the targeting of the CDC policy and also identified certain groups of people for whom the CDC was not considered to be working well for. This included people with disability and their carers, people with mental health issues and older aged pension recipients (who were not CDC participants) who were experiencing greater levels of financial abuse.

1.6 Early impacts of the Cashless Debit Card

Even though, at the time of the interviews, the card had only been implemented for a few months, a majority of respondents were of the opinion that early impacts were starting to be observed. These impacts primarily centred on alcohol and drug use and misuse, child welfare and well-being, spending and financial management, financial abuse, crime and domestic violence, and support services.

Levels of substance misuse (and especially alcohol misuse) were reported by many respondents to have reduced in the Goldfields since the introduction of the CDC. Likewise, alcohol-related anti-social behaviour and crime had also decreased. However, there was some uncertainty as to whether these impacts were a direct consequence of the CDC or were linked with concurrent policing and alcohol management interventions in the region.

Early positive impacts relating to improvements in child welfare and well-being were commonly reported by respondents with beneficial outcomes of the CDC perceived to be flowing down from participants to their families. The provision of food, clothes and toys to the children of CDC participants was widely reported to have increased.

Further key areas of change as a consequence of the CDC centred on financial management and spending. The spending patterns of some CDC participants was changing with less money spent on alcohol and more on food, bills and household items. Linked with this, many respondents reported that the CDC was leading to improvements in financial literacy and management, with some participants now able to budget their money better and have the opportunity to save. However, some CDC participants were said to be struggling with budgeting and the need for services to support the development of financial literacy skills was highlighted.

The introduction of the CDC was predominantly found to be having a positive effect on the prevalence

and severity of crime, family violence and anti-social behaviour within the Goldfields. Many respondents reported that their communities were now quieter and safer. However, increased levels of policing and the initial implementation of the CDC occurring during a relatively quiet seasonal period led to caution amongst some respondents in the attribution of reduced crime rates to the CDC.

Perspectives as to the impact of the CDC on support services within the Goldfields were diverse. The establishment and funding of financial capability services and the CDC shopfronts were considered to be beneficial. However, disappointment was expressed by many respondents that the promised funding for wrap-around services to support the implementation of the CDC in the Goldfields had not materialised. A deep need for more essential services, and in particular, alcohol and drug services to support CDC participants was reported. Views were mixed as to whether the CDC impacted on consumer demand for community services.

A minority of stakeholders also discussed the early impacts of the CDC on transient populations, health and well-being, and the uptake of training and employment.

Respondents also described community and participant reactions to the CDC following its implementation within the Goldfields. Following the introduction of the CDC, many respondents stated that opinions were changing and increasing numbers of people were now in favour of the card. A majority of participants either liked or held neutral views about being on the CDC; positive views primarily centred on the perceived financial benefits of the CDC (such as improvements in financial literacy and money management). However, a minority of participants continued to oppose the CDC following implementation, with greater opposition to the card found amongst non-Indigenous participants. Reasons for opposition to the CDC were primarily due to a reluctance by participants to having restrictions placed on their money and spending. Further issues were reported with the proportion of the money available as cash on the card, the targeting of the policy, and experiences of stigma. For some respondents the CDC was perceived as unfairly targeting and stereotyping Indigenous people and the CDC was likened to previous policies of control.

1.7 Early perceptions from participants and stakeholders for improvement

Stakeholders and participants suggested several areas of future improvement of the CDC. These included the funding and provision of wrap-around services operating alongside the CDC to improve the effectiveness of the card and support individual, family and community wellbeing. Suggested improvements to wrap-around services included addressing service gaps and funding issues in drug and alcohol services, health and mental health services, and preventative and crisis services and ensuring the availability of financial management and counselling services. The need for services to be set up locally within the communities and to be staffed by local people (including Indigenous workers) was also suggested by respondents.

Rather than the current blanket approach to the targeting of the CDC which had occurred in the Goldfields, many respondents supported the enhanced targeting of the policy. Hence it was proposed that the policy be better targeted at those with substance abuse issues and exclude people with disability and their carers. Given the potential of the CDC to exacerbate mental health issues, people experiencing mental illness were also identified as a group that is potentially in need of exclusion.

A further suggested area of improvement was for increased community consultation and the provision of information to CDC participants in more accessible modes and mediums. Finally, respondents suggested that the appearance of the Indue card be changed so as to be less likely to identify users as welfare recipients and reduce experiences and feelings of stigma and discrimination.

2. Introduction

2.1 The Cashless Debit Card

Developed in close consultation with local community and Indigenous leaders, local and state government agencies, the Australian Government has implemented a Cashless Debit Card (CDC) for income support payments (ISPs) in multiple locations where high levels of welfare dependence co-exist with high levels of social harm underpinned by alcohol, drug use and gambling.

Originally envisaged in *Creating Parity – The Forrest Review (2014)* as a ‘Healthy Welfare Card’, the CDC aims to reduce the levels of harm associated with alcohol consumption, illicit drug use and gambling by limiting participants’ access to cash and by restricting the purchase of alcohol or gambling products. Those on CDC receive:

- 20 per cent of their welfare payment in their usual bank account
- 80 per cent of their welfare payment onto the CDC
- 100 per cent of any lump sum payments from Centrelink onto the CDC

The CDC is a Visa debit card that can be used at any merchant that accepts EFTPOS. The card cannot be used for the purchase of alcohol or gambling products, or to withdraw cash, but can be used to purchase other goods, including groceries and household goods, and to pay bills.

The rollout of the CDC is supported by additional funding for support services in its sites to assist those with drug and alcohol issues. The support services include access to drug and alcohol rehabilitation services and family violence services. In the Goldfields, funding will be provided for additional support services for the first three years of the program.

In early 2016, the CDC commenced in two communities across Australia. It began in Ceduna¹ in South Australia on 15 March 2016, and Kununurra and Wyndham in Western Australia on 26 April 2016. In the 2017-18 Budget, the Australian Government announced its intention to expand the CDC to two new locations. The Goldfields region² in Western Australia was one of the new expansion sites following support for the card in the region. The CDC has been progressively rolling out in the Goldfields region from March 2018.

Currently the CDC involves approximately:

- 871 participants in Ceduna
- 1352 participants in East Kimberley
- 2995 participants in the Goldfields

The Department of Social Services (DSS) commissioned the Future of Employment and Skills Research Centre (FES) at the University of Adelaide to undertake the independent collection of baseline data with trial participants and other relevant stakeholders in the Goldfields region. The baseline data

¹ Including the Indigenous Communities of Yalata, Koonibba, Scotdesco and Oak Valley.

² The Goldfields region covers the local government areas of Kalgoorlie-Boulder, Laverton, Leonora, Coolgardie and the suburbs of Menzies, Kookynie and Ularring in the Shire of Menzies in Western Australia (WA).

activity is the first element of an evaluative approach which has been designed to be modular in its form, flexible, adaptable and sufficiently generalisable to be able to be applied to future CDC sites.

2.2 Socio-demographics of CDC participants in the Goldfields region

Utilising a sample drawn from relevant administrative data, FES found that the composition of CDC participants is 57 per cent (1,526/2,668) non-Indigenous and 43 per cent (1,142/2,668) Indigenous.

Table 2-1: Gender distribution and Indigenous status composition of CDC participants in the Goldfields area³

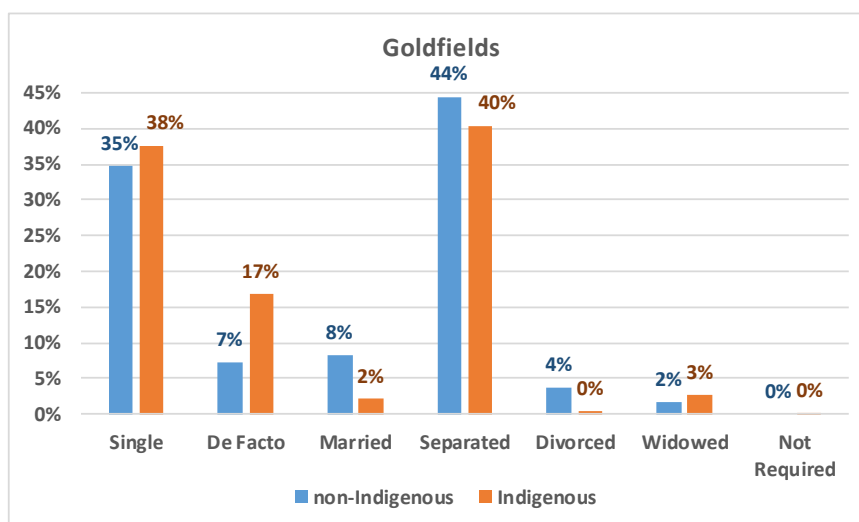
Gender	Non-Indigenous		Indigenous		All	
	Frequency	%	Frequency	%	Frequency	%
Male	678	44%	470	41%	1,148	43%
Female	848	56%	672	59%	1,520	57%
Total	1,526	100%	1,142	100%	2,668	100%

Note: There are major demographic differences between the various areas covered by this research in the Goldfields region

Of the non-Indigenous CDC participants, 56 per cent were female and 44 per cent were male. For the Indigenous participants, the gender split was 59 per cent female and 41 per cent male.

Marital status is an important marker of differences for social data. Figure 2.1 shows that the CDC participants in the Goldfields region are predominantly single or separated with a small proportion married or living in a de facto relationship. The split between Indigenous and non-Indigenous participants who are not married is almost even, while the proportion of de facto relationships is much higher among Indigenous CDC participants than non-Indigenous ones.

Figure 2-1: Marital status by Indigenous status, Goldfields trial area



³ The administrative data was extracted on the 9th of July 2018 and included 2,792 individuals who were identified as being placed onto the CDC at this date. 124 individuals did not provide the information needed for this table, leaving 2,668 as the total sample size.

3. Methodology

3.1 Stakeholder engagement

A stakeholder engagement strategy (SES) was essential for the adequate and timely collection of baseline data in the Goldfields region. The stakeholder engagement strategy involved extensive pre-interview engagement to introduce the research, obtain appropriate consents, enlist support and obtain follow-up assistance with sourcing and conducting interviews with CDC participants.

Initial stakeholder engagement involved a visit to each location⁴ to meet stakeholders at implementation working group meetings and to introduce the project and initiate interview recruitment processes, including ensuring all local research and cultural approval processes were met.

Subsequent stakeholder engagement involved several steps - an initial approach by email or phone, booking and undertaking a face-to-face visit in the Goldfields, following up and arranging an interview time and then conducting the actual interview (either face-to-face or by telephone). Follow-up engagement then occurred with stakeholders if they had offered to facilitate the recruitment of CDC participants for the qualitative interviews. In addition, extensive engagement work was undertaken with CDC participants to ensure that they felt comfortable in informing the research. This included emphasising the confidentiality of information, independence of the research team from both DSS and Indue, and ensuring that the research approach was culturally appropriate.

3.2 Collection and analysis of baseline qualitative data (CDC participants and stakeholders)

FES conducted interviews with CDC participants and stakeholders in each of the six main locations in the Goldfields region (Kalgoorlie-Boulder, Laverton, Leonora, Coolgardie, Kambalda and Menzies). Interviews were also conducted with CDC participants living in several neighbouring Indigenous communities including Kurrawang and Mt Margaret.

3.2.1 Interviews with stakeholders

Semi-structured qualitative interviews were conducted with 66 representatives from 59 stakeholder organisations. These interviews sought to explore both the functioning of aspects of the CDC and the expected and perceived impacts of CDC and other support service measures. They also collected evidence around the socio-economic conditions present in the Goldfields prior to the introduction of the CDC and perceptions of the reasons why the CDC had been introduced in the region.

Recruitment was facilitated by DSS and our research team's stakeholder engagement activities. The selection of stakeholders was informed by pre-fieldwork site visits and informal consultations undertaken at that time, along with advice provided by the Department.

Figure 3.1 shows the spread of stakeholders by location. Twenty three organisations were principally located in Kalgoorlie-Boulder (although they may have serviced the broader Goldfields area). Fourteen were located in Shire of Coolgardie/Kambalda, thirteen were located in Leonora (with many servicing both Laverton and Leonora), and seven were located in Laverton. One stakeholder was located in an

⁴ Visits were made to Kalgoorlie-Boulder, Laverton, Leonora, Coolgardie, Kambalda and Menzies.

area outside of the Goldfields region.

Figure 3-1: Stakeholders by Location

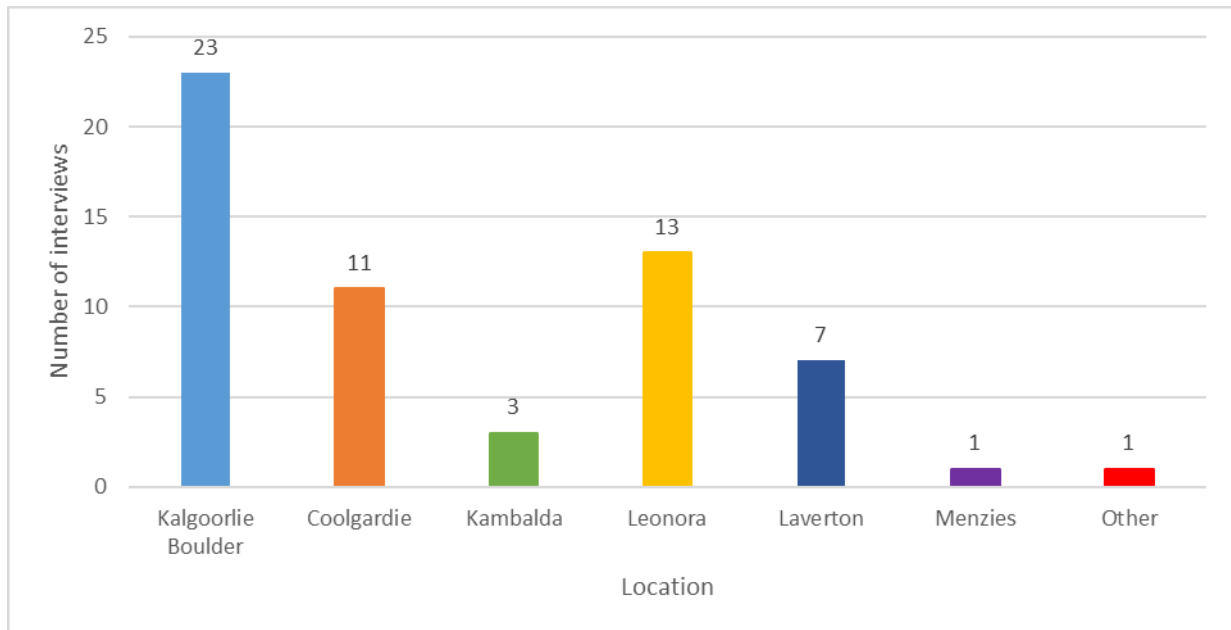
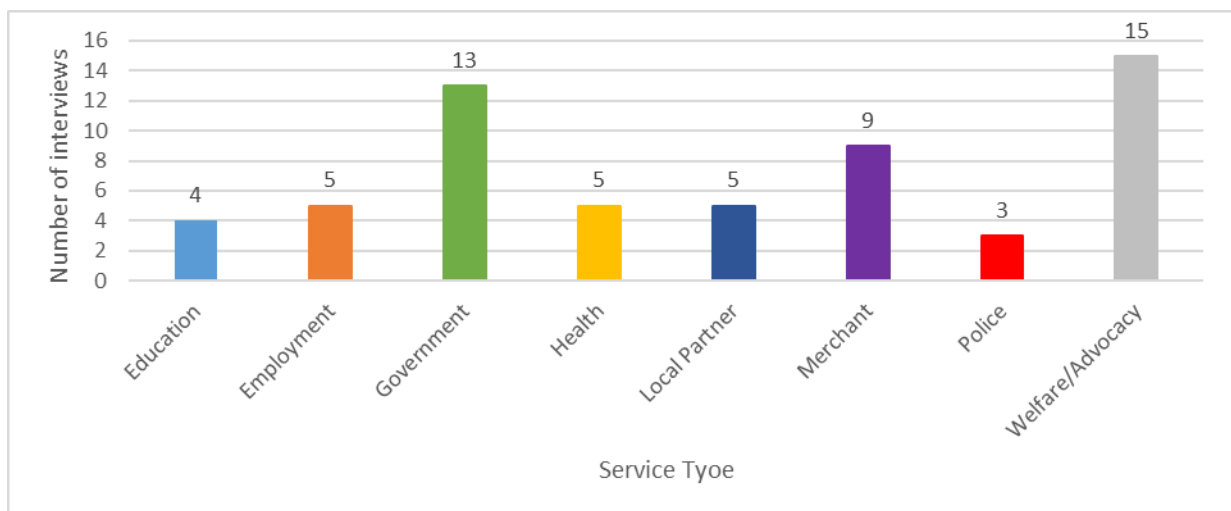


Figure 3.2 shows the spread of stakeholder by service type. The stakeholders interviewed included representatives from local, state and federal government (n=13); local partners (n=5); welfare and advocacy organisations (n=15); employment services (n=5), merchants (n=9); and the police, education and health sectors (n=12).

Figure 3-2: Stakeholders by Service Type



3.2.2 Interviews with CDC participants

Interviews were also conducted with 64 CDC participants. The interviews sought to obtain in-depth information relating to people’s views about CDC and its impact on their own lives and the communities in which they live. Similar to the stakeholder interviews, participant interviews also sought to collect evidence around the socio-economic conditions present in the Goldfields prior to the introduction of the CDC. An overview of the profile of the CDC participants that informed the research is outlined in Table 3-1.

Table 3-1: Participant Profile

Attribute	Number = 64	Percentage = %
Location:		
Kalgoorlie-Boulder	19	30
Coolgardie	6	9
Kambalda	6	9
Leonora	16	25
Laverton	16	25
Menzies	1	2
Gender:		
Male	29	45
Female	35	55
Identified as Indigenous:		
Yes	41	64
No	23	36

Nearly a third (30%) of respondents resided in Kalgoorlie-Boulder. A quarter of respondents were from the regional township of Laverton (25%) and another quarter were from the regional township of Leonora (25%). Eighteen per cent of respondents were from Kambalda and Coolgardie, and a further respondent was from the township of Menzies.

Just under two thirds (64%) of CDC participants identified as being Indigenous, while 45 per cent of interviewees were male and 55 per cent were female.

In the main, recruitment of CDC participants occurred via stakeholder organisations. A flyer advertising the opportunity to inform the research was developed and provided to stakeholders to distribute/display. Those interested in participating either contacted the research team directly or consented to have their contact information provided to the research team by the stakeholder organisation.

3.2.3 Further detail on qualitative interviews

Recruitment was conducted in accordance with an ethics approval by the University of Adelaide Human Research Ethics Committee and interviews were conducted between June and September 2018.

The interview guides incorporated (where appropriate) questions used in the previous evaluation of the CDC in East Kimberley and Ceduna to allow the comparison of data collected for the baseline research with previous data collections. The interview guides also judiciously introduced additional questions in order to answer the core policy questions, namely whether the CDC works or not and how this happens. Interview guides incorporated culturally appropriate content and research protocols were developed collaboratively between senior researchers from FES and local stakeholders.

With the consent of participants, each interview was recorded using a digital recorder and transcribed verbatim by a professional transcription service. The transcribed data was entered into NVivo in order to assist with the management and analysis of the data. The analysis of all interview data was

conducted according to the framework approach (Ritchie and Spencer 1994) which is particularly suited to applied social research. Following familiarisation with the data through the reading of the transcripts, a thematic framework was developed and agreed upon by the qualitative research team. This thematic framework was based around the core topics outlined in the interview schedule and included the main sub-themes which had emerged during the interviews in relation to these topics. The interview transcripts were then coded according to this thematic framework. Key themes were developed and refined throughout the data analysis to enable further emergent categories to be identified.

The following chapters outline the findings arising from the qualitative research conducted for the baseline data collection activity. In the report we distinguish between the views of “stakeholders” and the views of CDC “participants”. Where the report mentions “respondents”, and does not differentiate between stakeholders and participants further, the reader should assume that both stakeholders and participants raised the issues as frequently as each other.

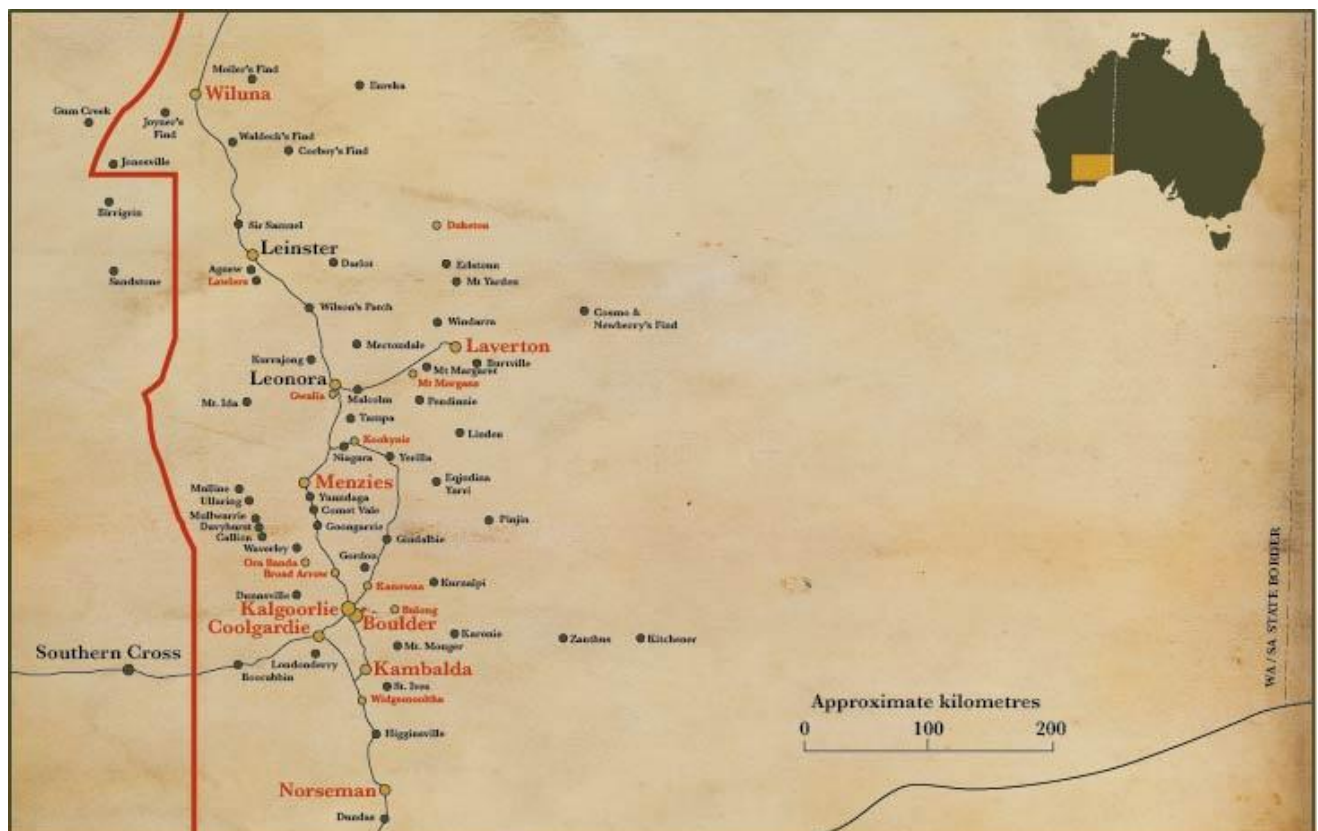
4. About the Goldfields region

Every place on the ground is unique. Goldfields is huge. We've got Leonora, Laverton, Menzies, it's not just Kalgoorlie. SH19⁵

The Goldfields has a very different demographic make-up compared to Ceduna and East Kimberley. There is also great heterogeneity within the Goldfields region, with places such as Leonora and Laverton being very different from Kalgoorlie-Boulder and Kambalda. In the following section we provide qualitative information about the different locations within the Goldfields noting the similarities and differences between these areas. Where possible we try to draw out locational differences elsewhere in the report as it is clear that location is important to perceptions of the CDC.

Figure 4-1 below provides a map which includes the location of the CDC sites in the Goldfields region covered in the baseline data collection research⁶.

Figure 4-1: A Map including the CDC Sites within the Goldfields Region



4.1 Kalgoorlie-Boulder

The City of Kalgoorlie-Boulder is one of 159 local government areas in Western Australia. It is the largest regional city in Australia and also the hub of the Western Australian Goldfields. From wild beginnings as a gold rush town full of fortune-seekers, it has grown into a bustling cosmopolitan city with a distinctive character. It has a population of around 30,000 people, and a large fly-in/fly-out

⁵ SH denotes a stakeholder interview and P a participant interview.

⁶ Obtained from the Eastern Goldfields Historical Society website: <http://www.kalgoorliehistory.org.au>

(FIFO) workforce. While not large in population terms, Kalgoorlie-Boulder was noted to be very powerful in economic terms with a globally significant mining industry driving the economy.

It produces around \$9 billion annually of GDP and it serves as the centre for a very large part of what's known as the Eastern Goldfields, so our service industries are really looking after people as far as five, six, 700km from Kalgoorlie-Boulder. So it's a significant resource here in economic terms. SH03

The City of Kalgoorlie-Boulder has a high working age population and a young age profile, with the average age of the population being around 33 years. The City of Kalgoorlie-Boulder was also noted to have a high average income as a result of the large proportion of its population working in the well-remunerated mining sector. However it was also acknowledged that there was inequality within resident incomes with large disparities between the “haves” and the “have nots”.

We are, by the last census, the highest-earning city in Australia, at just under \$100,000 average, and a lot of dual-working families, because people come to work and they both get jobs. SH03

I mean one thing about Kalgoorlie is there's huge disparities in wealth. So you've got people who've come from generations of welfare dependency and then you've got people who's, you know basically their income's higher than their IQ. SH15

The diversity of the Kalgoorlie-Boulder population was also frequently noted. Many suggested that this heterogeneity resulted in different views as to what the main social challenges of the regions were.

It's a very multicultural community because everybody here comes from somewhere else to work. SH26

There's a great range of people in this community from across a broad area and I see that every day with my work. I've got people from Central Desert in Northern Territory, people from South Australia, we've got people from the Kimberley here, there's huge diversity. And each one of those, each group of people has a story and each family has a story and I strongly believe that they will all have a different view on what community harm is and what they are looking for in their family, what are their hopes for their children. SH09

Kalgoorlie-Boulder is a historic town, currently celebrating its 125th year since the discovery of gold in the area. Its history is intimately linked with the fortunes of Western Australia and, indeed, of the national economy. It was frequently noted however that this history as a gold town somewhat mired its public image.

So, we had this culture all of our past around hard working, hard drinking, hard playing and gambling environment, and to some extent that was true, but the mining sector has become more sophisticated, the support services are very much white collar, and we grew up some years ago. To be quite frank. Some people still hang on to this notion that we're blue collar, unsophisticated hillbillies. Nothing could be further from the truth. SH08

Also, the city has got a bad reputation outside of Kalgoorlie. I think that's important as well, because we know living here is great and we do have all those facilities and services and people are lovely and they come to work and all that sort of stuff is good. But for a lot of reasons, the riot, history, Kalgoorlie cops, those sorts of image of Kalgoorlie being a wild west town in the desert are what people think and it's not like that, and so that, again, affects our economy. SH03

4.2 Coolgardie and Kambalda

The Shire of Coolgardie is one of the smallest shires in the Goldfields. The Shire has two main towns, Coolgardie and Kambalda, and smaller satellite towns such as Widgiemooltha, and also the Kurrawang Indigenous community, which is located about halfway between Coolgardie and Kalgoorlie. The local industries within the Shire of Coolgardie consist of gold mining, nickel mining, pastoral, tourism, commercial/retail and light industrial.

The Shire's two main towns are quite different. Coolgardie is located around 40 kilometres from Kalgoorlie-Boulder and was the birthplace of the great gold rush of 1892. Known to most Western Australians as a tourist town and a mining ghost town, Coolgardie was once the third largest town in Western Australia. In the 2016 Census there were 878 people residing in Coolgardie, with Indigenous people comprising 21 per cent of the population. The median age of the population was 42 years.

Coolgardie is a very historic town, there are a number of families that have been here for forever, since its beginning. And there are non-Aboriginal, they've been here since they were – they were born here. So there's a real mixture of Aboriginal and non-Aboriginal families that have lived her for a very long time together. SH35

Kambalda is located around 60 kilometres from Kalgoorlie-Boulder. Built by Western Mining in the 1960s, it was Australia's first nickel town. It is split into two town sites approximately 4 kilometres apart: Kambalda East and Kambalda West. In the 2016 Census there were 2,539 people in Kambalda and Indigenous people made up 5 per cent of the population. The median age of the population was 32 years.

The ownership of the town by Western Mining was considered to have been important in securing the town's services and infrastructure.

Kambalda's a company owned town, has got every facility now private but has pretty much got every facility that a modern township would like. They're the only place in the region that's got another Woolworths. So they've actually got a shopping centre there which is yeah quite different to the other communities in which I work. They've got beautiful facilities there. SH09

The later withdrawal of Western Mining from the town was observed to have been detrimental to the community of Kambalda, resulting in decreased employment opportunities, closure of essential services, and a continued shrinking of the population.

The jobs, the economic arrangements of that community have changed significantly, and so previously there, everyone who lived in town worked in the mines, now they're fly-in/fly-out, and that has dramatically changed that community. So Coolgardie there are no spare houses. There's overcrowding in the houses. Kambalda you've got 300 houses that are sitting empty. SH09

Yeah, the town sort of went down within the last couple of years because of the mine shutting. P03

The sad thing about Kambalda, the bad news is we've lost our doctors, we're losing our ANZ bank in September, we've got no pool this season because that's been in the ground for 30 odd years and, and they've, got to be refurbished and we're going to lose our petrol station for about four to six months because it's got to be refurbished. P20

4.3 Laverton and Leonora

Laverton is located around five hours from Kalgoorlie-Boulder at the western edge of the Great Victoria Desert. The township marks the start of the Outback Way - a proposed highway which goes through the Northern Territory to Winton in outback Queensland.

It's very remote. Our nearest decent town, apart from Leonora, which is just over 100kms away, then there's Menzies about 2.5 hours from here. Then there's Kalgoorlie. SH55

Although Laverton is primarily a mining area, it also has a long history of pastoralism with sheep and cattle, and a substantial area of land is still used in this way. The infrastructure of Laverton was seen to have benefited from the resource sector.

So Laverton is predominantly an Indigenous community however there's significant infrastructure there and surrounding because of the mines, like the mine industry is huge, the resource industry is huge there. SH09

One and a half hours drive west of Laverton is the Shire of Leonora. Leonora is primarily a mining town but the area also supports a significant pastoral industry and tourism.

And there are people that actually get royalty money from the lands. There's always the ongoing fight to get land rights out here. And this place is like a mecca for tourists because they come out here looking for gold and it's also a waypoint on their trip around Australia whether they want to go inland or go right up to Broome or whatever. There's lots of mines opening up around here. The place is booming. SH47

Leonora's mineral resources was suggested to have created tensions among the community, and contributed to feuding between Indigenous community groups. This friction was said to have impacted on community cohesion.

Leonora is difficult. So Leonora has a history, Leonora has huge amounts of resources in that community. That wealth hasn't been well spread. The job opportunities have been disconnected from the community and there's reasons for that, like Coolgardie where resources are in the ground but the community is removed from having them. There's significant friction between the community groups. Between the family groups in that community. SH09

In the 2016 Census there were 871 people in Laverton and Indigenous people made up 20 per cent of the population. Within Leonora, the total population in 2016 was 781 and Indigenous people comprised 23 per cent of the population. The median age of people in Laverton and Leonora was 38 and 36 years, respectively. It was frequently noted, however, that both towns' populations were volatile and could expand or shrink depending on cultural activities occurring in the region.

But bear in mind both these areas they grow and shrink so, yeah, when there's funerals on town or those kind of things, you know, they swell. SH41

Laverton and Leonora were often juxtaposed to each other. Laverton was typically spoken about as being more cohesive and as a result had achieved positive change, including greater progress in terms of community participation in civic duties. In contrast, Leonora was frequently described as being fragmented, which was suggested to have negatively impacted upon the community and its advancement.

Laverton does seem to be, there's quite a few people over there at the moment that are working towards the same goal and they have a lot of Elders within the town that want change. Leonora's got too many family dynamics of families being against each other rather than moving forward in what they need to. So, that's the difference, I think, between Leonora and Laverton at the moment and there's a few strong people in Laverton leading the way. SH54

So our two communities up there, Leonora and Laverton, Laverton is very culturally based, grounded in culture. Everything is in culture, we don't care where you come from or what tribe you were from. You are part of the culture of Laverton and the fabric of Laverton now. Leonora really struggles with that cultural connection. They're constantly pulling, my culture's important and your culture, you can't speak on behalf of me. There really needs to be some sort of facilitation to help that community come to a position where they can either accept each other's differences, or come together and create a single one, or, whatever that looks like, you know? SH10

4.4 Menzies

Menzies is located around 133 kilometres north-west of Kalgoorlie. There was a total population of 490 people in Menzies Shire as at June 2016. This included around 240 people who lived in the Tjuntjuntjara Community near the South Australian border⁷. The township of Menzies itself had around 108 people. The population of Tjuntjuntjara is predominantly Indigenous, whereas in the township of Menzies there is about a 50/50 split between Indigenous and non-Indigenous residents.

⁷ The Tjuntjuntjara community is excluded from the CDC in the Goldfields.

5. Socio-economic conditions

One of the main aims of the baseline research was to assess the conditions that existed within the Goldfields prior to the introduction of the CDC, including both perceived social challenges and alcohol, drug and gambling activities (at both a community and personal level). In the qualitative interviews, both participants and stakeholders were asked to contribute to this understanding. Below we detail the main socio-economic conditions that were identified by interview respondents.

5.1 Positive aspects of the Goldfields region

It is important to note at the outset that the majority of respondents viewed the region in which they lived favourably and spoke with great pride about the various positive attributes of the area.

I quite like the town. It's certainly remote and out of the way with limited services but I find it quite a social and friendly town. SH42

Living in Kalgoorlie-Boulder, it's a great town, it's a social town, it's got all the facilities you need. It's a positive town, it's a can-do attitude. SH03

Four main factors were viewed as being particularly favourable about the Goldfields region; employment, community, activities and lifestyle. Each of these is briefly discussed below.

5.1.1 Employment opportunities

Respondents frequently described the extensive employment opportunities available in the Goldfields. Stakeholders and some participants identified the high number of job vacancies in the region. This was said to draw people to the area, particularly young working aged people.

So we're currently faced with an unusual economy, in that we have more jobs than we have people. There are a significant number of jobs and not enough people live here. SH03

There's a massive amount of employment around at the moment but it's mostly on the mines so there is employment here, there's heaps of employment here. SH12

A good thing is you can get a good career – awesome career, but hard, hard hours, hard work. P13

Given that most employment was described as being generated by the mines, the down-side was that the sector was cyclical and downturns were experienced. This impacted upon local employment opportunities and population size within many towns in the Goldfields.

Like in the point, when it's booming, or sort of supposed to be, about a third of the population leave each year. And I guess when the cycles, because the mining cycles are about seven years, when it starts to die down it's quite sad because people have houses that aren't worth what they owe on them anymore. SH15

The town is picking up. It is, there are, we've got new mines opening up. Nickel mine hopefully opening up again soon and that will put more work out this way. SH24

It was also noted that with the exception of mining, employment opportunities were mainly in the

City of Kalgoorlie-Boulder with limited opportunities for employment in other townships in the Goldfields. As a result, most people living outside of Kalgoorlie-Boulder had to leave their local areas, or indeed the region, to obtain employment.

You're not going to get work here, so you'll have to sacrifice and want to make that sacrifice and commute, leave the town, FIFO, or move into Kalgoorlie or to another area to find work, and that's the commitment you have to make. SH18

5.1.2 Community

Many CDC participants and some stakeholders, particularly those from Laverton, spoke positively about the strong sense of community evident in the Goldfields. People felt well connected, supported and welcomed by others living in the region. Indeed, many participants spoke of moving away from the Goldfields but returning because they missed the community and the social support it afforded them.

For me personally Kalgoorlie is a really warm and welcoming community of people. It's a nice town that supports each other and I think that is because of our remote location SH28

The actual town itself and the people that are in Laverton are fantastic. No issues whatsoever with the community....the collaboration between all of the stakeholders over there in Laverton. It's a lot more different than I have experienced in other areas. Everyone's pretty well on board to help each other out, so it's got a really good vibe in that sense. SH46

The people is what makes a town. And, you know, we've got people of all standards but they're all nice. P03

It's just an amazing town. I really love it. I like the sense of community. The people are just really warm and friendly. P37

5.1.3 Activities

Respondents, mainly those located in Kalgoorlie-Boulder reported that their local facilities were a positive aspect of their location. Various recreational activities were said to be available, including sporting clubs and also community groups and social activities. The availability of recreational activities were more limited, however, within the more remote areas of the Goldfields.

It's a regional town that's got significant facilities, so it's not short of sporting, recreation, arts and cultural activity, hospitals, education, from primary to tertiary, which is really important. SH03

But despite being a really small town I feel like it has a lot going on and really good services that it offers, like, it's got, you know, two petrol stations, it's got the little IGA, it's got the art shop, the museum. I just feel it's a really, really nice balance. Even a café and a pub as well. So, yeah, it's, yeah and being only you know, 25 minutes from Kalgoorlie you don't quite feel like you're very secluded, you know? SH16

There's plenty of group things, like I'm linked in with Mates 4 Mates, that's mental health. There's plenty of sorta like group things like that, where you don't feel judged and you can go in, if you're having a bad day or whatever you can go in and they understand that you're just there to have people around ya. P21

5.1.4 Lifestyle

Closely related to activities, many respondents also celebrated the lifestyle the Goldfields afforded them. In particular, they highlighted the ability to get outdoors and into nature whenever one liked and the laidback atmosphere of the location and the benefits of being away from the stresses of a big city with - for those living in, or near, Kalgoorlie-Boulder - the bonus of having the facilities and infrastructure of a city.

For me, the good things are that it's just a lovely little town and you don't have to deal with all the traffic and the hustle and bustle of the big city. It's beautiful country so there's opportunities to get out and if you're an outdoors sort of person, there's plenty to do, camping and just looking around at the country. There's a lot of history here, so there's quite a lot to do around that. SH58

The bush. The bush life. You can sometimes go back to the bush and live off the land again. Then go back and eat whatever junk food, you want to go back to eating junk foods. And have a break. Go out cooking in bush, whatever. P39

I like to show my kids what I grew up doing, going bush and showing them all the waterholes, and all the little dams, and all the wildlife out in the bush, and take them places that they've never been before instead of sitting around doing nothing... Yeah, I've got a car, I've got a detector so I can go bush, look for some gold on my days off, go get wood. P64

5.2 Negative aspects of the Goldfields region

While all respondents discussed positive aspects of the Goldfields, they all also indicated the presence of entrenched social, welfare and economic issues that were a scourge to the region. The most frequently mentioned problems related to alcohol and drug use, and associated crime, violence and impacts on children's health and well-being. Other concerns that were raised related to people coming into town from the Lands and the racial tension evident within the region. The significant social, welfare and economic issues facing the Goldfields region were found to have historical causes and were intergenerational in nature. Before moving on, it is important to note the co-morbidity between each of the social, welfare and economic issues discussed. These issues are often not mutually exclusive, many are interdependent and interact with each other in ways that compound their negative impacts. They were also not experienced equally in each location of the Goldfields.

5.2.1 Alcohol use and misuse

The majority of respondents indicated that the Goldfields region had significant problems with alcohol use and misuse. This was said to be detrimental to the physical and mental health of individuals, and the community more broadly. Alcohol misuse was often indicated to be the main substance abuse issue for the region, and was more of an issue than drugs and gambling.

Alcohol, by far, is the biggest issue in our community, across all communities and creates much more harm and social problems and financial, legal problems. Absolutely. Alcohol has remained our primary drug of concern in our treatment services for the last four years. SH14

Well six months ago, before this card came in, it was quite common to see the local mob congregate outside the pub at 11 o'clock, waiting for it to open and then you'd see them all walking down the road with beer on their shoulders. Children, hungry, running around the streets at night, parents at home drunk. SH47

It's a drinking culture in the Goldfields, you know what I mean? You know, your social network. Everything runs around piss. You know what I mean? If you're not drinking, you know, you're not in the loop. Pretty much. P01

Everybody's drinking...Yeah, everybody. Men, women. You got young children into it now. Young as 14. P31

Many CDC participants identified that they or other members of their family had currently, or had in the past, a problem with alcohol abuse.

When I was a young teenager I was just, basically, drinking alcohol at an early age and stuff. So....because that's how I've sort of grown up with all my mates and everyone just drinking and so then ended up turning to the drugs and it's just pretty bad. P05

Well I live, I got one son, he does drink a lot, but he lives out in the lands. It's only when he comes to town that he drinks. I don't like it. My other three children, my two, they don't drink. Only occasionally....But it's my fourth one; that's the one I'm really worried about. But he's in jail at the moment now. Because of this alcohol now. P31

Well I don't drink anymore, see. I used to be a big alcoholic when I was a teenager and all that....I was just a big drinker. Yeah, I used to drink, drink very heavy. Sometimes I'd have blackouts and all. Yeah. P32

A few respondents considered alcohol use and misuse to be more of a problem for the Indigenous population. However, most stakeholders considered the problem of alcohol use and misuse to be a much wider issue, affecting both Indigenous and non-Indigenous people in the Goldfields region. Indeed, the Goldfields tended to be described as having a culture of drinking. The reason why alcohol misuse was often associated with Indigenous people was generally attributed to the practice of public drinking, which made alcohol use by Indigenous people more visible within towns.

There is a lot of behind the closed doors problems of alcohol, and they're not even people that are on benefits. But they are probably people that would be quite vocal about it, and it's like well the difference is you're doing it behind the door in your own home, but you're drunk at 4 o'clock in the afternoon. I know people like that.... So there's sort of two layers occurring in Kalgoorlie. There's a functioning layer, a group of the population that has jobs but also has high dependency on alcohol, and there's also I suppose another level of street drinking and people that are on income support payments that are also abusing alcohol. SH34

Clients engaging for alcohol and drug counselling and intervention services go from people that are quite high functioning, holding down high paid jobs, right through all ways, right down to people who are welfare recipients. Perception is that it's an Aboriginal issue – the alcohol and drug issue in the region, when in fact there are less Aboriginal people that have problematic alcohol and drug use, but they're way more visible and they tend to be identified a lot, a bit more quickly. SH14

I guess, more your Indigenous population. But...it's because they've got nowhere to go. I don't know if you know much about the area, but there's a lot of camps where they could go. That's where they live, they stay out there. They were never maintained or anything by the councils or anything like that, and now...they're in town, they're wandering the streets, and of course people are noticing it more, because they don't have that place out of sight and view or whatever to go...I think it's just more visible...So I wouldn't say it's worse, just more visible, if you know what I mean. P17

Alcohol use and misuse was also thought to not only impact on those on income support payments. Indeed, many indicated that alcohol abuse was also prevalent within the FIFO workforce.

Definitely alcohol abuse is very, very high in Kalgoorlie-Boulder and not just by people on the debit card. There is a culture here that, you know, like I said with the fly-in/fly-out, there's quite a large part of our community doesn't believe that it can actually do anything without alcohol. SH53

Kalgoorlie is very much a drinking culture. When we were cut off by the bush fires a few years ago the main concern everyone had was that they wouldn't be able to get alcohol. And the same as when they closed bottle shops after the riots. SH15

Alcohol misuse was associated with other problematic behaviours including anti-social behaviour, family violence and crime.

Alcohol is definitely our problem. So on our instant reporting system there's an optional button for alcohol involved. And I got a report done, it was probably two years ago now back when we were gathering evidence on what we could do, and 76% of all incidences of crime had that button ticked, but it's not like a mandatory fill in, it's not kind of a compulsory. So I would suggest it's even higher than that. SH42

I would say 99% of the referrals we receive for domestic violence is alcohol related. It might not be a partner, it could be other family members. But 99% of it is alcohol related. And the police would say the same I would imagine. And I would think the hospital would say the same as well. SH43

Sort of yeah, yes, violence, arguing, especially with alcohol in their system. There's a big change. You're a different person. They don't realise it because they're drunk until the next day maybe. Maybe they're in the hospital. Maybe sometimes they're in jail and just wondering why they're there. It's the alcohol problem. Alcohol is the main thing that just ... I reckon alcohol's more worser than drugs, yeah. P33

Most concerning though was the impact excessive alcohol consumption was identified to have on the well-being of children in the Goldfields. Some children were said to not be appropriately cared for or be adequately supervised as their parents were intoxicated. Children were also reported to not be provided with adequate food because parents spent their money predominantly on alcohol. This impacted negatively on children's health and well-being; stakeholders reported that children were attending school tired from not having an enough sleep the night before and hungry. In some cases it was said that children did not want to return home at night due to the alcohol consumption of their parents and concerns for their safety.

And we had issues where a lot of the people would be sort of under the influence of either drugs or alcohol fairly early in the mornings lining up at their IGA or the liquor stores looking for early sort of alcohol thing. And then leading to, by the time the kids have left school or knocked off from school, they had no one to look after them. SH01

What you would see is when people would get pay day with their welfare benefits, they would pretty much spend the whole lot and have parties for two or three days and the kids would go without. A lot of kids haven't had brand new clothes, and things like that; gone without shoes, they've avoided school because they haven't had food to eat. Some of the schools do morning breakfast programs, so that the kids are getting one meal a day. SH38

Too much drinking and drugs and kids was hungry, didn't see their money when their family

payments going to their key card, mothers used to go and spend it all; P40

5.2.2 Substance misuse and abuse

As with perceptions relating to alcohol usage, many of the respondents also believed that there were high levels of substance misuse in the Goldfields region. While the majority of respondents considered alcohol misuse to be the main concern for the region, some considered that drug misuse was more problematic.

As a primary drug methamphetamine would be the leader but alcohol is definitely very close. SH19

I actually saw more of an increase in the use of meth than alcohol. Alcohol sort of stayed at the same but the increase in meth has been huge and even speaking with the Goldfields Rehab, we have a relationship with them as well, meth is the gateway drug into the rehab centre now it used to be alcohol. SH11

I: Do you reckon there are issues with antisocial behaviour, drug and alcohol abuse?

P: Yes, ma'am. I'm an ex-intravenous drug user. Of course there is. My wife got hooked on ice. As you know, once one's on it you have no say in what happens after that, so I've lost everything at 52 years of age. P18

I wouldn't be able to put numbers into it, but if you had ten people off the street, I can guarantee you seven of them would be drug addicts or use it. P13

Participants highlighted that substance abuse was a way of escaping the violence that was a part of their everyday life.

I found that, that was a good escape. But then again, it was a bad thing because taking drugs, I should have been strong enough not to have the drug. But then back then, when you got kids hanging off you and you're running here from violence, yeah. That's what caused me to go on the drug. Now I look back at it, I thinking if I didn't have the drug, I'd be still with him. You know what I mean? And I probably would be dead now. But then I look at it and I'm thinking, you know, I wish I never touched it. P27

Ice was the most frequently mentioned substance that was reported to be misused, but issues were also identified with petrol and paint sniffing, and cannabis use.

Over the last 12 to 18 months there's definitely been an increase of methamphetamines. That's been the primary drug for most people. We find meth and alcohol go hand in hand, then you've usually got some cannabis use as well. SH19

Drug wise, seeing a lot more of the spray can sniffing bottles. So that's a problem here, the VSU, volatile substance use here. Obviously meth and ice and all that stuff is everywhere. SH34

I've heard of Ice quite a lot up here. Ice is a big thing because it doesn't come up as often but when it does, it just goes like that [snaps fingers] and everyone is just on the rampage. P51

Ice use was linked by some to employment in the mines; as people were working long hours and received a high enough income to be able to afford methamphetamines. It was noted that because ice is a substance that is not present in the blood stream for long, it was perceived to be safer for mining workers to consume and still be able to pass mandatory drug and alcohol testing requirements set by their employers.

Because of the drug testing on mine sites that encourages the use of amphetamine based drugs and 'ice' or whatever, because it comes out of their blood stream sooner. Whereas marijuana which is probably not as harmful will stay around. So you've got people who will binge on the weekends and use 'ice' and 'speed' rather than 'pot'. SH15

A lot of the mine workers, I mean they hear about the big money to be made, they don't realise that it's twelve hour days onsite for fourteen days in a row. And a lot of them don't cope well with that and there are, even though the mining companies won't admit it, there are drug problems on mine sites. P10

I think the reason why it's so high in mining communities is because the six figure sums the majority of people were getting is very good, and therefore they had the funds to afford these little habits, whereas in a lower socioeconomic situation they wouldn't be able to afford the high price of these designer drugs or these drugs. I think that's why it's so prevalent here. P02

In contrast, volatile substance use was linked to young people and people from the Lands.

I don't see young kids, seven or eight years of age, that have got alcohol in their hand. But you can see that they've either been sniffing or, and sniffing cans of paint and that type of thing. And they're just a complete mess. I mean, you're trying to grab hold of these people and stand them up, they don't know what day it is. It's dreadful. Paint all down their front. SH32

Drug and other volatile substance abuse, as with alcohol abuse, was associated with problematic behaviours including violence and crime. Again, most concerning was the impact it was indicated to have on children. Respondents noted that substance abuse impacted on child well-being, with some reporting negative effects on early childhood development.

There was a young family...who were quite meth addicted. They had three young children. I looked out my front window one day and mum was on one side of the road, and dad was on the other. They each had a pram with a baby in it, and they were pelting each other with rocks, hiding behind the pram. They were using their prams and their children as a defence against the other person's rocks. How can we expect those children to lead any kind of normal life, even after that one event? Let alone the multitude of others that occur in their life constantly, and continuously. SH10

There's a lot of drug use in the community at the moment. A lot of meth, and we're starting to see the effects of that in the children. Our three-year-olds that we've got in this year, because we do a full-time three-year-old program, they are the lowest we've ever seen of non-verbal children and toileting issues, just not being ready. No oral language development. None of that stuff that they should have on their entry into school. They're just so far behind the eight-ball. There's going to be a lot of hard work catching them up. SH39

It cause all the problems in the world. It causes domestic violence, it cause tension amongst people, it cause argument, fights. It takes away the right of the children, you know? They get abused in the process...they have no voice. P43

5.2.3 Gambling

Perceptions as to whether gambling was a problem in the Goldfields region were mixed. Some respondents believed that the prevalence of gambling was high, and was having negative impacts on children as a result of people spending all their money and having none left for food and other essential goods.

In Laverton over at the cenotaph there, before the card came in, you had about three or four different gambling schools all sitting on the synthetic grass, all going to town. And then all the money's gone, and then we've got the kids in the shop looking for food. Okay? We feed the kids. No problem. But I won't feed the family's addiction, i.e., the parent, I tell them straight to their face, straight up, this is why, dah dah dah. And they know. SH49

In contrast, other respondents were adamant that gambling addiction was low and not a concern for the Goldfields region.

People gamble but very lightly. They're not the ones that go in there and put in \$100 on a horse or whatever. They're quite careful and I don't mind having a punt myself. I quite enjoy it as long as I can afford it. That's always been my motto, if you can afford something you can do it. SH44

Not so much the gambling. Gambling more for the eastern states, you know, because pokies are in every pub, club and you've got every shop and pokies are there. It's right in your face. Yeah. Alcohol and drugs would be for WA. The only place you can touch a bloody gambling machine is if you go to the casino in Perth and that's the only place. P03

5.2.4 Child well-being

As indicated above, all stakeholder representatives and some CDC participants expressed significant concern about the impact that drug and alcohol misuse and, to a lesser extent gambling activity, had on children's well-being. Parental drug and alcohol misuse was identified by many to result in children going without food, shelter and adequate clothing. Children's sleeping habits and feelings of safety were also identified as being negatively impacted. The incidence of child neglect was said to be high and in the most severe cases resulted in children being physically and sexually abused.

I'd say a fair few of our, probably at least six families that I can think of where their kids are subjected to a lot of violence. SH35

We'll have children here with no shoes on, at all. No jumpers and no track suit pants. They'll just be running around in shorts and a singlet or something, and no shoes. It'd be nice to see them clothed and clean and fed. And with a bed to sleep in. ...the basic needs of our kids are not met by their family. So, even this morning when I was at one house, thinking oh my god, you've got a prohibition order on the house, the house is a frigging disgrace and there's six old people that have been sleeping on the floor all night, were put in the van and getting taking somewhere, and I'm going, where do these people all come from? And those children haven't been to school for a week, because god knows what's been going on at that house. SH39

Just too much drinking and drugging, you know? Kids do miss out on stuff...like, clothes and bikes. You know...So in some families the money's going on the drink and drugs rather than on the kids. P07

Stakeholders identified that poor care and neglect usually resulted in a grandparent or other elderly relative taking on the responsibility of caring for the children or the children being put into state care. The pressure on Elders to care for children was said to be large and contributed to concerns about their own health and well-being.

People would get pay day with their welfare benefits, they would pretty much spend the whole lot and have parties for two or three days and the kids would go without. It was always usually the older women, the grandmothers and stuff like that, that would be continuing to buy things

for kids. If they bought food, it would be like hot chips and stuff like that. SH38

Grandparents having to look after grandchildren, old people, and remembering that for people in this region, reaching 60 and 65, you are an old person. And you're quite often, your health is deteriorating. So you're not in a position to be looking after young kids, particularly young kids who've experienced horror, domestic violence, horrible situations, they're traumatised already. SH10

Some stakeholders identified that the ability of officials to respond to neglect was hindered by an unwillingness to replicate the traumatic and forced removal of Indigenous children that occurred as a part of the Stolen Generation.

Massive problem. It's huge. I think there are select families and we have their children here, who are alcoholics, and the parents, quite often other parents express their concerns of these children's well-being and safety, because they are living with alcoholism and violence...We do go through communities, that you know, DCPFS, but I – look, if I was honest, I think they're quite powerless in as far as the alcohol and things like that go, because I feel, my opinion is they don't want to remove Aboriginal kids from their families, because of the Stolen Generation. SH35

One of the main aspects of the child neglect that was occurring in the Goldfields region was the lack of supervision of children. Stakeholders and participants reported that this resulted in children being in public spaces at late hours and subject to unsafe environments.

There's an increased level of neglect of children, certainly perception of that. Anecdotally we're hearing that kids attending the youth centre are, numbers are exponentially higher, and when the youth centre closes at night, the kids are not going home. And quite often being on the street is safer than being at home. SH10

A lot of the kids that are very young, you know, just running around with no parent's supervision, always coming in to see us for, to ask for their food and water and, you know, really skinny kids that have just got t-shirts in the middle of the winter SH16

The lack of supervision of children, combined with inadequate food, clothing and shelter frequently resulted in children engaging in criminal behaviour to obtain the essentials that they were not provided by their parents.

Children on the streets all day and night is out of hand. The children are begging for money to buy food is now a common occurrence. I dare say this leads to other forms of illegal activities. That is so true. Because some of these young girls now, and I'll tell you what, they're not very old. They'll do anything you want. SH32

18 to 20 kids running around town and all night, all day, just no place to go to, no home to feed or nothing and you know that was it. They just, they just broke into the nearest house and, and used, got clothes and food and stuff there to live, you know? SH31

Parental neglect also impacted negatively on children's school attendance and learning opportunities, raising concerns for their future opportunities. A lack of parental supervision meant that many children truanted from school and when they were at school, a lack of food and inadequate sleep meant that their ability to learn was compromised. Schools were actively trying to encourage children to attend, going as far as sending staff to pick children up in the mornings from their homes, but this was detracting from their core duties as educators.

There's just more and more kids roaming the streets. You know, they just weren't going to school. So, if they're not getting an education, what chance have they got in a future life, you know? They were hungry. You know, they were going without food. SH01

We've worked very closely with them for years, and they kind of just went, we're now being sent around to these houses every morning and trying to get these kids to go to school, yet we're not getting our work done, because that's not really our job. SH39

We don't have a lot of supports at school for many of our kids, often our kids have been out at night, parents have been drinking, they haven't been fed so they come to school hungry, tired. Obviously that leads to behaviour issues and impacts on the learning of both their learning and other kids in the class, and health issues as well. Kids will come to school with boils and head lice is a major problem. We've had to take over the role of managing all that and dealing with it. It's really out of our, it's not really in our job description to be doing that but we need our kids to come to school healthy and fed, to be able to learn. SH58

The negative impacts of excessive drug and alcohol misuse on children's well-being were particularly noted for transient Indigenous groups who were reported to leave their children with distant relatives while they commuted to other areas within the Goldfields.

But the Christmas period for 2016, we had a large number of people come through from the Lands drop their children off in Laverton and then continued on to Kalgoorlie and spent a month to two months down there in Kalgoorlie and just left their children in Laverton kind of with a distant uncle or whatever, grandparents, whatever, to care for them. And they didn't have provisions, obviously, to do that...So, we had a large number of kids who were in Laverton unaccompanied by their parents and they needed food and clothing and all those sorts of things and a good proportion of them, they'd...break into houses and businesses and all those sorts of things just to get their hands on food and do that sort of thing. SH46

Yeah, that was a big problem, drinking. Here. Because you'd have them people from the central desert coming here and they'd be, they'd be spending all their cash in the pub. But they don't have that card up there. And children will be standing outside every time with these locals spending cash all in the pub and they got nothing for the kids when they come out. Kids are crying and standing and waiting all night or all day and half of the night for the parents to come out and take them home. P32

A few stakeholders raised concerns that issues pertaining to child abuse or neglect were intergenerational with little scope for current policy to break the cycle.

And I've always said it, you know, that's the biggest issue here, it's child abuse. These poor children are walking the streets in the middle of the night with no shoes on, no clothes on. You know, you can just tell. And it's sad because their parents didn't know any better because their parents did the same thing with them and, you know, their parents did the same thing with them, and it's just the saddest vicious cycle of generational unemployment. SH17

5.2.5 Anti-social behaviour and perceptions of safety

Another of the main impacts of alcohol and drug use and misuse was the anti-social behaviour that resulted. Respondents often spoke about the high levels of anti-social behaviour in the community. This behaviour included public noise and violence, public drunkenness and street drinking, people walking the streets late at night, petty crime and "humbugging," or demands for money. This behaviour caused fear among the community and negatively impacted on perceptions of safety. It was

also seen to adversely affect tourism and the reputation of the region.

We always have issues out, like, every night, practically every night of the week prior to this card coming you'd hear screams and arguments and, you know, people walk around and they're drunk with crowbars smashing cars up and kids running around and, and it was just shocking, a terrible place and well it was, you know, it's absolutely terrible. SH31

So antisocial behaviours on the street, which are drunks, harassers, window-bashers, petty crime people, which were all over the city, were damaging the city's reputation. They were damaging the tourism capacity, they were upsetting the locals. SH03

When they had the riot and that here. I started being...you know, feeling a bit unsafe because of everything that was going on in the town, and I was just concerned about my kids....Well, at the moment, I can't even drive around with my kids. I don't want to put them in the car because I've got people throwing things at my car. I had all my windows smashed. P28

The majority of respondents largely attributed anti-social behaviour in the region to Indigenous groups. More specifically, stakeholder representatives and some participants identified that it was the transient groups of Indigenous people who travel from dry communities in the Lands, places like Warburton and Wiluna, into the region for cultural and family business. Respondents indicated that some members of these groups would subsequently abuse alcohol to excess as they came from communities in which it was banned.

The big issues for ours would be the alcohol consumption and abuse. And then, typically, that flows on to significant levels of domestic violence and anti-social behaviour associated with that excessive alcohol consumption. So, they would be the biggest issues that we face. But, to be fair, a lot of it is not really attributable to the locals of Laverton and who lives there. A lot of it is attributable to those who come in from the Lands and the transient visitors that flow through, or to and from...Kalgoorlie experience quite a fair bit of what we deal with the transients because they kind of mix their time between Laverton, Leonora, Kalgoorlie on the transition between the Lands, obviously, on the way down. So, Kalgoorlie experienced quite a fair bit of that, that anti-social behaviour that comes with the extra alcohol consumption. SH46

There is a lot of activity on the streets by a whole lot of people, largely transient type people, where you're getting a lot of violence – visible violence – either screaming and shouting or people punching each other. All public drunkenness, all appalling behaviour of people travelling on footpaths and whatever so it's extremely visible which is what tends to upset people left, right, and centre. But generally the groups involved in that actually aren't much of a danger to anyone else; they're a very big danger to themselves but they're not much of a danger to anyone else which you'd be pretty aware of if you lived here. If you didn't, then you'd be highly horrified and think that the place was some sort of Wild West type thing. SH07

When we have funerals, it's a big thing. We do get violence. Violence comes with the funeral, they're hand in hand. P47

However, some stakeholders did not believe that anti-social behaviour was only being perpetrated by Indigenous people. These stakeholders thought that non-Indigenous people displayed similar levels of anti-social behaviour but they were simply not as visible. Others thought that there was a level of racism and cultural misunderstanding that incorrectly labelled public gathering as “anti-social” behaviour.

The anti-social behaviour in the street, so Aboriginal people, but what about the anti-social

behaviour on Friday, Saturday nights, Thursday night, outside of the nightclub? They're not Aboriginal people so, but you don't talk about that because those people, they go to work and they do all the right things rah, rah, rah, apparently, but they still get drunk, they still fight, they still do all of those things, they're abusive and it just feels like everybody's painted with the same brush, you know. SH11

Skinny Park which is the median strip between Coles and Woolworths has become the predominant area where people come and congregate. It's logical if you think about it. A lot of people that are coming to this community from the predominantly indigenous communities they're generally on the Basics Card which is income management and so the two shops where you can predominantly shop with that product is Coles and Woolworths. You've got a beautiful soft sitting area with fake grass, you've got shaded trees. You've got, like ...it's a nice day outside, let's sit under the trees and have a nice time. Unfortunately like I say I personally believe there's quite an element here of racism. That people perceive people sitting in that park as contributing to social harm. SH09

5.2.6 Crime and family violence

High levels of crime and family violence were also noted to be characteristic of the region and a concern for respondents. Both of these issues were frequently mentioned to be primarily a result of alcohol and substance abuse. Common criminal activity included petty crime, break-ins, domestic violence and assaults. The rate of crime, while hard to measure was said to have increased over the past 3-4 years; domestic violence was said to be particularly high.

And basically everything here, that goes wrong, 99 per cent of it is due to alcohol. There's assaults, battery, break-ins. I mean it would scare a lot of people off. SH47

Domestic violence would be, or fights, aggression and violence against immediate kind of members in your network around drug and alcohol issues. That's high. And so I think a lot of the offences you'll find are alcohol and family and domestic violence linked. SH30

Crime, domestic violence, violence, fighting, smashing stuff. Yeah, I think that's a lot of people's problems around here. P24

Again, some CDC participants themselves identified that they had previously engaged in criminal behaviour as a result of their drug and alcohol abuse.

When I was younger I used to be on drugs, I used to be on alcohol. And I used to fight, I used to steal cars, I used to do all the stupid things. And I used to end up in jail. Jail after jail. But when I was in jail I thought to myself, I can't keep going like this. P50

Many respondents, particularly stakeholder representatives, indicated that the perpetrators of the majority of the criminal activities were Indigenous people and more specifically, transient Indigenous groups and young Indigenous children. It was suggested that Indigenous groups who were travelling from the Lands sometimes left their children with relatives in other communities. These children were not always adequately cared for and as a result engaged in criminal behaviour to obtain food and shelter. It was also suggested that these and other young Indigenous children were more likely to undertake criminal activities as they were not being appropriately supervised, provided with reasonable curfews or being adequately disciplined for engaging in criminal activities.

You can be non-racist, you can be as politically correct as you like, but ultimately it was primarily itinerant Aboriginals coming down from the lands that were on our streets, living on

the streets, drinking on the streets, causing the problem. It's not entirely an Aboriginal issue that was causing the petty crime, but it was the majority of it, and young kids of under-age weren't getting penalised, because the justice system didn't do a thing about it, so they just put them back on the street over and over again. SH03

But the worst I'd seen was, was about three years Christmas time we had, well close on 2,000 people go through for law business.... Every house was, every vacant place was broken into and smashed into. What happened, they were going through and what was happening they were getting absolutely drunk and spending all the money on, drunk, then the kids were breaking into all the shops and everything trying to get food and the parents were taking off to go to either the, well what they did, they did a run, grog runs to Kalgoorlie because they were shutting the pub here at some times and then they were going through to Wiluna and leaving their ... kids here and they were running the street with nowhere to live, nowhere to stop and that, parents were just completely drunk and off their face with drugs and everything. It was shocking. SH31

They closed the small community down and then everybody just all flooded here. And then when they flooded here, this is when the crime picked up. Because you've got different groups from different areas, different lifestyles and you're trying to put them all in one big pot and mix them up. Aboriginal people are different. P47

Many stakeholder representatives were concerned that crimes such as domestic violence and assaults were normalised for Indigenous people and rationalised as being a part of cultural law. More than that it was considered that criminal activity was seen by some as a rite of cultural passage for an Indigenous male.

It's acceptable. And they will bash each other, they bash women, they bash men. It's part of their tribal law. SH47

His idea was "I won't be a man unless I go to prison," because that's what the Indigenous boys think. To become a man you must do prison. So they're sending out that way already. I said to [him], "That's a load of rubbish." "No, no, they told me that's what I've got to do to become a man." So he gets himself locked up. SH05

5.2.7 Mental health

Respondents also mentioned that there were significant mental health issues in the region, particularly in Kalgoorlie, Laverton and Kambalda. Suicides rates were said to be high and in some areas there had been a number of suicides in very recent times, affecting the well-being of the wider community.

I know the incidence of suicide has increased dramatically in the area. Growing up I never knew anyone that committed suicide, and nowadays it's very frequent for teenagers to do that. SH38

And suicide's a big issue. Suicide, which also needs to be overhauled as far as I'm concerned. Suicide is a huge issue in the Goldfields, Northern Goldfields, Leonora in particular. Leonora's had a lot of young under 30 year old suicides. In an 18 month period I think they had six. My figures could be wrong but they had quite a lot. SH48

But health wise we are really behind the eight ball. With, probably more so with men's health than with women's health. We have a lot of suicide and depression and stuff. Actually in the

Goldfields region we have a very high suicide rate. We have a very high depression and mental state because of the fragility of the whole region and its ups and downs with weather, mining, employment, you know you name it. P36

Declining mental health was commonly seen to be a result of the issues with drug and alcohol use and misuse identified above.

And the mental health issues that are coming from issues of drugs is a problem. SH43

I think in one year, we had three or four young kids that, they took their own lives for what people would say were for cultural reasons, but you find out later it wasn't that at all; it was because of drugs. Possibly more drugs than alcohol. SH32

Poor mental health was thought to particularly impact on young Indigenous men and was often perceived to result from the cultural dispossession experienced by Indigenous people.

Depression. Massive depression. And we're not talking about depression on an individual basis. We're talking about depression in a people group, which is superior....But yeah, you're talking about a group level, a people body, of grief, which has been harboured from back and back and back, which is compounded with the tribal or mob mentality. SH49

5.2.8 Lack of opportunities and activities

While we saw above that some respondents spoke favourably about the social and recreational activities accessible in their locale, the majority of respondents, particularly participants, did not consider the Goldfields to have many activities on offer, or suggested that recreational and sporting activities had declined over time. Many noted that most social and recreational activities were focused mainly on alcohol consumption. A lack of activities was particularly noted for younger people.

Also, there's not much here for the young ones to do as well, so that changes your view on a lot of things as well, when you're bringing your family up in the Goldfields....A lot of things have been cut, like as in funding's been cut to certain things. Shops have closed down, ten-pin's closed down, things have closed down so there's not that much here anymore as well. SH06

To be honest there's not really much to do in Kal and because it's such a town where a lot of money's earned here, a lot of people tend to blow their money on drugs and alcohol and stuff like that and it's just I think they need to put more into this town so that there's a lot more variety of things to do in this town. P05

On the Aboriginal side of things, what have they got to do? The Police and Citizens Youth Club, that's it. And half the Aboriginals are irate with the police, so where do they go? There's nowhere for the kids to go. The skate park. If you want kids to stop being so angry give them something to do. P18

The shift to FIFO work patterns in the resource sector was suggested to have contributed to the decline of sporting and recreational activities. With the advent of FIFO and the typical 12 hour work shift, many workers did not have the time to spend on recreational activities and were not based long enough in one location to become involved in regular sporting events.

In Western Mining days there was, family, parents, worked five days a week, and they were on eight-hour shift rosters. So night, days, and afternoons. Now as I mentioned previously, there's so many different dynamics when it comes to the shift rosters. So you haven't got the parents

there to support tee-ball, or to coach basketball, like youth basketball, or to even have a really good, solid, strong sporting network, which in communities like ours, pretty much are the hub of the social. SH02

Limited recreational and sporting activities were reported to be leading people, particularly youth, to engage in other unhealthy and risk taking activities such as excessive alcohol and drug consumption, crime and other anti-social behaviour.

There's a lot of younger ones that have got nothing, nothing here, so therefore they turn to the alcohol, the drug abuse, becoming teen mums and dads because there's nothing there. SH06

Nah. Not much. Nah. Not much to do here yeah. I'm trying to stop getting in trouble and all that, yeah. Yeah. Mischief and all of that. Yeah. Trying to stop all that there. Trying snap out of it. Yeah. P48

5.2.9 Unemployment

As discussed in Section 5.1.1, while there were vast employment opportunities in the Kalgoorlie-Boulder region, stakeholders and participants reported limited employment opportunities in other communities within the Goldfields region. In the most part, FIFO work rostering in these towns was said to have been disastrous for the employment opportunities of local people.

But we get a lot of outsiders that fly in and fly out, and take jobs and stuff like that Young ones aren't being taught properly these days to grow up in this mainstream society; there's no pathways, no nothing. Nothing like that at all. SH06

They've just announced this week that they're going to do a fly-in/fly-out camp, they're supporting a fly-in/fly-out camp in Coolgardie now and people are really grieving that, you know, they used to come to this region and you'd have a job but now it's kind of like ...It's all FIFO. SH09

There's nothing, there's nothing here. So, all us people on the dole here we're probably stuck on the dole, there's no jobs, there's no nothing. P09

In addition, it was noted that Indigenous people faced significant barriers to employment including, but not limited to, discrimination, lack of a driver's licence and criminal records. Stakeholders also described a cultural reluctance on behalf of some Indigenous people to see employment as an appropriate pathway.

So the issues that we face generally with Aboriginal people accessing those jobs is, it goes back to the situational thing. So, if you're living in Leonora or Laverton or even Kalgoorlie to a degree, getting your driver's license is the first, most important thing, first most important step forward ...Access to a roadworthy vehicle is an issue. Access to somebody who can teach you, who's got their license still, is an issue, because drink driving and seatbelts and fines, fines are a big problem. Police clearance. So if you've come from a Kalgoorlie, Leonora, Laverton, Warburton...very good chance you've got some kind of record. And it could just be fighting in the street...I didn't even touch on the discrimination part...I've had experience where one of those daughters have walked into a local recruitment agency, handed her job resume over, and before she was out the door she heard them screw it up and put it in the bin. So, she's got certificates and so forth where she's perfectly suitable for jobs, and no criminal record. But they won't even read it. SH10

It's also that collection of...if they come into the school and start working, they're bettering themselves, and the men go, oh you think you're better than me? Bang. You get a beating. SH39

Try to...but there's things blocking the way, like fines and licence. P55

5.2.10 Prejudice and racial tension

Both participants and stakeholder representatives indicated that a high level of racial tension and prejudice existed within the Goldfields. This included tension between Indigenous and non-Indigenous people but also between other ethnic groups such as Maori. There was also said to be a high level of racism among the civic leaders and a denial by those leaders that racism impacted on the community.

There's very much a divide across the community. There's a lot of very old school Kalgoorlians that are very racist, and there's a lot of Aboriginal Kalgoorlians that are very racist towards the white people. So it's very much a two-way street. SH39

The other thing that is reflection just as an individual coming in is it's hard not to, it's, the racism here is quite prevalent. SH09

And the different races are fighting against each other like the Maoris are fighting against the Africans and the Aboriginals and, you know, and then you throw in the non-Aboriginal people and then you've got the Aboriginal fighting against Aboriginal as well. SH11

Very dangerous place. Even for an Aboriginal. Female Aboriginal. Don't even go there. Just a lot of racism. Lot of hate. It's all hate. Hate. Everything's all hate. Nobody's healed, nobody's talked about things. P47

The riot in Kalgoorlie in 2016 which was sparked by the death of a young Indigenous boy was thought by some stakeholders to be the culmination of this racial tension. Others saw it as the impetus behind the current racial tension.

The riots of 2016 were a tipping point.... There had been a lot of racial tensions, a lot of issues around crime in town that had been bubbling, and when the riot happened with Elijah, it really made everyone sit back and think. It was a mess... SH03

Kalgoorlie is racist at the best of times but that time there, brought it more to the surface I think and put it out there in the face of Australia. SH11

Obviously, the whole incident with Elijah Doughty created a really, really terrible outlook for the region, and in that as well you get a few internet trolls that keep a really negative conversation going, and feed off people's past hurts, and keep creating a problem. So, you get a social divide from these things too, which is really, really sad. You can't take away any of the pain or things that have happened to people for past government policy, but these people just keep feeding into it and creating a social divide for their own need for negativity, you know? So, there is that. I think that's becoming more prevalent as well, which makes it hard, because racism doesn't just happen to minority groups. SH38

...just before the cashless card got brought in, it was really bad in town. You could not go to Coles and park your car safely, you just couldn't. It was ... everybody knew it. You couldn't light a cigarette up town, you couldn't do anything. It was really, really bad. But that was in

the heat of after the young boy who was killed, he was riding a motorbike, and it was ... just after the court cases. Racial tension in this town was huge. It was really fiery. Then you take the fact that they've had their homes and their meeting places taken away, so therefore they're on our streets, they're angry, so they're going to rebel. P17

There were clear concerns among stakeholder representatives about the way Indigenous people were treated in the Goldfields region. People indicated that Indigenous people were discriminated against and were the subject of racism. It was also noted that, as a result, Indigenous people had a lack of trust of mainstream agencies.

Well it's mainly, you know, around the Aboriginal people and how they're treated and their issues. You know, the racism here is really, really out there. They're treated as second class citizens on their own land. And so, what we get from, when you treat people like dogs, then you will get dog type behaviour. And so, there's a lot of that that goes on. And when you're supporting those most vulnerable and disadvantaged people, it makes it more difficult for your staff to engage because they don't trust easily. They particularly don't trust white or mainstream organisations. SH26

And they will try to stop the look that is created by less money and try and sort of get rid of them and push them to the outskirts of town, so you can't see them. So in terms of the lower socioeconomic areas, yeah, it's pretty bad. They are treated pretty badly, I would say that there is an element of racism in this town that probably doesn't, I mean every town probably has it but I think it's quite dominant here, prevalent here. SH27

The divide between Indigenous and non-Indigenous people was often compared to the past and some stakeholder representatives noted that there was much more integration between groups back in the 70s and 80s, partly due to sport being a central activity in which most people (regardless of background) participated. It was suggested that, with the decline of sport in the region, a decline in the level of racial integration also had occurred.

You know, they don't mix like they used to. As I said, in the earlier times when I was younger, most of them played sport. SH01

5.2.11 Community feuding

Specific to Leonora, respondents identified that one of the main issues facing their community was ongoing friction between Indigenous family groups in the region. Feuding among Indigenous community groups was suggested by stakeholders to have been occurring for decades. It was seen as contributing to crime, violence and other anti-social behaviours within the town and was also suggested to have stymied community advancement and positive change.

The biggest problems we had was with the feuding between the different Aboriginal groups. And in Leonora, you've got about five of those. You know, the fighting that went on, and that's been going on now for maybe 35 years. So we couldn't get, we tried mediators coming to town. That didn't work. The government didn't care one bit about how we could improve these relationships. Then after a period of time, it kind of fragments everybody. SH32

Family feuding that's happening, it's sort of sad, because together, you want to have the community together to go and address these issues. How are you supposed to have a stronger community to address these issues of the kids being on the streets, and you know, with the alcohol, intake of alcohol, and stuff like that? SH48

5.2.12 Transient/itinerant Indigenous population

As indicated above, respondents commonly identified that the many of the socio-economic issues considered problematic about the Goldfields region were contributed to by transient groups of Indigenous people who travelled from dry communities in the Lands into the region for cultural business.

A lot of the antisocial behaviour comes from our visitors which causes the racial issues that, "oh it's all these, all these Aboriginal people here," when in fact, it's not, most of ours that live locally have got somewhere to live or they don't need to be sitting on the streets. SH11

Yeah, we've had a few incidents at Mulga when people have been, came to town for Christmas, got their alcohol, went had a Christmas out there, had Christmas Day and just run amuck. And 'cause a lot of people from the lands who don't drink, like the locals every day here, or every second day, they don't touch alcohol for four/five months at a time, you know. Then they come to town then they're binging on it for three/four days. Sometimes I don't think they know what they're doing at the end of it you know. Yeah, it gets to that point, 'cause they haven't touched it for that long. P29

In the following months there has been a lot of deaths as well. So that also brings a lot of Indigenous in from Warburton and far-off towns. Now I've heard...I don't know this from any fact, but I've heard that they get some sort of funding to come in for funerals, families...but there's no funding to get them back home! So therefore they're stuck in town for a fortnight...wandering around the streets...if they're lucky enough they've got a family member who's got a house and they can stay there...but a lot of them are not that lucky, so they're wandering around the streets for two weeks, and that's when people start going "Oh, there's a problem." P17

For particular areas, such as Laverton and Leonora, their proximity to the Lands meant that this anti-social behaviour and drug and alcohol misuse by transient groups of Indigenous people were reported to be more of a problem.

Laverton will get it from the lands, people coming in from that side, and then it affects the locals, you know, because they've been out in the community on dry out for months and months, and then they come into town and they can't control the anti-social behaviours because it's too much of this, so then it reflects on the local people. SH48

So Laverton is...the last stop before you go to the Lands and it's the first stop when you come in off the Lands. So there's a whole issue around community and the alcohol and what it was doing to communities. That was the key issue around alcohol. And we saw the extension of domestic violence and, you know dysfunctional families, kids not going to school, you know, partying. Crime was way up. So that's what they saw that, you know, hopefully it could change some of that. SH45

A lot of the hurts were done by the transients. My people, our people, these are our people from the central desert. Laverton's like coming to a big region for them, even if it's just a little dot itself. But people, when they come here, because there's family already here so they feel that I'm also – they don't wanna go home. Because there's a hotel here selling alcohol. So, they wanna do what the other cousins are doing. What their families got access to. So, they wanna join. P47

The number of people travelling from the Lands into the regions was said to have increased in recent

years. The anti-social behaviour that these groups were reported to display was reported to have contributed to the racial tension between Indigenous and non- Indigenous people and caused friction between local Indigenous groups and transient Indigenous groups.

The Aboriginal community call them travellers, so people who come in from another community to stay here.... But local Aboriginal people are now also becoming very frustrated that the travellers and the press that comes with the travellers, the community impression that comes with the travellers is targeting them as well. SH10

5.2.13 Cultural dispossession and a breakdown of cultural law

Stakeholder representatives acknowledged that the key issues facing the Goldfields (anti-social behaviour, substance abuse and misuse and significant child well-being concerns) were not issues that had one simple cause or effect. Many acknowledged that these issues stemmed from multiple and often inter-related factors. A history of cultural dispossession and lack of cultural connection was reported by stakeholders to be commonly present. Furthermore, a breakdown in, or at least a lack of respect for/lack of knowledge of, traditional Elder systems and Cultural law were also identified as contributing to the social and welfare problems that were evident in the Goldfields region.

Those families were forced to ignore their cultural connections, they were told to ignore those, and that was just forcibly broken for them, not that many generations ago. Within my family's lifetime in this region. In fact my family were probably involved in that cutting of cultural connections. And so we've left these people with no culture, but no understanding of our world either. And that has had an impact, it's not that many generations ago...People from Warburton coming into Leonora now, their grandparents were living a traditional life. SH10

We're watching these people who are suffering from grief, loss, colonisation, pain and suffering which then causes drug and alcohol, family break down and all the factors from their grief and loss and their loss of land, loss of community, loss of family. And so, people have very little understanding of what's really going on for the Aboriginal people. SH26

There's also no respect for our Elders in the community. There once was. There's no respect for the Elders in the community now, in the Indigenous community. SH39

Because we've stripped away their lifestyle and their community and they've got...they're just angry running around now, and a lot of the kids are seeing that anger from their parents, and they're...I think it's the younger children who now...because their parents are angry and disjointed and taking alcohol and drugs because they've just given up, the kids are now "stuff it" as well, and they're out thieving and all the rest of it. P17

6. Tackling the social harm evidenced in the Goldfields

There were two main ways in which the social harm evident in the Goldfields region were being tackled prior to the CDC. This was via support services and other interventions, such as the alcohol accord and increased policing. However, the majority of respondents indicated that there were a number of factors that impinged on the effective delivery of services and service gaps. Many also questioned the effectiveness of current alcohol management policy and increased policing. As a consequence, a need to do something more than that which was currently being undertaken to curb the social, welfare and economic issues evident within the Goldfields region was reported by respondents. The CDC was therefore seen by many stakeholders as being a potentially appropriate and positive option to address these issues.

6.1 Support services

The Goldfields region has a number of support services operating in the area that are working to address the harm generated by issues such as substance abuse and misuse. These include preventative services such as mental health services, income management, services for youth (activities etc.), family supports (including parenting and other basic skills); crisis response services (providing food and essential items, emergency relief and emergency housing); and drug and alcohol rehabilitation services. The region also has Indigenous health services and in each town other essential services such as a hospitals and schools are present. Many communities also have volunteer Ambulance and firefighting services. The police presence in the region is high and as a result of a recent intervention unrelated to the CDC has become higher.

However, the majority of respondents felt that the level of support services provided in the Goldfields region was insufficient given the overwhelming need amongst residents.

The violence has become a way of life for many people, particularly domestic violence, yet our police are under-resourced and we have no safe house or shelter for abused women or children within the community. Alcohol and drug abuse is rife throughout the region, yet drug and alcohol counsellors in the region are diminishing. The hospitals are under-resourced, putting nursing and other hospital staff at risk as they are forced to deal with increasing violent situations from drug and alcohol cases. SH32

There's no outreaches, there's no, okay, everyone can say, "You go up to mental health or then go to the hospital, or go domestic violence," it's worth jack shit man. Sorry, it is jack shit. It is just a band-aid cover to stop what's happening, and that's all it is. It's just rampant, it really is. P18

6.1.1 Barriers to access/engagement

There were also a number of barriers to access services identified by stakeholder representatives and CDC participants. Many stakeholders indicated that it was challenging to try and get people to engage with the services that were available in the region.

It's very, very challenging getting that support, but just as challenging getting the people that actually need the support of those agencies to actually engage with them. SH02

For some, this was either a result of organisations not providing services in a location that were culturally appropriate or that people felt uncomfortable in accessing supports.

We've got agencies who are prepared to come out here and, but if they go down the Rec Centre or in the park they (clients) don't go. The best option for our mob is for them to come here, access a familiar environment. SH18

People say these support services should be going to visit the houses and so on. I don't think Aboriginal people like that. SH32

There is a lot of services, put it that way but they're not out on the streets talking to people. P29

You know, a lot of locals like the black fellows would rather talk to another black fellow. You know what I mean? Instead of someone from Kalgoorlie come in, don't know nothing about Leonora and they come here and talk and don't know situations. When, if they talk to another local or, you know, the aunty or uncle and tell them this and that it'll be much better. They'll feel more open. They'll open themselves. Like they'll explain everything and they'll just say look, you know, just stay away from them. P55

For most respondents, however, the main barrier to access was a result of the remoteness of where they lived and the fact that those services were not locally-based and that did come into the region did so intermittently and spent little time once there. Stakeholder representatives identified that it was critical for services to build relationships with clients and develop trust. Therefore, having only an intermittent presence in the area affected the relationships that could be developed. This impacted on both people's willingness to engage with the services and the service provider's ability to engage with people.

A lot of our services come from Kalgoorlie, so they're intermittent. Or it will start and we'll get someone coming up for a week here and there and then they leave and we don't have anyone. So there's nothing that seems to be sustainable, because relationships are so central to any kind of improvement that we can get here I think. And you don't have that consistency to get the chance for people to build trust and start to develop positive relationships where we can move forward with some of the other problems that we're having. SH58

But the problem that you find is that then people, they're not interested in engaging them. They're not interested in talking to them because there's a lot of people that have got the opinion of, "Just another white Toyota driving into town to tick their box and off they go again the same day". So, the only people and stakeholders, I suppose, external to the town that have some success are those that come in and actually spend a considerable amount of time and not just once, but over an extended period. If you don't invest the time then, as far as a lot of the locals are concerned, they're not interested in giving you anything back. So, that's where the biggest gaps in service providers are, is that the trust isn't there because they don't reside within the town. So, even though they try and provide that service sporadically, a lot of the time it's not taken up. SH46

And that's a problem in that same way because what doctors we have, are here for their five years or whatever and then they're gone. P10

Once a month [they come here]. We need things here permanently...Instead of they have a problem and you've got to wait for them to come here. P40

Participants additionally felt that there was a lack of information about the relevant services available

which resulted in them experiencing difficulties in knowing where to go and obtain the help that they needed. It was also reported that there was inadequate information about when services would be traveling into town which resulted in people missing the services when they were present.

Yeah. Especially like, I started doing counselling only 'cause my missus. If I wasn't with her, I wouldn't even know [service name] was there...You can just walk in, book an appointment, get your counselling. Didn't know. Wouldn't have had a clue. P13

They have [service name], the Aboriginal Health from Kalgoorlie coming up. But sometimes you don't even know they're in town until you see them parked over where the community hall. Yeah, that's what I'm saying, services can be here, but you don't know it. P29

If you don't hear of it you don't know nothing about it, it just comes and goes, like the [service name] bus, that comes out here once a week I think and if you don't know it's out here you don't know it's out here. P09

Respondents from the Northern Goldfields noted that service access was particularly limited outside of the city of Kalgoorlie-Boulder and most service users had to commute to Kalgoorlie to obtain the specific services that were needed. This was expensive, time consuming and unachievable for some members of the Goldfields population.

We have three children in town who have been diagnosed as autistic, and they are all on really good programs, but they have to travel to Kalgoorlie three afternoons a week for that. SH36

There's not a lot of access to support for that, so I've actually had a staff member that's been having to travel down to Kalgoorlie for appointments. It's a 230 kilometre drive each way, so that takes its toll. SH58

6.1.2 Service duplication/lack of co-ordination

Stakeholder representatives also noted that current service provision in the Goldfields region was not operating optimally, with much duplication and lack of co-ordination occurring. Many mentioned that there were multiple services delivering the same service. This was indicated to occur as a result of State and Federal governments providing funding for the provision of similar services.

But with working with the state and federal government, we reckon there's a lot of duplication with services. You know, everyone competing for the same funding and producing less for it. So, we've actually raised it with both the federal and state government is to say that you guys need to work out which services you're going to provide and which services you're going to provide, and then the funding is not going to be duplicated and you'll find out we'll get a better service. SH01

I think there's enough services but what it's lacking is the coordination of those services. SH26

6.1.3 Service gaps

A number of specific gaps in support services were identified by respondents. The most frequently identified gap relating to CDC participants was the need for more drug and alcohol services, including detoxification and rehabilitation centres and counselling services.

Detox is another huge gap in the services here, that's what I struggle with a lot because we need to get people detoxed to get to rehab but there's no detox here. So that's another gap.

That's the only delay we would have in terms of bringing someone in off the street because we're not a medical service so we can't have people here going through a withdrawal because there's no nurse or doctor to monitor it. We can refer to Perth, then again you're looking at travel and away from family and all that. SH19

I've got a brother – I don't really have much to do with him, but he's still me brother...and he's been an IV drug user for over 20 years. And he's tried – he's tried on numerous occasions to try and get help and there's no help for him. And the programs really, you know, they're....I think it's, as I said, the perfect way to describe it's all piss in wind. P01

Health and mental health services were also reported to be lacking in the region, with a decrease in full time GPs, and difficulties attracting nursing staff. In addition, the turnover of health and mental health staff and the inability to provide a stable, consistent service hampered the establishment of relationships with local residents that are essential for providing quality care.

I think the biggest thing I struggle with here is the lack of services. Particularly within medical. I've got small children now so I'm noticing it even more because you want to get into a doctor but it's a three week wait. So there's no continuative care. You know, being so transient, even within working with the services you'll talk to one person one week and then "Oh no we don't have that person here anymore." So it's establishing those relationships again. It's just that we're rural but you also feel very forgotten about. So that's the struggle, I find, coming from the city where you've got everything unlimited basically. SH19

These days it's hard to get a doctor to come to town. We had this young female doctor that was from overseas. Probably never been into a region like this before. She was a petite doctor. She really struggled with some of the issues where she knew what they required, but because they were so violent, she thought she was going to be harmed herself. So she only stayed here for about two or three weeks and left. You know, things like that, it makes you think if a person in that position can't deal with it or is afraid of it, it's just going to create the chain reaction down through the nursing staff. SH32

We have a lot of suicide and depression and stuff and, and there's not a lot of people to treat it so you're very limited in what's available and I've been fighting, oh, shit since about 2012 for different things with mental health and trying to get established in Kalgoorlie like peer-to-peer support worker, step-up step-down house because we are so isolated, you know, they just think we live, it's like a suburb of Perth but it, and we, it's also very transient....So it actually is quite detrimental because when you've got a good counsellor or psychologist or part of your network...Your support structure you just, you get that bond and that, you get that bond and trust and bond established and next thing they're gone, you know? And you've got to start again and...So, in that way you may as well be living on the moon. P36

Stakeholders also identified a need for further financial management and counselling services in the Goldfields region. However, it was acknowledged that, as part of the CDC, these services were being introduced. Several stakeholders stressed the importance of these services in addressing the need for improved skills around coping with the CDC, in particular in relation to managing multiple bank accounts and cards.

I've mentioned it to a few people and they've said, oh, yeah I'm interested but I won't do it right now, so. Yeah, I'm not sure if they've actually gone and got that help but it's definitely, you know, letting people know that there is help out there if you want to learn how to manage, you know, both, both accounts, both bank accounts. Yeah, it's definitely out there and I think it would really help. SH16

A final gap in services, as identified by stakeholders, was the need for further preventative and crisis services in the Goldfields region. Several respondents reported that while there were some existing preventative services around developing basic skills such as cooking, budgeting, parenting, and using computers in the region, these programs needed to be increased. The need for further programs, activities and safe places for youth to spend their time was also flagged by stakeholders.

I think in order for these people to get work and to get something and better their lives, I think like the Work for Dole programs, it should be incorporated into the program that they should have two to three days a week of learning how to budget, learning how to cook basic meals, learning how to read, write, spell, learning the basics. It needs to go back to the basics because the reality is these guys are not employable. They run on their time, a lot of them have literacy and numeracy issues, a lot of them have domestic violence, family abuse, all those sorts of things, and I think it needs to start at the home and basics to get their confidence back, to get them back into the workforce. SH18

There needs to be more youth stuff but then they say there's lots of money in town for youth stuff but you don't see much of it so who knows the answer to that? SH29

In addition to this, stakeholders observed that existing crisis services, including emergency accommodation and domestic violence services, are unable to cope with the current level of demand within the region.

Being remote and not metro where they have an element of services or agencies available everywhere for everything and we only have one refuge. SH27

We've got a youth hostel which only goes to 24 and again that's only seven or eight people. In a population of 30,000 plus it's just not enough to go around for everybody. SH19

Emergency, short term accommodation. Especially, we've got two Aboriginal specific accommodation facilities.... Salvation Army has some for single men, but there isn't – we get a lot of males that are looking after their children, there's nowhere for them to go. And we're constantly having to say no, that we're full at our facilities. SH34

Two primary reasons were identified for the gaps in support services: funding and staffing. Stakeholders reported that funding for support services was inadequate, especially given the cost of providing outreach services from Kalgoorlie to the more remote areas. Furthermore, the additional burden on support services resulting from the high numbers of FIFO workers in the region also requiring health and community services was noted. According to stakeholders, even where services were available the demand for services was such that waitlists precluded timely access for those in need. In addition, it was observed that a lack of co-ordination and prevention roles negatively impacted the effectiveness of support services.

I mean we're finding it difficult right now where I can identify that one of our big gaps is that we can't, we don't have the capacity or the funding in order to be able to get out and do outreach in those other areas like Leonora, Laverton, Menzies, Warburton, Esperance, Northam, you know, from Kalgoorlie. SH09

But the impact of FIFO, the way that local government is finding it really challenging because they have to sort of like find funds that they wouldn't have had to in the past to upkeep the same kind of services. SH02

So previously population health with the WA Country Health Service, had prevention positions and what have you, but that's now all been scaled down so it's the capacity for prevention

work which is way, way, you know, less sexy than treatment. And again, if you're looking at the change in behaviours over time, it's getting in and breaking the cycle of behaviour on a whole community level, which is way more valuable but much harder. SH14

Historically, the attraction and retention of professional staff in rural and remote regions has been problematic not just in Australia but globally. This too was the case for stakeholder organisations in the Goldfields who reported many difficulties filling vacancies for skilled positions. Many considered that the environment and the remote location of the Goldfields discouraged potential workers with the right qualities for the job from considering moving to the region. Negative perceptions of Kalgoorlie were again suggested to contribute to people's reluctance to move to the area. A lack of adequate financial incentives for jobs within the Goldfields were also reported to adversely impact recruitment. These staffing issues contributed to gaps in support services by impacting upon the ability of support services in the region to both have an effective presence across the Goldfields and to engage clients.

You can get ahead, wages are good, there's a great place to live. But it's the perception. People, particularly women, don't want to bring their families to a place like this, to which my question is, "To a place like WHAT?" ... That's the way they see the place. It's the negative imaging. SH08

We're not considered remote so there are no incentives really that can attract, that can support me to attract and retain quality teachers. So that's another big challenge that we have and obviously it all impacts on all the issues that we have. SH58

The doctors are up...they change the doctors every month, week, whatever. There's always a different doctor. P33

People that have drug and alcohol problems often have mental health issues. I think it's three to five years there's been no psychiatrist in town. The position has been vacant. They haven't been able to fill it...I think more could be put on mental health services. P1

6.2 Other interventions

Stakeholder representatives noted that there had been a number of other interventions that had been implemented in the region prior to the CDC that aimed at trying to reduce the social harm caused by alcohol and drug misuse and abuse. Two of the main interventions that were evident in the Goldfields, and whose impact will need to be teased out from that of the CDC, were alcohol management and additional policing.

6.2.1 Alcohol management

An alcohol accord currently present across the Goldfields was described by respondents as placing restrictions on the amount of alcohol one could purchase and the time at which certain alcohol products could be purchased. The local accord also allowed publicans to cease trading if there were cultural events occurring in the community.

You can't buy certain types of alcohol or quantities after certain hours or before certain hours. That's right and there are limits to how much of a mixture of things that you can buy and all the rest. It is quite light on compared to other jurisdictions. SH07

So we have a local accord which if, for example if we have a funeral in town and I speak to the

family and they think there's going to be problems I'll put alcohol restrictions on for a day or two. SH42

And one of the local pubs, anyway, if, even when they have funerals they have restrictions and stuff, or if something big comes up, like a carnival or something they just have restrictions anyway, so that slows a lot of people. P55

However, many stakeholders questioned the effectiveness of this intervention and thought much more needed to be done in regards to alcohol management. Indeed, many stakeholder groups were looking at the need for additional alcohol management systems.

And the saddest thing is, you know, Kalgoorlie have already implemented things to try and deter the alcohol issue. You know, you're only allowed to buy alcohol once a day here – anyone. You're only allowed to do one transaction at the bottle shop a day. So, there are already means being implemented in other avenues that are obviously not working because you only need to walk down the main street of Kalgoorlie to know that there is an issue with alcohol in the town. SH17

The residential group here brought up the traffic light card where...everyone right from Esperance to Warburton gets, if you want to take away beer you go and apply for this take away beer card. If you maintain a green light you can take anything from one carton to 20 cartons. It doesn't matter because you're doing the right thing. You get an orange light, come up on the till when go to get it you have one. One of wine, one of beer, or one of that and then you've got to do consultation, you know to, counselling to earn your green card back. If you get a red card well you get nothing. But, and if someone from, got a green card gives a carton of beer to someone who's got a red card they're automatically on red as well, so they've got that counselling to get back to it but then the cashless card came in and we said look, forget about that. This is it. Let's stick with this, go with that. SH31

6.2.2 Increased policing

The other intervention that was occurring concurrently to the roll out of the CDC was “Operation Fortitude.” This was described as an ongoing intervention which sought to increase the number of police in the city of Kalgoorlie-Boulder and also to change the style of policing to enable more of a public presence. Stakeholder representatives reported that this intervention would probably inflate crime statistics within the city. It was noted that, in order to understand the impact of the CDC on crime, this intervention in particular would need to be disentangled from the CDC as they were occurring concurrently.

The police obviously, the “Operation Fortitude,” which is ongoing...But we put \$1 million on the table to pay for it. Get us the police force, the police horses, we'll stable them, we'll house them, we'll pay for the police ...Eventually the state said righto and they gave us more police and we've now got them on the street...But we'd been pushing for as long as we'd been pushing for cashless card, we, as a city, have been pushing for police, and they came together by coincidence. SH03

It's called “Operation Fortitude.” So we were, we were aware of the bigger police presence but we've got a police van here that parks in the middle of town. So if you have any issues or you see anything you can actually go and speak to them. SH12

While some respondents thought that this additional policing was reducing the anti-social behaviour that was common in the central district of Kalgoorlie, there were doubts among other stakeholders as

to the effect of the increased policing. Many believed that the increased police presence had simply moved the problem away from the CBD and to the outer areas of Kalgoorlie.

Now the community feedback to that project has been significantly positive but what's been the effect, all they've done is shift people to areas that aren't as visible and all of a sudden everyone feels happier about SH09

Look, I believe all that's happened with the increased patrols, as well, which they've increased, I just believe it's actually moved it out. I don't think it's been solved. It's actually submarining it. But definitely the central business district is much clearer with the patrols and increase there, but whether that's an accurate reflection of a reduction of the issue, I would not believe so. SH14

But it hasn't gone, it's just invisible again, they've just...if you go from – it was getting bad around Hannan Street and the main part of the area – but if you go round now the back streets of Boulder and there's groups of them just moved to other places. It hasn't changed anything. P17

6.3 The Cashless Debit Card Intervention

Stakeholder representatives indicated that there had been a significant need to do something more than that which was currently being undertaken to curb the social, welfare and economic issues evident within the Goldfields region. The CDC was seen by many stakeholders and some participants as being a potentially appropriate and positive option to address these issues. In particular, proponents saw the CDC as a way of preventing spending on alcohol and drugs and thereby reducing consumption and addressing social harm related to these issues within their communities.

I think in the lead-up to the card something had to be done, something has to be done because there's too many people that are suffering through the drugs and alcohol, and in particular the kids, and I think if something's not done or something wasn't done I think we're going to end up with another whole stolen generation in front of us. SH18

At the end of the day, the Shire was more around, we have a responsibility, we have to take a big breath and be really brave and make a decision for the health of our community, over the overall health of our community. And if that meant supporting the cashless card so that children grow up not repeating the cycles... But you know, somebody had to step up and break the cycle. SH02

There's a need for it, put it that way. People do need, no matter what age they are they still need babying, I suppose. Because they can't think for themselves and yes they have to be forced...I think it's a very useful tool. P12

It was not clear in the respondents' narratives who was the primary driver of the CDC being implemented in the Goldfields region. The City of Kalgoorlie-Boulder was clearly one of the key players, lobbying for the CDC to be implemented in the Goldfields region and, having watched the Ceduna and East Kimberly trial closely, pushed for the Goldfields to join the trial. Regional councils were also central in the decision to implement the CDC. Likewise it was noted that Rick Wilson, Member for O'Connor, was also instrumental in supporting the City and regional councils in the drive for the CDC. In some other communities it was the local residents group and Indigenous Elders who were the key supporters of the CDC in a hope to drive social change.

So the city took the front foot. It was the city that asked for the cashless card. We'd seen what

was happening in the Kununurra trials and the Ceduna trials and we looked to get there. We weren't on the list. Everyone was preferred, other places were preferred. We just lobbied hard, worked hard, and convinced the politicians that Kalgoorlie should be considered. So Rick Wilson was the federal member, was right behind it, clearly, and he continued and took to the front often in the pursuit of the card, but it was the city that drove it. SH03

That's why Tudge came to Leonora, had the community meeting. We were just pleading for help. Now I don't know whether it's, Kalgoorlie-Boulder wasn't involved in the card at that stage. Nor was Menzies. Nor was anyone else really. It was only after that, I think what some of the others thought, that if Leonora and Laverton was the trial area, that the people that were creating problems within those shires would move to the neighbouring shires. So Menzies and Coolgardie and Kalgoorlie-Boulder joined in. SH32

I think a lot of the suggestions came out of Laverton to what it would look like for the Goldfields and a lot of those things were implemented to what satisfied community and what the Elders thought because the Elders were, you know, a driving force behind, you know, trying to get the cashless card here, well which, you know, eventually the cashless card came.... Look they, they saw it as one opportunity to see where it would lead and what sort of change it would make in the community. They saw that the cashless card probably wouldn't solve all the issues in community. They saw it as one part of a process for social change in their community and an opportunity to see where it led and what changes would it make. SH45

From the time local support for the CDC was secured by central figures in the region, stakeholder consultation and ministerial meetings were undertaken to try and influence government to implement the CDC in the Goldfields region. Departmental staff also started traveling to the region to undertake meetings with stakeholders, Indigenous community groups, and regional councils.

But as it was, from there on, once we decided that we were going to get involved, Rick Wilson and the Department of Social Security people, they came to town on several occasions. We formed working groups pretty well in each town. Yeah, so from there we just had several community consultations. We had regional meetings. We had minister's meetings. And just about every town sort of followed suit until basically it ended up at that point where the government was under pressure to get the numbers to actually be able to get the trial introduced to the Goldfields. SH01

And representatives from government and agencies were coming down here to have some discussions and negotiate with us to see whether – how it might run, and there was a possibility that this was coming to the region. Obviously it was going through Parliament and all that. So I was a part of all of those meetings, and met with representatives and government, and different agencies that were coming down, people from Canberra and so forth. And they were asking for our opinion. And obviously then they asked us to put on some consultations, and so I did put on a load of consultations here in Laverton. SH30

Reactions to the proposed introduction of the CDC were discussed in the qualitative interviews. While these reactions were mixed amongst respondents, some stakeholders reported that most people within their communities were in favour of the card with those against being in a small (albeit vocal) minority.

I believe was, is, and remains 99% of the population of Kalgoorlie-Boulder support it, and there's a pocket, evidenced by a number of rallies and attempts to get people going, where you've got 12 people rallying, we got 24 last week, and they're the same people and everyone else knows there's a problem and we've got to fix it. So good on us for trying, I think is probably

the attitude. SH03

Their exact words were that we've lost a generation and unless this card comes in we're going to lose another generation. And that's exactly what they said and they're, you know, two very well-respected Elders in the community. SH31

The predominant reasoning is about that community harm, acknowledging that one of the major benefits for this program that I've seen and that I talk about with individuals and groups is that the economic benefit in that people are better able to control their money. And that's something that a lot of people do understand but sometimes the vocal minority don't understand and don't appreciate is that we all contribute to the society that we live in and whether or not they directly drink or not, you know, what we're trying to do is reduce that amount of alcohol that's everywhere. SH09

Not all respondents agreed that the CDC should have been implemented in the Goldfields region and there was resistance from some respondents about the policy intervention. It was argued that the CDC intervention was based on poor research and facts, and it was not an appropriate policy to curb the social harm being generated in the region. Others saw the CDC as being racially motivated and penalising a majority of people for a minority of people's actions.

I went to that and I told them quite categorically, I said this is pointed towards our people. Lack of consultation, was zip. And the evidence that you're standing on, I don't, it doesn't hold water with me. And a lot of us... you've got the do-gooder side of it, oh we want our kids to be this, don't go without, we want food in the house. Well so do I! So do I. I don't like seeing alcoholism, I don't like seeing people with drugs, I don't like seeing kids go without. So do I. SH20

I was against it, because I'm an older person and when I was, as I said, I was brought up in a town where the local Indigenous population were given their rations. They were given jam, sugar, flour. It was, you know, totally demeaning and I was always appalled by it, and to me, it was almost going back to those days. SH36

Some respondents also reported that the scope of the CDC policy and its likely outcomes within the Goldfields were unrealistic. For some stakeholders and participants, this was linked to a perception that many issues within the region were associated with people coming into town from the Lands. As these individuals were not subject to CDC arrangements, the implementation of the card was not expected to engender widespread positive outcomes.

I didn't actually think it would have much of an impact to be honest...a lot of our problems come from the land. So the local people obviously have their own issues and we have a hotel here, so we have a pub, so there's always drinking happening. When you have visitors come in from the land, which is pretty regular, and they're related to everybody in town, they lob in...and they have cash and they don't have any restrictions and they come into town and problems have always got worse when there's been visitors from the land come in, 'cause this is their closest pub. SH43

When they come in and they binge drinking and carrying on, that's when the problem gets worse...A lot of them they come in with cash. Coming here, when they in town, a lot of trouble arises...We're trying to deal with our own issues here with our local mob, and you've got all the transients coming in and it makes it harder. P43

Concerns were also commonly expressed that in isolation the CDC policy was insufficient to address

the entrenched social, welfare and economic issues present within the Goldfields. Some respondents reported that, in order to be fully effective, the CDC needed to be part of a suite of policies and programs such as enhanced health and community services, improved housing, greater policing and alcohol management.

It might help some behaviours but it won't necessarily cure that if you've not got it as part of a whole lot of other things which the DSS were keen to do but it took a while, I think, for everyone in the city of Kalgoorlie Boulder to get that it wasn't going to be a cure-all for everything. SH07

If you're going to be rolling something out like that there needs to be an overflow for services, there needs to be improved funding for services to help. It's not just we're going to put your money on this Indue card so you can't do this stuff, we're actually going to help you so that you don't want to do it and you don't need to. That sort of stuff. I think it needs to be a broader roll out. SH19

We, my husband and some of the older ones, we supported it. Not because we saw it as a, you know, the answer to everything. Because we saw that it wasn't...At the moment here we haven't got the services to deal with, you know, no counselling for drug and alcohol, nothing, none of those services are in place yet. P43

It was also made clear that stakeholders considered that each location within the Goldfields had different reasons as to why the CDC may be a good idea for that location. For example, Menzies and Kambalda were reported not to experience many of the social harm issues identified above but were captured in the CDC trial because they had other areas within their Shires where alcohol use and misuse was an issue or that they saw the CDC as a preventative measure to ensure that these issues did not come to their town. Leonora, Laverton and Coolgardie, meanwhile, wanted to see an improvement in children's well-being and to break the cycle of intergenerational disadvantage and welfare dependence. In Laverton and Leonora it was also seen as a potential way to curb the social harm caused by transient Indigenous groups. These locational differences are important as they impacted on how each area viewed the CDC trial and the expected impacts it was likely to bring.

Well, each of the communities had a different reason, each of the shires. So, you look at it and think, "Well, there's five shires" but there's actually about 19 locations and each of those had different expectations and different reasons why they thought the card might be a good idea. SH07

The short story with them [Menzies] is that they supported the introduction of the program because if they didn't, there was a fear that if they didn't the social issues from all the other regions would be converged straight into them. SH09

7. Expectations of the Cashless Debit Card

Many respondents (and especially stakeholders) believed that the CDC had the potential to have positive impacts on conditions within their local communities. These expected impacts centred primarily on alcohol and drug use and misuse, child welfare and well-being, money management, and crime and family violence. To a lesser extent, expectations around the impact of the CDC on employment and training as well as health and well-being were also described by respondents. Given that gambling was not perceived to be particularly problematic within the Goldfields, few respondents raised expectations of change in this issue. These expected impacts are discussed in further detail below.

7.1 Alcohol use and misuse

The most commonly expected impact of the CDC was on the consumption of alcohol. Many stakeholders and some participants believed that the quarantining of welfare payments on the CDC would reduce spending on alcoholic products and therefore make alcohol less readily available and more challenging to source. This would consequently lead to a reduction in excessive consumption and assist individuals to modify their alcohol use. Several participants provided personal examples of how they thought the CDC would positively influence their own or their family's alcohol misuse.

So the city decided we had to do it...and it was one of the key elements that we thought we can make a difference with. So given the cashless card was simply about obviously its prime objective; that is, if you take cash away from those people who spend it on alcohol, on drugs, and on gambling, you're going to have a better place, and it makes sense, because it was the target area. SH03

I think as an organisation we support it 100% because it's just that extra thing to assist our clients once they're out of here to maintain drug and alcohol free lifestyles. It's just another component that they can add to their toolbox to help with that. SH19

To be honest I think for me the benefits of me having this card is that I won't be able to just go out and buy alcohol. It gives me that sort of stop back where I can't go and actually purchase alcohol with it. So that is a good thing. It goes for something good, obviously, like food and stuff that I need. P05

Reductions in the consumption of alcohol was also expected to lead to a decrease in problematic behaviour associated with alcohol misuse. Hence, some stakeholder respondents anticipated that the CDC would reduce the incidence of anti-social behaviour and family violence thus leading to enhanced feelings of safety within the Goldfield communities.

We went through a time of bad feuding just, just prior to it a few months before it being rolled out and there wouldn't be a night go by when there weren't young people even yelling around all night, and older people too mind you fighting all night, every day all night. And the hope was, look we just have to bring in something to help people to be able to consume less alcohol...So you just got to the point where there has to be something that helps people to control this because this is not really living. SH33

People who continue to live with domestic violence that comes as a result of alcohol will be

hoping that this reduces it. SH10

Although fairly positive as to the expected impact of the CDC on alcohol use and misuse within the Goldfields, several caveats were discussed by respondents. Some participants did not consider that the CDC would have a large impact upon levels of problematic drinking within the Goldfields. The issues associated with alcohol misuse were perceived as too long-standing and entrenched for the policy to be truly effective. Linked with this perspective, several stakeholders and participants were of the opinion that CDC participants who were alcoholics would find alternative ways to continue to obtain alcohol, possibly through the use of crime.

You'll never get rid of any of them, even if you tried. Even, you know, even the prohibition days they tried everything. But you'll never stop drugs, alcohol or gambling regardless. P03

Well we just thought that they would just do other things to get the alcohol, 'cause if you want, if you want to drink, you going to drink, if you're going to smoke you're going to smoke, you work your way around it. P15

I didn't think that it would have that much of an impact on alcohol and drugs because they can still get that at the drop of a hat. I think it's going to take a long time to tackle the drugs and alcohol issues that we have in Coolgardie because whatever, they will find a way, and that's whether they're bartering food for grog or whatever, they always find a way. SH18

Other stakeholders reported that alcohol issues associated with people from the Lands coming into the towns to purchase alcohol would not be addressed as they were not subject to the card.

The missing link on the card, this is its greatest fault, and where it will fail, is the fact that the people who live on the lands are not on it...The itinerant populations which come to Kalgoorlie from more than 1,000km away, they wander down, they live in the street, they're not going to be on the card...So we have money still on the streets, buying alcohol without a problem. That's still there. Got to sort that out. SH03

As a consequence, it was felt that other actions were needed alongside the CDC to address alcohol misuse within the Goldfields. Both stakeholders and participants commented upon the need for additional services to assist people with alcohol issues as well as a more joined-up approach to service provision. A minority of stakeholders also described the need for greater alcohol controls.

But I honestly believe that, you know, it is going to deter your non-addicted client. You know, people who have an addiction I think it's a bit of a different story and they're going to need a lot more of ongoing support. SH17

I think the money would be better spent on treatment and rehabilitation, and family counselling. Things like that would be more effective than punishing children and the spouses...And I would rather see the money go on treatment than punitive measures. P10

How to help those people is by an alcohol and drug program, or a financial management program where they show them how to manage their money. P19

7.2 Drug use and misuse

As with perceptions relating to alcohol usage, many of the stakeholder representatives and some of the participants interviewed also believed that the CDC would have beneficial impacts on levels of drug misuse in the Goldfields region. Given that CDC participants would have less access to cash,

respondents felt that this would lead to reduced spending on, and the consumption of, illicit drugs.

So before the card was implemented in one of the communities one of the best bits of feedback I got was a person, an individual mother, who had identified to someone that they had used their money to pay for illicit substances and they were reflecting that after that usage that they understood the impact on their family and their kids and that they were looking forward to the introduction of the card because they wouldn't have that capacity anymore and they would have a control mechanism to be able to control that expenditure. SH09

Let's deal with the drug problem. Let's deal with the alcohol problem. And by taking that cash out, it's a no brainer. Those who've complained about it are the ones who are directly being affected, and those are some of the drug dealers who we know, those bootleggers that we know. SH49

However, some respondents (and particularly participants) reported that those with a drug addiction who did not wish to change their behaviour would not be deterred by the CDC. Instead, drug users were expected to seek other avenues - including criminal activities - to fund their drug habit. Several of the participants interviewed had previous experience of drug use and described how they would have perceived the CDC if they still had an active drug habit.

I would have been spitting the dummy. Because I would've had to pay my rent and everything, my mum, out of cash. And because I was living with mum, and mum would've gone "You draw your money out cash. You give me the cash and you live off the Indue Card." So I wouldn't have been able to buy drugs. So it would've 'p-ed' me off to the max. But that's the lifestyle on drugs...So, I think it's a good idea but there can be consequences to people that will do anything for their fix. P04

I've been addicted to drugs and alcohol myself and people find a way to manage. You can restrict their income. You can take their income. You can manage their income. You can quarantine their income, people find a way. P35

Also some respondents did not consider the CDC alone to be enough to fully address the serious drug issues within the Goldfields. Hence a need to better understand and address the underlying causes of drug addiction and also the provision of additional services such as detox and rehabilitation facilities were reported.

With addiction, just because you're taking someone's money it's not going to stop the addiction. They'll become creative and they'll just find another way to feed that addiction. Yes, the money might be a preventative measure and the government wants to be seen as doing something, but like I said before, unless you're going to then promote other stuff like putting in education and promote other community services and that, and more funding, on its own it just isn't going to work for what they want it to work as. CHCSH19

7.3 Child welfare and well-being

Improvements in child welfare and well-being resulting from the CDC was a further area of change anticipated by many respondents. Some stakeholders and participants described the CDC as providing opportunities for future generations and as having the potential to break cycles of welfare dependence.

We can't change the current generation, but my idea is that we're changing future generations and improving their life which they're going to produce better life for their kids and families.

SH01

Some of them do need, you know, a bit of policing with the cashless card. Yeah, I agree. But...it's not for them. Everything, you know, they talk about the future and your children are the ones that suffer. Well, they're the first ones that's going to suffer. It's all right for a drug addict to let him buzz for eight or 12 hours, whatever it goes for, but yet a kid that will live every day like that. Sitting and watching the mother with the father, "Oh, mood day are you going to be in today? Are we on a good wicket today?"...So, you know, how would you accommodate more people of them sort of nature? I don't know. The cashless card will do it, maybe. P03

The CDC was also seen, by participants and stakeholders alike, as being likely to improve family well-being and safety, leading to positive effects for the children of participants. In particular, it was envisaged that it would enable children to get their basic needs met by ensuring that a large proportion of an individual's welfare payments could no longer be spent on items such as alcohol or drugs. Respondents anticipated that the children of some CDC participants would now be provided with food and clothes, an issue that had previously been of concern within the Goldfields.

I'm thinking that's good, yeah, because we had families that drink a lot and got children, and they used to spend all their money on alcohol. And I felt that it was good, so we can see the kids getting their money, spending it on clothes and shoes, whatever, food. P40

About 18 months ago, two years maybe – where people had come into Laverton, there were about 300 people in the camp; a group of people left to come to Kalgoorlie and left about eight kids, ranging from five years to nine years, in Laverton. So, no-one was looking after them or whatever...Their hope was that the card would assist particularly the older women who generally end up having to look after everybody, to actually have that money spent on the kids or even if it didn't get that absolute positive effect, then it kept it out of the hands of people who had no interest in looking after the kids. SH07

I expected at least the children to get more. So they're going to get a bit more food given to them. If these kids get a feed out of it, and they get some clothes on, new clothes on their backs, and things like that, I'm for it! SH05

Some stakeholder respondents were also optimistic of further benefits relating to child welfare and well-being. These included greater levels of school attendance and achievement. It was also hoped that if the consumption of alcohol and drugs was reduced, then children would receive more parental supervision and be less likely to be neglected and found wandering the streets or participating in anti-social behaviour.

I'm hoping our rating results, our standardised testing from our ratings and their actual academic progress will improve, because they're getting to bed earlier, they're clothed, they're eating well, all of those factors that help them to learn. So...I think I was a bit relieved that – and because I knew that the kids, ultimately the children would benefit from it. SH35

7.4 Financial management

The expected impact of the CDC on financial management was a further key area discussed in the interviews with respondents. The introduction of the card was anticipated by many stakeholders and some participants to have the potential to effect positive change across several aspects of money management. It was hoped that CDC participants who had previously struggled with managing their finances would be able to control their money more effectively and be able to budget better.

So historically there is a proportion of people that have got their money from the ATM, gone and spent it, and then they're relying on welfare relief and things like that to get through the rest of the fortnight to feed their kids. This is a program that stops the quick exit of that money, it allows them to pay their bills, know what they've got left, and then if they make an active decision to spend the rest of it in one go or save it out then that's another thing. SH09

And it's just the further education of people so that they are managing their financial affairs better...it will teach them to budget, teach them to save and all of that sort of stuff over time. And if they get to that stage where all of a sudden instead of seeing a zero bank balance they see \$500 at the end of the fortnight, they've still got \$500 in their bloody bank account, then they'll say, "Well, hey, this is working." Like, "We've lived for a week and we've still got \$500." Whereas before within three days it's all gone. That's what I see as the future. So, hopefully get there and make it work. SH01

I was thinking to myself that it was a good idea, and even my mum said it might have been a good idea because it does help because when you've got cash you just want to just get it all out and then sometimes you could just lose it and whatever, but you can just hold it for as long as you want. P64

As a consequence, both participants and stakeholders anticipated that there would be increased spending on items such as food, children's clothes and bills. Several stakeholders also hoped that if money management improved, there would be an associated decrease in the financial abuse of older people.

I think maybe families might have a little bit more money to spend on things that they need instead of things that they want. You can use it to buy groceries, you can, you know, you can use it pretty much anywhere, except where there's drugs and alcohol, and cash. P11

It's going to be a very big influence in getting people to spend money on clothes, on food, on items which are not necessarily items which are associated with the more unfavourable parts of life, like gambling or like shouting, arguing, fighting and the violence that the alcohol brings. P02

There's the high potential – and it happens – for Elder abuse which happens all the time; they get stood over all the time. So the other hope of the card is look, once they get used to it, etc. that there will be the money available then to actually deal with the things so that no-one's running around assaulting the old fellas to get the money. SH07

A further group of respondents believed that CDC participants would have less control over their finances as a result of the policy. Concerns were raised that some participants would be unable to manage their money, would not have access to adequate amounts of cash and could fall behind in their payment of regular bills. One participant described difficulties she had experienced when planning her insurance payments prior to the CDC being implemented.

So I started looking into it and realised that the 20% they leave in your bank account would not be enough to cover my automatic monthly outgoings for health insurance, home and contents insurance, car insurance and charity donations...So I rang up the different insurance companies and number one, none of them had any idea what the cashless card was, never heard of it... And I would have had to get paper accounts sent to me and that's an extra cost I would have to bear...And with the three or four policies, that was in excess of \$200-\$300 a year that I would be paying out for my insurances because of the cashless card. Because they don't take them. So I was pissed off. P10

My thing was, because Indue's a separate company that runs the card side of it, so it was like, "It's going to take forever for the process to go through for rents to be paid," and all this kind of stuff. And so people were going to be homeless and falling behind in their bills and things like that. SH06

A need for services which could assist participants in developing their financial management skills was therefore considered to be important by both stakeholders and participants.

You've got the financial institutions and, you know and people finding it hard they can always go to like [Name of organisation] or, you know, or any of the welfare places to help you, yeah look at ways of cutting back on things and, and not spending stuff that you don't really need. P20

7.5 Crime and family violence

Perceptions as to the expected impact of the CDC on crime and family violence within the Goldfields region were mixed. Some stakeholders believed that the incidence of crime would be reduced due to an associated reduction in levels of alcohol and drug misuse.

They [the police] were hoping it would help them then to deal with the domestic violence – so it's a tool. SH07

My hope was that it would reduce some of the alcohol consumption...that I suppose was my hope of reducing the seriousness of some of the offending. SH42

In contrast, some stakeholders and participants expressed concerns that rates of crime would increase throughout the Goldfields. This was based on the idea that some CDC participants may seek to obtain additional money to facilitate their alcohol and drug habits via criminal activity. In particular the incidence of break-ins, theft and muggings were expected to rise. A small number of respondents also feared that increased prostitution and domestic violence would occur in response to the implementation of the CDC.

Usually with addiction, if there's drugs as well that their dependent on, they'll do anything to get it, and so I was sort of worried about that we'd have an increase in burglaries, we'd have an increase in stealings, we'd have an increase in break-ins to get alcohol, and all that sort of stuff. SH22

I know leading up to the trial people were really, really scared that there was going to be a huge influx of crime. You know, people breaking in and stealing stuff, and you know, then there'd be young girls that would be prostituted out for money to buy alcohol and drugs and so forth. SH38

To be honest, if a drug addict doesn't have the money they're obviously going to find another way to get it, that's stealing, obviously robbing people, all that sort of thing. P05

Additional policing measures (such as "Operation Fortitude" within the city of Kalgoorlie-Boulder) were seen by some stakeholders as being necessary to mitigate any negative impacts of the CDC on crime within the Goldfields. However, increased policing was also regarded as having the potential to increase crime statistics further and confound the true impact of the CDC on levels of crime and family violence.

So alcohol control is a scourge, drugs are a scourge in Kalgoorlie, in most regional towns, so understanding that it's a supply and demand issue. You've got money, you go and spend it. If you haven't got money, what do you do? Everyone says if you haven't got money, you go and rob something. That's what happens, the crimes go on; that's where the "Operation Fortitude"

and the police thing is important too...The crime statistics, I believe, will go up in Kalgoorlie, because we've got more police attacking it. SH03

7.6 Employment and training

To a lesser degree, respondents also described potential impacts of the CDC on employment and training. However, views were mixed. Some stakeholders perceived that the CDC would go some way to addressing the personal and social factors contributing to long-term unemployment. Consequently, it was hoped that the CDC would provide participants with enhanced capacity and motivation to seek employment opportunities.

When I was over in Ceduna quite a few years back I seen all the mob were laying around on the foreshore and I seen them in the streets and, you know, now, 'cause I was over there 12 months ago, I saw the difference. The community was cleaned up, there was nobody drugged out on the foreshore. People were actually getting jobs and there was a sense of pride and maybe I thought that was going to come here, you know...within the 12 months things could change. SH11

There's two ways you can get out of having the card. One is, get a job and two is leave the state, leave Kalgoorlie. That's the only two ways. And I think the get a job, people would probably find a lot more people now will seriously look at how they can do that. Because, if they don't like the card, really, that's the main way out of it. SH26

Other stakeholders and participants, however, did not consider that the CDC would effect change in levels of training and employment. This was primarily due to a perceived lack of willingness on behalf of some welfare recipients to engage in labour market activities. For these respondents, the introduction of the CDC was not seen as having the capacity to impact upon this behaviour.

I think that's quite far-fetched. I don't believe it would. I don't think, not for employment and training options. I mean, yeah, I think it could affect them in other ways...But I don't think it would affect them when it comes to, no, not employment and not training. Not in jobactive anyway. SH17

They're too lazy to get a job or they're uneducated and they've just never had the right role models, but never been pushed in the right direction to actually work. Some people are just lazy. P13

7.7 Health and well-being

A final area of potential change following the implementation of the CDC which was discussed by a minority of stakeholders, was health and wellbeing. A small number of respondents anticipated that the card could lead to improvements in physical and psychological well-being.

My aspiration for the cashless card is one, to break cycles of dependency. So people's self-worth, if you are doing something, it doesn't matter how big it is, and you feel good about what you're doing, your self-worth is better. SH02

We lost a boy last year to suicide...and a lot of what he did could have been changed had he been required to subject himself to the card program...On the day that he went, he personally consumed...two full cartons of alcohol and he went and purchased a third one. And he was sold a third one, over the counter. There's no way that he could've passed as an, unaffected. That level of alcohol's going to completely take away any rational thought, which is why he ended

up where he did. So, lack of access to alcohol is something they feel very strongly about. SH10

However, other stakeholder respondents were concerned as to the impact of the CDC on participants with pre-existing mental health issues. A paucity of available services to support people who may be reducing their alcohol and drug use as a consequence of the CDC was also noted.

I thought specifically it would impact the health system. More so about how, if we're going to take this away from people instantly how are you going to be supporting these people that need rehab or need support or detox or any of that specifically to alcohol and drugs. SH25

I think that it will definitely affect the mental health of a very small cohort of people who might be suffering from anxiety or depression or something like that and the unknown is quite dangerous to them. So, I feel that there could potentially be a cohort of people that this might, you know, be detrimental to, but I don't think it's a major part or a major number of people, if that makes sense. SH17

8. Implementation of the Cashless Debit Card

Both stakeholders and respondents described the implementation of the CDC in the Goldfields region. Community reactions to the CDC following implementation were discussed. Aspects that were working well and also those that were not working well were identified. In addition, respondents discussed their knowledge of CDC exemptions, people voluntarily opting into the CDC and also card workarounds.

8.1 Community reaction to CDC

Prior to its implementation, respondents reported that community reaction to the CDC was very mixed. Following the introduction of the CDC, however, many respondents stated that as time had progressed, opinions were changing and increasing numbers of people were now in favour of the card. This included changing perspectives amongst some of the stakeholders and CDC participants themselves.

Even like the thing on social media, the feedback's getting less and less. To start with it was like the end of the world and now I think there's a little bit of hoo-ha on there now and again, but it's not like it was going to be the end of the world. I think, in all honesty, I think it's just sort of flowed in and people have adapted. SH57

You've got me in a shifting mood because three months ago I was really annoyed about it. Right now, I can understand the concept and I agree with it. If you're going to spend your bloody money on drugs and alcohol and you're going to fritter away your money in the gambling hall or the gambling house, well, I've paid tax and I've worked for 18 years...If I knew I was helping you out to put food on your table, and you went down to the gambling house and spent it there, I'd be pissed off, so I can understand the taxpayers and the government's point of view. But it doesn't affect my budget. I buy food. I go out and buy my scratchies and I buy clothes, I buy my own shoes. I pay for my things, so my opinion of the welfare is good. P35

At the beginning, I thought no, I didn't like the idea, it sounds a bit like infringing on people's rights, they have control of a little in life, a little in money...But, I would say that since the cards came in, I've actually changed my mind on it. I think it is a good thing...It's too early yet to see what the impact on drug and alcohols supposed to be. But what I'm seeing is that people have been given an opportunity to look at how they use money. SH26

Respondents from the organisations working with CDC participants within the Goldfields reported that, despite initial concerns about reactions to the card, they had received little negative feedback from their clients; most were described as either happy or ambivalent with being on the card. These perspectives were reiterated by the participant respondents, a majority of whom either liked or held neutral views about being on the card.

We were a bit apprehensive at first, not knowing what people's reactions would be. We did a bit of research on other areas that have had it, just to see what sort of responses they have, and there's always bad things and then you're like is that going to happen here? But it's been really good. We've not had many upset people. Everyone seems to have just accepted it. SH50
Now we know what it's about, I don't have a problem with it. I don't have a problem at all.

Yeah, there was a lot of anger there, "Bloody government able to do this here"...Yeah, I reckon it's a good thing. I never had a problem with it. P33

It doesn't worry me. I'm pretty much when it came through I didn't mind, I just went pfffft I've got one. P12

Support for the CDC, following its implementation, was fairly high, both within the general community and among participants themselves. This was perceived to be partly due to recognition of the early positive outcomes that had been experienced within the Goldfields as a consequence of the CDC.

I feel that there's a lot of community support at the moment and positive sentiment. Certainly walking downtown the place feels at peace right at the moment. SH42

Look a majority were for the card...There was a small percentage of people saying we don't want it and that. But at least the community had the tenacity to sit down with people and say look hey...One of the biggest critics, he came along for the ride, we show him how to, how, what he can do, now he goes beautiful, love it, love it. SH45

I've never been one to rant and rave and get up in arms because that's not the person who I am. I said, "Well look, if they want to try it with me I'll try it, by all means." And I'm very happy with it...I think it is making a positive impact. P02

Positive participant views about the card primarily centred on its perceived financial benefits around money management including spending, savings and reduced pressure to give money to others. As a consequence, some CDC participants expressed a preference to remain on the card in the future.

I've had people who...say, "Oh, I'm going to stay on the Indue card. It's been good for my savings and I'm not spending as much money," and things like that. So, you know, I've definitely had people who say that they're going to nominate to stay on it, for sure. SH17

My bills are getting paid, whatever I need to be, I can just get on...and things I need in the shop and this is a bit of a back-up there, for myself when I need it, but it's a good thing. At least we know money's there. If we need anything from the shop, money's there. But that's why I want to just keep my card for. P33

I didn't want to be on it...Because I didn't know about it see? Now that I know the system, even have to be budget. You always got food, payment to payment finally. I'd probably stay on it, yeah...I know how to spend, I'm hanging on to it longer than usual...Yeah bit of relief. You got finance always there, till my next payment, you know? P44

While some participants had expressed frustrations and distress about the CDC initially, this had often dissipated once practical issues relating to the activation and set-up of the card had been resolved.

Most customers have been quite neutral. I've had quite a few positive ones actually but I wouldn't say I've had any aggressive or really nasty customers. I've probably had maybe about five that have been very distressed and scared they won't be able to, you know, pay their mortgage or anything but after I go through everything with them it does calm them down a bit but, yeah, especially with the ones that aren't familiar with the technology that has been a really big change for them. SH16

When it was first talked about, there was a lot of people in this community that were really wild about it, outspoken about it. Against it. Because they really didn't understand. And to be honest, I don't think I probably understood it all either. But as time goes on, I can say since, I've never had one complaint about the card. SH32

While certainly not applicable for all, Indigenous participants were generally found to be more accepting of being on the card. For some of these participants, this was in part due to a previous personal familiarity with other forms of financial management such as the BasicsCard. The CDC was said by several respondents to hold several advantages over the BasicsCard which had led to some Indigenous people being satisfied with the implementation of the CDC. In addition some respondents felt that this general divide in perceptions between Indigenous and non-Indigenous participants about the CDC was linked to non-Indigenous people being unused to having their welfare payments controlled.

Aboriginal people are used to be oppressed, are used to being told what to do and how to do it and when to do it, you know, coming to town at 6 o'clock, you got to be out of town by 6 o'clock, all of those sorts of things. So, they're used to it, it's just another policy, they've been governed by policy for the last 200 plus years. So that's another one, we'll adjust to it, we'll go with the flow and then you'll change it in five years and then we'll go with the flow, you'll change it again in five years, so people are just used to it. They're worn down and it is what it is. SH11

The Indigenous people that are on it are just getting on with it and have accepted it but it's non-Indigenous people that have all the complaints about the card being in place...I don't know if Indigenous people have just gone, well it's here and it's now. There's no point in trying to argue it, it's there, may as well just get on with it. SH54

Most of them was on BasicsCard in the first place. So it didn't really, but with the BasicsCard, you couldn't do online shopping. You couldn't buy smokes. Yes. But with the Indue card, you can get smokes. You can do online shopping. And you can transfer money to your normal keycard. P31

When the cashless card came in, and it made me really open my eyes and think, "Wow! This sort of stuff has been happening to these Aboriginal people for years! And now, us white people we're getting just a taste of it, and it's like, oh! We don't like it!" But I can so understand now why the rebellion, why it's all happening. I'd be angry as heck too. I'd be really angry. P17

A minority of participants continued to vehemently oppose the CDC following implementation. Although not solely, these opponents were predominantly reported by stakeholders to be non-Indigenous people. Our interviews with participants also found greater opposition to the card amongst the non-Indigenous respondents. In part this was attributed by stakeholder respondents to some misperceptions that the card was, and should be, targeted only towards Indigenous people within the Goldfields.

Since we've got the card if we was to have a meeting with just the people with the card it'll just be the same. No we don't want it. We're right. P55

For the first month we did have people coming in. And look, a lot of people thought that it was only for the Indigenous community. They didn't think that it was for the non-Indigenous until they actually came in and [we] said "oh no, it's not only for them, it's for you as well. It doesn't matter what colour you are, you know, what race you are, you're going to be going on it. As long as you receive an income support payment, then you're going to go on it." SH48

So they aren't the people that we have a problem with, it's the non-Indigenous. "I'm not black. Why should I be on this card? I don't drink. Why should I be on this card? I'm not a drug person. Why am I on this card?" That's the responses that we've had come through this door,

and I'm like, "Are you on Centrelink? Do you receive a Centrelink payment? You are going to be on this card. Everyone's on this card who is receiving a Centrelink payment." SH06

Part of the continued opposition to the CDC was reported by stakeholders to be coming from individuals and politicians living outside of the Goldfields region, often through social media channels.

I think that it's important to note, too, that a lot of the opposition to the cards is not actually coming from within our community as well. There's been a really significant eastern states influence, and the Greens Party influence as well. So there's always going to be a vocal minority...but it's not in terms of the volumes that you would think. It's just been quite interesting to see that eastern states' influence emerge, particularly in the social media realm. SH03

Who's the Greens Senator that advocated for it to be cancelled? Well this lady needs to come out here. Come and live here. Come and see for yourself...The previous Western Australian government, the Housing Minister for Western Australia told me there's no problem out here. And I said, well, how come I've got people living under trees? Why is this...Get out of your tree and come and meet the people. SH49

Respondents identified several reasons for opposition to the CDC. These centred mostly on a reluctance by participants (both those with addiction issues and those without) to having restrictions placed on their money and spending by the government. The proportion of money available as cash on the card was also considered by some participants to be inadequate (see Section 8.3.6 for further discussion).

People come along and say, "This is my money. In Australia we're entitled to the welfare, we're entitled to Centrelink. That's our right. Why do we have to show documents of what we want to buy with our own money?" And then they say, "This is controlling, and this is this." SH06

Well my own family and my extended families you know? I see the good that's happening. I don't think they liked it one bit. They weren't liking it because they the ones that was drinking, you know? Spending their children's money on alcohol and drugs and whatever. They didn't like it one bit because that took their, took away their privilege to do that thing, carry on with drugs and alcohol. P43

I don't like it, honestly. I suppose it's just the freedom of having your own money, I suppose. I suppose it kind of takes away your own choice, do you know what I mean? P06

Linked with this objection, some CDC participants who did not have an issue with addiction or had previously managed their finances well, were reported by both stakeholders and participants to feel that a lack of targeting as to who was placed on the card was unfair to people like themselves. Feelings of stigma directly associated with being on the CDC were also reported by respondents (and especially participants) to be an additional reason for opposition to the card. These issues are discussed in further detail in Sections 8.3.7 and 8.3.5, respectively. Furthermore, a minority of respondents reported that there were philosophical objections within the community to the card as it was being perceived as an assault on civil rights. Again this perception appeared to be more commonly held by non-Indigenous than Indigenous participants.

In three of those cases, that was around, you know, "This is an egregious insult for my civil liberties and you people should all be going to jail"...Interestingly that was one Indigenous person and three non-Indigenous. SH07

You get a lot more complaints from the non-Aboriginal community because all their rights have

been taken, they say their rights have been taken away, whereas, for Aboriginal people we didn't have any rights to start with, if that sort of makes sense. SH11

I have a huge issue with the privacy issues, I have a huge problem with the terms and conditions, I have a huge problem with the stigma, I have a huge problem of how it was targeted, I have a huge problem with the rollout of it. Probably every aspect I have a huge problem with it! P17

You know, it's a big brother approach. Big stick approach and I don't think anyone likes that...I thought Australia was known as a compassionate country and just to bastardise people that are on a welfare benefit is just wrong...Just kick people that are down. And I think it's disgusting. I really do. And it's not what Australia's about is it? P01

Finally some stakeholders and participants expressed concerns that despite being aimed at both Indigenous and non-Indigenous Centrelink recipients, the CDC had racist overtones. For these respondents the card was perceived as being a throwback to previous government policies of control, and was seen as negatively impacting Indigenous people. Links were made to the provision of rations to Indigenous people and to the Stolen Generation.

Government is controlling us. They think it's – they think they know more better for us. They think they can provide everything for us, in the right way...And we proud to be Australian you know, we all - I'm an Aboriginal Australian. I don't come from somewhere else you know. And I have a heart, mine, just like a white people. Just like the government innit? I have the same feeling like them. I'm not an animal, or something else. And I have a heart. Just like them. P50

It takes your independence away- that you still got to ask permission. See, it went from, look, I'm going back maybe 50 years ago. Before an Aboriginal could leave a town or a mission or a reserve...he had to have permission to go from here to over there. Them days are gone now, ration days. Their percentages, if you think about it, their percentages on basis for Aboriginal's wage was 80% was kept by the government, 20% was yours. But not yours like yours, yours, it went to the station owner. If he thought you needed new boots he would pay for them. He would pay for them out of his own money, but yet he will still charge you to work for him...They're using the same ratio, 20/80...It's happening right now. P03

As the woman at the public forum said, "It's like your Captain Cook ration scheme". She was an Indigenous woman. Like, it was like when they were paid in tea and sugar not in real wages. I mean the feeling I got from the public forum was that they're really angry because they feel like it's a step back to how things were. And because they know that they're the main targets. Or they feel that they're the main targets. SH15

Furthermore, the CDC was also perceived by several respondents as unfairly targeting and stereotyping all Indigenous people within the Goldfields as having alcohol issues and participating in anti-social behaviour.

"Twiggy's Card"...that's the thing that leaves a sour taste in my mouth. He goes and plays his advertisements that's played overseas, and they think my god they've got it bad over there with them blackfellas...So that really got up my goat, to see someone like that be able to do that to our mob. Denigrate our mob. Should've been sued for what he did there, he should've been sued, because that belittled our mob, made us look like we were all drunk and disorderly, anti-social, and this is what you see all around. They don't see people like ourselves that pay taxes and work hard and try to do good things out in the community, you know? SH20

I think it is because if I wouldn't have put that I'm Aboriginal or Torres Strait Islander, you wouldn't have sent me that Indue card. They wouldn't have sent that Indue card to me. Hmph. It is. I believe it. That's no other way out of it. That's it. When you put you're Aboriginal or Torres Strait Islander, well, there's your address, well the Indue card's coming to you. P47

But, let's face it, LNP introduced this for one sole reason – to disadvantage – well, not disadvantage, but to think they're doing the right thing – they're doing the Indigenous people, you know, they're doing em a favour. So, you can have money. You can have groceries. You'll be able to feed your kids, you know? It's a load of shit. It's a load of bullshit, you know that I mean? Let's face it. P01

8.2 What is working well?

Overall, both stakeholders and participants described the implementation of the CDC in the Goldfields region as having gone smoothly and working well.

So, no, we just find the transition has been smoother than anyone thought. From all accounts at the moment it seems to be going better than expected. SH01

Because there was so much effort and time put into making sure that everything was fluent. And glitches that have arisen have been able to work out. SH02

I only got put on it this year so, you know, within the last few months. I found that I can run my household with it, you know, and it didn't bother me. P03

Aspects of the CDC that were particularly thought to have made the implementation a smooth process were the community consultations, CDC shopfronts and the training provided to staff, and also aspects of the card technology. The smooth implementation process was thought to be illustrated by the number of people that were self-activating their card, rather than seeking assistance from CDC office staff. Respondents also identified certain groups of people for whom the CDC was working well. This included people with drug and alcohol problems, those with previous experience of income management systems and people who were technologically literate and good at managing their money.

8.2.1 Community consultations and working groups

The level and quality of the community consultations undertaken by DSS staff was frequently identified by stakeholder representatives as being a key element contributing to the smooth functioning of the CDC. This stakeholder engagement work was said to have been extensive and inclusive, engaging not only easy-to-reach groups but also engaging appropriately and sensitively with Indigenous community groups.

I think DSS have been incredibly thorough in their community engagement, prior and post. Incredibly thorough, staff that they've had on the ground have been very community-minded. They've been able to understand, they've got their head into the paradigm of the people who will be affected. And I know I've talked a lot about Aboriginal people, but I do also fully recognise that the major number are not Aboriginal people. SH10

Exceptional. One word. [NAME] and his team, and I guess, I get a little bit perplexed, if not a little bit annoyed, when people say the consultation process hasn't been there or is less than perfect. And I know that consultation process has been exemplary. It's been really over the

top, how far do you go with this? So we get over-consultated in this town, quite frankly, we get tired of it. Someone wants our views on all sorts of things. And I think that the way they've gone about getting up shopfronts, making themselves available, [Name] giving out his phone numbers. You can't be more accessible than that! SH08

So, we did have a community forum where we got guests to come over and [NAME] came, and I can't speak highly enough about how [NAME] engaged with these people, and his conversation. He is absolutely fabulous with the way that he deals with the public with their concerns and so forth. SH38

The extensive engagement work undertaken by DSS pre- and post- implementation was said to have facilitated knowledge sharing about the card and assisted in preparations for the CDC including with practical steps such as ensuring EFTPOS facilities were available. It was also noted to have subsequently assisted people in the activation and use of their cards as they were informed about where and who to go to if they required assistance.

So the team started, and then it was all about going out to community, talking to community, explaining what was happening, so that community felt comfortable and understood. I mean it was still, it wasn't perfect, 'cause not everyone got it. But actually that, I think personally, really helped with when it came to activate. People just knew the team, trusted the team completely, knew the office, knew where to come. SH30

Despite the extensive consultation and engagement work conducted by DSS, a number of participants reported that they were unaware that they would be affected by the CDC trial and in a number of cases found out through word of mouth. This will be further discussed in Section 8.3.1.

Well, we didn't know Coolgardie was going to get it. We thought Kalgoorlie was just going to get it. Yeah. So we were all shocked that we got it too. P07

I found I was, maybe it was in, when they first bought the card out I didn't know that I was going to get put on it and I wasn't actually currently here. But my payments just stopped one day and I was wondering what the hell because I was in Perth at the time. And so it took me about four weeks to figure it out...I went into Centrelink in Perth and they knew nothing about it and they just sent me to my employment agency. They knew nothing about it. And I didn't know where this card had been sent to but it had been sent here. But when I went back to Esperance six weeks later that's when I found out that yeah, I had to go to the post office to get this card. P14

8.2.2 CDC shopfronts

The CDC shopfronts, or Local Partners, were viewed by stakeholders and participants as a particularly successful aspect of the implementation of the CDC in the Goldfields. Indeed, this initiative was considered to be vital to the success of the implementation. The City of Kalgoorlie-Boulder and other regional councils were responsible for the staffing and management of CDC shopfronts or local partner offices. Primarily, these shopfronts provide a space where participants are able to gain information and assistance with the CDC when needed. This was viewed by many stakeholders as being especially important given the prevalence of poor literacy among the CDC population in the region. In addition to this, however, CDC shopfronts also provided somewhere local where participants could undertake necessary activities, such as checking their account balance, should they not have the resources or computing skills to do so at home.

And all the shopfronts around that's probably the best things I can think of off the top of my

head. SH16

Long as that card is rolled out in place, they need to be here...They don't have reading skills, they don't have computer skills, they don't know how, communication skills. A lot of mob, they don't really have that. That's why it's really vital for these two to be here. SH51

And I think that having a shopfront, you can do it online but a lot of people like seeing people face-to-face. So I think the face-to-face shopfront's the best. P02

Having local organisations and staff involved in the implementation of the CDC ensured that communities informed the policy and how it was implemented. This was nowhere more apparent than in Laverton where the local working group had been instrumental in shaping the local shopfront to ensure the best outcomes for the immediate population.

But there's definitely, the rollout has gone very, very well. The majority of feedback that we've received from what we would call stakeholders has been very, very positive...If I go away from Kalgoorlie-Boulder the regions specifically have gone extremely well and I do think that that's got a lot to do with the local governments that have been in place. The working group, you know everyone has been committed to making these work for their communities. SH09

Stakeholder representatives identified that the success of CDC shopfronts hinged on the ability of their staff to create a safe space for CDC participants, particularly Indigenous community members who were often reported to be suspicious of government representatives and buildings. Therefore, setting up shopfronts in spaces that participants were comfortable accessing and establishing an informal environment were important. Doing so increased the engagement of participants and contributed to the successful implementation of the CDC.

If we had said, oh, you've got to come into this Shire office and you've got to go into the Council chamber which we will make available four days a week to do this thing, all of a sudden they're walking into a formal environment and we would have probably battled to get some of them in. In the right frame of mind, anyway. By being over there they're removed, they've got three people that they would see on, you know, on a daily basis through their own village and different things along those lines and, so there's been no reluctance that I understand. So, that was extremely important to be able to get that up and going. SH31

This is a safe space for community and people are owning it. SH30

Employing the right staff within the CDC shopfronts was also integral to their success. Both stakeholders and participants reported that the practice of employing local people with knowledge of the community and personal experience of the CDC was central to the successful roll-out and implementation of the CDC. They observed that community members had to feel comfortable interacting with these staff members and that this had been a major factor in how well the trial has been implemented.

I think the employment of local partners has been very, very good, and very strong in this region, and good people have been chosen. And I think that without those people, the card would never have stood the chance of getting to where it is now. SH10

But one thing that we have done, that has worked really well, is that we focused the majority of our recruitment of those staff around trying to employ a group of people that were representative of the actual client population. So they've got a really fantastic, strong Aboriginal team leader down there. I've got people that have previously been recipients of welfare, or they might have a family member. So their personal perspectives have been really positive in that process as well, so they can really relate to people when they're coming in, and

the fact that we've been able to find an economic opportunity as a part of that has been really well-received as well. SH03

If you go over to Laverton and you walk into Laverton office, you've got two Indigenous ladies who are running it. They are both on the Indue card, they both know how it works, it's an easy place for people to walk into. Especially for Aboriginal people to walk straight in, they know them, they're comfortable with them. There's no tension around walking in and asking about what they need to ask about the Indue card. SH54

On the whole, participants reported that they felt comfortable engaging with staff in the CDC shopfronts and were happy to approach them for assistance when needed. They found that the staff were helpful and resolved any issues that they had.

The lady at the front here, she's been very helpful for a lot of the residents in town. You know, types it up, bang, does everything for them...And talk to her face to face and, yep. No, she's been very, very helpful, even for me. P03

CDC local partners and shopfront staff themselves attributed the success of their roles to the support and training they received from DSS. In particular, it was observed that the amount of information provided to stakeholders and the expeditious manner in which issues were dealt with by the DSS facilitated the success of the roll-out. In addition, staff felt that the training provided to them was extensive and gave them a good understanding of their roles. These stakeholders also observed that their questions regarding implementation processes were answered both by the training and the hotline. Local partners and shopfront staff also spoke highly about the usefulness of monthly teleconferences with both Indue and DSS, allowing them to feedback any issues needing to be resolved and hearing about issues other CDC sites were experiencing.

I think, you know, some of the crossovers of the staff. So say for example, like my first week I had staff who'd been there for 3 weeks, or there for 2 weeks and they would spend their last week with me and I'd have new people come in so they could kind of train the new staff. SH13

So they can actually further train and inform our people if they had any issues. So, they were on site here, two of those were here and then they went to Kambalda for another week. So, that was invaluable actually, that support because people are a bit more techno-savvy and, yeah, more financial sort of knowledge. SH01

8.2.3 Self-activation

Self-activation was another aspect of the implementation of the CDC that was viewed as being particularly successful. Stakeholders observed that the number of participants who self-activated was much higher in the Goldfields region than it was in the trial sites in the Kimberley region and Ceduna. In particular, both stakeholders and participants were impressed with how easy the process was for participants to self-activate. However, some concerns were raised by stakeholders about how well information about the card was communicated to participants and the degree to which this information was understood.

Initially we were contracted by DSS to provide the office in both towns and staff, and everyone was just astounded that there wasn't much activity. There weren't many people coming in. And DSS actually, they can monitor it pretty well and they found that a lot of people were actually triggering the card online which they were blown away because the numbers and the percentages were far above, like, Ceduna and Kununurra. SH01

I think a lot of people just activated their cards online because they're so accustomed to doing things online and then as things went on they didn't quite know or understand even though

they were sent information. But we don't read everything you get, so then they would pop into the centre that's set up to assist people and then ask the questions later. So we found that...the activation was pretty quick online but then the questions came a bit later. SH33

It's still pretty much straightforward. It was, you know to the website, done like this, install your cards. Dong, dong, you know it was just, you don't actually have to read the lot to know what you need to do, it's just you know in three steps you do this, you do that and you do this. P51

Stakeholders also noted that a number of participants chose not to activate their cards either in protest of the policy or in the belief that not activating their card would allow them to avoid participating in the CDC. As a result, shopfront staff were required to locate these participants to help them activate their cards and gain access to their funds. This process was facilitated by having staff who had local knowledge.

Initially I know [NAME] went out and found the people who hadn't activated their cards. We struggled in that section initially, if someone didn't activate their card, we wouldn't know where to find them ourselves, because we don't know all the people as much. SH50

8.2.4 Card technology

A few stakeholder representatives reported that the technology of the CDC worked very well. These stakeholders commented on the benefits it afforded in being a VISA card which allowed people to use it like a normal bankcard. They also thought that the ability to set up SMS alerts to check their balance was beneficial to assisting with the management of their money and in budgeting.

Another thing that probably worked really well, or does work really well for most of the participants, is to set up SMS alerts for their balance checks. We've had trouble – still do in Kambalda – that balance checks can't be done at an ATM here in town. I think now that should be able to be done at BP but that was only installed a bit later so there was nowhere in town where you could pop in your EFTPOS card and get a balance check just on the screen; people would have to call the hotline or set it up as an alert which most of them we actually did for every single participant here so they would get an SMS after every single purchase they do with that card with their available balance. It is a free service and a lot of people really appreciate that. SH21

You know, very, very simple to use. Easier than your Commonwealth or Westpac App to be quite honest with you. As well as the BPAY features on there. Yeah, just very nice and simple and I think it is also very helpful that the Indue card is a Visa card, so it kind of helps people realise, you know, it's just like your normal bank card. It's not some foreign object that you can not do anything with. SH16

8.2.5 Groups for whom it is working well

Finally, respondents identified particular groups for whom the CDC worked well. Many stakeholders and some participants thought it was working well for those whom the policy was targeted, i.e. participants with alcohol and drug issues. This was because, as a consequence of the CDC, not as much money was being spent on drugs or alcohol and more on food, clothes and other essential goods.

My personal feedback is that the people who society would say would be the most affected by this and the most against it are actually the ones that are coming forward and saying this is a great thing which is really reassuring. SH09

Mainly parents that struggle with alcohol and drug addiction and they have children. Because I've seen myself in Perth, this one particular family and the women were drinking all this high grade bourbon and God knows what else and having a good old time and then they've of the kids. Mainly them sorts of people that do things like that. P04

Others also identified that the card was working well for people who had previous experience of income management systems and people who were either technologically literate or were good at managing their money.

I would assume that the card works better for people who are more kind of across technology. I think in the Goldfields there was more of those sort of people compared to the other two trial sites. Some people were kind of really excited to be able to access some of the online stuff and the app and to be able to do the banking and stuff themselves, because I don't think they had that with their other banks or were never really shown how to do it. SH13

I would say it works lots better for the people who are quite familiar and can use the internet banking for themselves without seeking the assistance. SH21

It was observed that people who were subject to previous income management systems were already accustomed to having their income divided and quarantined. Some participants said that they were happier under the CDC as they now no longer had restrictions placed on tobacco purchases. It was also reported that among those who had not previously been involved in income management measures, resistance to the CDC was greater.

And so one thing about Laverton, a lot of people, well Indigenous people, were on the income management card, the basic card, so they already – their head was already around the 70/30. Like 70 on the card, 30 on the key card. So 80/20 wasn't much of a difference to them anyways. SH30

I think Leonora has been more resistant to the card because they have never been under the income management...So the awareness of the income management and how that worked was easier for Laverton to transition. They're well aware of income management and how it worked. If they weren't on it themselves, they were aware of it and they knew how it worked. SH43

Finally, stakeholders acknowledged that the card was working well for older participants who had previously been pressured by family members to provide them with money. People facing this sort of harassment could now say that they were on the card and did not have any cash available to give.

One of the lady's who's on the card she's glad to be on the card because now she hasn't got so much readily available cash for her daughter to bully her for. SH45

8.3 What is not working well?

As could be expected with the implementation of any new policy intervention, stakeholder representatives and participants identified several aspects of the CDC that were not working particularly well. These issues included a lack of consultation and information (including the circulation of misinformation), problems experienced with direct debits and other technological concerns. Two issues relating to buildings and staffing that negatively impacted on the ability of the shopfronts to engage with CDC participants were also identified. Additionally, respondents were concerned about the stigma associated with the card and some questioned the proportion of cash available to participants under the CDC. Finally, respondents discussed the appropriateness of the targeting of the

CDC policy and also identified certain groups of people for whom the CDC was not considered to be working well for; this included people with disability and their carers and people with mental health issues.

8.3.1 Communication and information

One of the main criticisms of the CDC implementation related to a lack of information and limited communication. Several stakeholders reported that inadequate consultation between local stakeholders had occurred in the initial stages when reaching consensus about introducing the CDC in the region, and also from DSS in the implementation period.

I think that's the biggest negative for me personally is the fact that we weren't asked as a council. There is no formal recommendation on council saying that we are supporting in a financial sense, this debit card. And quite frankly I think if I'd been given the opportunity I probably would have supported it, do you know what I mean? But we've never actually been given that as the City of Kalgoorlie-Boulder. SH53

Some respondents considered that the amount of information and education provided to participants and local stakeholders, particularly merchants, prior to the rollout was insufficient. Stakeholders highlighted the importance of ensuring that participants were well educated because of the complexity of the system and the reduced literary skills of the target population. However, a principal concern was that many participants had received their card in the post before they were made aware of, or were provided any information about, the intervention. Participants themselves noted either not having received a letter informing them that they were moving onto the CDC or, if a letter had been sent, that this in itself was insufficient and particularly problematic for people with low levels of literacy.

I think a bit more information for schools, how it works and how it runs. And maybe they could put out, I don't know if they've already done it, but maybe something at the supermarket or in the local communities about how the cashless card actually works...I haven't seen anything in Kalgoorlie, a platform where it's been discussed, other than the meetings with Shires and things like that. But I haven't seen it actually explained anywhere. SH35

I think that the only thing that may have been a real big boo-boo was that there was no education given to our lower socio-economic clients, and others, and their family members, about the effect of that card and how to budget accordingly. You know, basically it was, said, yeah we're going to, this is going to happen. And, you know, you better make sure that you do deal with it accordingly....But I think there should've been more education to make them aware of what the changes would be, and how they're going to have to cope with that. SH27

Cause a lot of people like, my partner for example, is illiterate and so some of those people have a bit of trouble understanding and all that kind of stuff and I don't think, you know, for people like that giving them a letter saying, this is what you can and can't do and stuff and just leaving it there, you know, luckily like [name] had me to explain things to him but a lot of people didn't. P15

Had they been more explanative in regards to the technical side, how it's going to affect our lives, I think we would've been more prepared in regards to that...They could've treated us with a bit more dignity, like human beings, and they could've explained it to us a little bit better. No, the government could've shown a little bit more dignity to the people receiving it. P35

As a result of not providing sufficient information and education in relation to the CDC, stakeholders observed that there was a lot of misinformation circulating within the community. This was exacerbated by the use of social media. They highlighted examples such as the belief that money on

the card would disappear if it was not used, perceptions that the card worked like the previous BasicsCard resulting in misinformation about where the card was accepted (or not) and what goods and services could be purchased using the card, and rumours that trial would be cancelled soon. One local partner observed that in their office they were using Facebook to identify misinformation issues within the community in order to specifically address them with participants. Others identified that self-registration had contributed to these information issues because it reduced the opportunities for CDC staff to go through the intricacies of the card with participants.

And I think that's because there's not enough education or awareness and because it's like scaremongering, you know, you've got a group of people that are really loud on both saying, "fuck the card, fuck the card, they're taking away all your rights and blah, blah, blah, income management, and it's only for black people", and "blah, blah, blah, government again telling us what to do". So that small group of people, because it's so loud and they're frightening the rest of them...and when, rather than the other people sort of saying, "well where do we find this information now?" I don't think that's publicised enough...SH11

Finally, stakeholders highlighted that there was a lack of information available about what will happen after the trial. In particular there were concerns about the lack of transparency in relation to the process of determining whether the CDC will continue beyond the expected June 30th 2019 end date. Others identified that this lack of information introduced a level of uncertainty around the CDC, and for local partners around the longevity of their jobs. One stakeholder felt that using the terminology "trial" was misleading and that the intent was for the CDC to be permanent.

I think calling it a trial for starters, because with anything the government brings in they don't plan on taking it out. You can call it a trial but it's probably going to stay. SH19

8.3.2 Direct debit

Direct debit payments were an aspect of the implementation of the CDC that both stakeholders and participants perceived as being particularly problematic. The primary issues with direct debits was the length of time taken to process these payments and payments not going through resulting in participants experiencing increased financial hardship. These difficulties were exacerbated by the time difference between Western Australia and the Eastern states where account processing occurred. This resulted in some participants incurring late fees and entering a cycle of increasing debt which they were unable to clear due to the restrictions of the CDC. As a result, participants were experiencing anxiety around their credit rating. It was observed, however, that these issues were being resolved at the time of the baseline data collection activity.

But people got caught out on mostly direct debits. That's really the big one. So wherever people had their life organised through direct debits and payments, going on the card stuffed all that...so there's no money there, and so the transaction fails, which means they then get a penalty, and now they're paying, one \$30 penalty...All of a sudden they've got \$30 there and they're worried about their credit rating. SH03

And I had my car payment coming out and I had my Telstra payment coming out, and I have a credit card that I'm trying to pay off and so I had that coming out and it was just way too difficult. It's ridiculous. I missed my bill payments. P11

And I'm in debit all the time with my bank. Because there's no money there to pay for my...for all my things that I set up. P28

Respondents also commonly identified that the direct debit processes under CDC were too complex,

with participants often requiring assistance from CDC staff to set up and manage their direct debits. This highlighted the need to have staff available in the community to assist participants to navigate the CDC.

A lot of it they still don't understand how it works, so they want to achieve something, whether it's paying a bill or paying someone for a second-hand good or whatever, and they have no idea how to go about it, so they just come in and we help them out...How to pay things...A lot of them are just, they're not sure how to pay a bill. SH50

In addition, it was reported that the direct debit process only allowed payments to approved recipients and that a number of participants were therefore unable to pay some bills, including insurance and some atypical housing arrangements, through direct debit. As a result, several participants were reported to have been struggling to pay their bills using only their cash allocation.

I had a woman I heard that she was trying to pay her car insurance and the car insurance company that she was with weren't listed as acceptable for the Indue card payments and by the time she had it set up and rectified she'd been driving around for three days with no car insurance. But that I see as a teething issue. But unfortunately with what it is it's people's financial stability that's causing. So it's a pretty critical element and then to have teething issues like that and have someone driving around without car insurance for three days simply because it was red tape that they were trying to cut through to get it organised. SH28

8.3.3 Technology issues

Another of the most frequently identified aspects of the CDC that was problematic was its reliance on technology. This was particularly a concern for CDC participants who were older and/or had low levels of technological literacy. Participants disliked the card's dependency on the internet to activate the card, make transfers and check account balances.

And the other bad thing about the Indue is you have to be able to access online to know what your balance is. You can't just go to a teller machine and put your card in and find out your balance. You actually have to go onto the website or on the App and look it up, so you can't use the teller machine and get your balance. P15

You can't do it over your telephone. One thing that really bugged me is that you need internet... I don't have a computer and I don't have the transportation to go down to the local library to function these things and you pay to use the internet. You get the first 15 minutes free but that limited 20%. I'm not going to spend that. That's my money. But that's what I could ask, is for these functions to be phone-based functions as opposed to internet-based functions. P34

Not real good with computers and, and I didn't get much satisfaction down there because everything now is electronic, well for the older generation electronic's another bloody nightmare that you don't want to be going through. I don't do telephone banking. I don't do all of this other crap. It's you go to the bank, you go to the, you get the cash, you go and pay for your groceries in the cash. You count your cash out. You know where your money's going. When it's electronic you've got no idea who's taking your money where it's going and who's got access to it, you know, so for the older generation or us older generation it's even harder than the younger generation who do everything electronically. P36

Respondents observed that participants often did not have an email account, or access to a phone or internet, which were essential for activating their cards. In addition to this, many participants forgot their PIN and lost their cards resulting in a high demand for assistance with resetting PINs and

activating replacement cards.

They were talking about how to roll it out, "How do we let people know?" and then PIN numbers and codes and all this, and they said, "We can just send it to their phones," and I was like, "Are you not listening? Ninety per cent of them don't have a phone, or the next day they've sold it, or it's smashed. Ninety per cent of them don't have an email address. SH18

They don't have phones, they don't have email addresses. I have a drawer here that's full of people's emails, PIN numbers, passwords, because I can set them up on an email, or a Gmail or whatever, and the next day they come and they just, "[Name], I don't know how, I haven't got my PIN"...So if I don't have all that information locked in my cabinet here, so I've got to go all over again. SH18

I kept forgetting the pin number and I went through about four cards because I kept forgetting the pin number and losing it and it was quite frustrating having to go into the post office and stand and line up for ages while the lady was on the phone to the Indue company. P14

It is confusing. You've got to have your myGov blah, blah, blah, then you've got your ANZ or banking details and you need that code. I think all these numbers are just making people no good up here. You know, it's true, you've gotta have your Centrelink, you've gotta have your number for your bank account, your Indue card. What else? Everything. Almost everything that you touch you have to have a password and I just find that – I don't mind, it's numbers, but sometimes you get your numbers mixed up and if that happens out here in little old Laverton, you're bugged if you don't get no, if you don't know all your passwords. You're bugged. P47

The card's reliance on technology was viewed with suspicion by many participants. With the new pay pass technology of the CDC, many were concerned about what would happen if they lost or had their card stolen. Moreover, they understood that, unlike banks, Indue would not reimburse them for any monies lost or try to recover this money for them. This was viewed as a negative of the CDC being operated by Indue rather than a normal bank.

Now, the concern I had with that is if somebody steals my card or I lose it and they find it and they use it in these shops that don't need a PIN number, did you know that Indue will not reimburse me the money I have lost like a bank would, because they are not a bank. Yeah, there's no guarantee that if my card was reported stolen or lost that any money spent after I reported it stolen or lost would be returned to me. That is pretty horrendous. So there is no guarantee like on a bank, so that's a concern that I have. P19

Stakeholders reported a number of systems-based technological difficulties that were experienced in the early implementation of the CDC. One local partner identified that they needed to reactivate cards for people who had self-activated their card by phone because a computer glitch resulted in these participants being unable to access the portal. Other stakeholders identified that merchants had experienced difficulties with EFTPOS, either due to failures in the EFTPOS system meaning that participants were unable to make a purchase or because the cards were difficult to swipe.

Many CDC participants raised concerns about being unable to use the card in some locations including schools, shops, roadhouses and mixed businesses such as motels which also sold alcohol. Roadhouses in particular were identified as being problematic as most around the Goldfields region or on the way to Perth also sold alcohol. Some CDC participants reported that they were unable to purchase needed fuel from the roadhouse with the CDC. There were also some restrictions to purchasing items online (e.g. from websites such as Facebook and eBay).

Where my kids go to school, they don't have EFTPOS. It's just cash. So I've got to have \$50 every week for their lunches. Yeah, and that's only a little bit of money that I get out of the bank. And I've got this card, you know. I don't even know about the excursions and things that's going to come up. P28

Our three biggest problems with the cashless cards out of the Goldfields region which are really huge are accommodation, food and fuel. It doesn't matter which direction you go out of Kalgoorlie or the Goldfields region...The service stations/food supplies/accommodations are licensed. We go to Perth for appointments and stuff. We are very restricted to where we can use the cashless card even for accommodation in Perth because most of the motels have a liquor licence and you put your card in and it comes back declined. You can't really go anywhere, so even for, you know, whether you've got to go east for a family crisis or you've got to go to Perth for health you're still screwed. P36

But the only thing is there's some things online you can't buy, like my mum, she tries to buy things online and sometimes it doesn't work, and I wouldn't have a clue why because it's not nothing bad, it's like must be something for the grandkids and that there, like toys or stuff, or sometimes it doesn't work. P64

Some participants advised that the local council and some shops in the region had opted not to accept the CDC.

And even the Shire Council, now here's a classic, you cannot pay your rates with the cashless card but I can go down to the Oasis, which is the Shire Council and pay to get into the pool, so there's double standards within the system. P36

A number of stakeholders also raised concerns about the ability of CDC participants to participate in community events such as the local show and the football where EFTPOS facilities were not available. An interesting solution for this was identified by one stakeholder who observed that EFTPOS machines were loaned to stall holders at a local market so that CDC participants could still participate and did not have to rely on cash at the event.

Like at the market day that we have in early June, now the card had only just been rolled out in the early June, but, and we had a lot of markets and, and they'd already thought about it and the Shire got on board and had little EFTPOS machines to lend to all those little market stall, so people who didn't have the cash but had the card could, you know, and I thought that was amazing. SH33

8.3.4 CDC shopfronts

Overall, the CDC shopfronts introduced in the Goldfields trial worked well. However, stakeholders identified two issues that negated some of the effectiveness of the shopfronts. Firstly, it was observed that the building in which the shopfront was located in one community was new and as such quite unfamiliar and intimidating for people, particularly Indigenous people, to enter. In addition, where the CDC staff member was positioned within the building offered little privacy for participants when discussing personal financial matters. Stakeholders felt that this was not conducive to participants engaging with the shopfront.

And we have to remember too, that building over where it's being operated from is a new building. So many people in this community wouldn't be familiar with that building. And if they're a little bit shy, they would tend not to go there. I mean, buildings that they've been able to wander in and wander out of, you know, if they're used to it, and they're not shy about

it. SH32

Then you come to [location name] and it's a desk at the front of a multi-million dollar building that's already pretty intimidating to walk into because, you know, this building...it's quite flash...For me you'd think that looking at someone's finance, no matter how much they may have on their card, what their income is or what their source of income is a private thing and it should be done behind a closed door or a space where people can't hear what's being said or that you've got \$3 left on your Indue card. Because it becomes, for me, it becomes something that pushes a person down a little bit further when you've got a bunch of tourists that walk-in cause they wanna see this you-beaut building and you've got your worker, your shopfront lady going, oh, you've only got this amount of money in your account. SH54

In addition, stakeholders were surprised that there were no local, Indigenous staff employed at some of the CDC shopfronts. They felt that this diminished the ability of staff to connect with the community, thus decreasing participant engagement with the shopfront. It was also viewed as negatively impacting the ability of CDC staff to link participants in with other culturally appropriate services and support mechanisms that they might need.

Look, I'm not disappointed in them they're wonderful people but they are non-Aboriginal people...I have not had anybody complain to me about the fact that they are not Aboriginal...Or tell me that they haven't been able to assist them or approach them or I haven't had anybody feedback negatively. Except, I myself was a little bit surprised that there was no Aboriginal person in that group, initially. SH33

None of the local partners have done other than having [Name], who's an Aboriginal person, at the Kalgoorlie shopfront which has helped...But there's been a cross section of different people within there. But I see in Kalgoorlie and Laverton that when customers come in they wait to see a certain individual because they get that satisfaction of the service that they provide and unfortunately that's not happening in [location name]. And probably other areas. And I know [location name] has had issues too. But I mean the key should have been ...Aboriginal people on the ground or staff on the ground, at least having that cultural person there that could connect like I do and connect the community and link people and organisations and individuals to other services, other support mechanisms or find out where they can better their life or things like that, so. SH45

Now, these Indigenous [participants] didn't know any of them, I didn't even know who they were, and they were going to come down, well, the card was rolled out but what was happening was they were coming to my house and I was activating the cards from my house or activating them here, then the Shire had rang and said, "Well, can you bring them across?" and I just said, "No, that's not my job. I told you basically this would happen, but you don't listen." SH18

Finally, some respondents indicated that they had not been informed about the CDC shopfronts or local partner offices and therefore had not engaged with them.

I had no idea. The company didn't tell me that, did they? No. I had no idea. I will investigate that now. P35

8.3.5 Stigma and embarrassment

One of the most widely reported concerns with the CDC, which was highlighted by both stakeholders and participants, was the stigma, shame and embarrassment that resulted for CDC participants when

using the card.

Many respondents thought that the CDC identified card-holders as income support recipients and had the potential to instigate discrimination. For example, participants were concerned that others would perceive them as having alcohol or drug problems, and also as being unable to control their money.

What I don't think works well is the fact that it's an identifier. You know, anyone can walk into a shop and pull out an Indue card and they're going to know that they're on a benefit. So, I think that already will create some, I guess people are going to create their own opinions or maybe create a stereotype of people before they've even, you know. I would be worried that if I was on the Indue card and I went and used it a shop that someone might treat me differently because as soon as you see that grey Indue card you know exactly what it is. Especially in this town...it's not that uncommon for people to make assumptions, especially around the unemployed in this town because, I guess, of the stigma attached to being on benefits...I've seen, I guess, discrimination against welfare recipients everywhere I've been. SH17

While many CDC participants resisted these stereotypes, some found themselves subjected to negative and judgemental behaviour from merchants which contributed to their feelings of shame and embarrassment.

I was financially independent. I own my own home outright. Money in the bank, no debt. And that was insulting...There's, can be quite a bit of stigma especially for old people sort of around my age using it. They get lots of eyebrows raised in shops. Some of them feel quite uncomfortable with it. P10

She presented her card the very first time at a shop and got told by the lady that was serving her, "You're another one of those oxygen thieves." P19

I've heard of some people who have had to deal with being taunted or tormented when they've gone it to use it at a shop, and I guess victimised that they are on an the card. I've heard of people saying that they've felt ashamed when they've had to try and pay with it at the shop and that person at the shop has made them basically feel like scum. SH28

Even in the absence of direct negative behaviour by others, CDC participants still perceived that they were being judged and viewed poorly within their communities. Some participants were also anxious about whether their card would be accepted in the stores in which they wished to shop.

Well it's the fact that whenever you hand over the card it's really obvious that you're on welfare. And that effects your self-esteem. She feels that people are judging her. And I mean whether they are or they're not doesn't matter, it's her perception that they are. SH15

And I think a lot of people feel stigmatised because they're actually on the card and they think people are looking down at them because they're on the card...So that could be a really big thing with them as well. The embarrassment of being rejected. Like if they go to a store and they won't accept it because like I said not everywhere accepts it and that's really embarrassing for the clients as well. SH12

I wouldn't say the cashless card has changed anything except...put shame on to a lot of people. You see a lot of people now at the cash register with their heads down. That's the only difference I've noticed. P17

Stigma and embarrassment was experienced differently in some of the smaller towns within the Goldfields, where everyone tended to know everyone. This, at times, compounded the sense of

judgement, shame and loss of privacy experienced by some CDC participants.

I hear feedback from participants now, they say they feel they don't want to use the cards in Kambalda; they still feel like they're being judged and they don't want the card to decline and they might feel embarrassed because everyone knows each other, being such a small community – that is a bit tricky here. I hear that from the odd participant still; they just don't want to use it in front of somebody they know. SH21

And then also, 'cause it's a small town, like down at IGA there's a separate till just for people on the Indue card, so you're kind of separated from everyone else and all of a sudden everyone knows your business and all that kind of stuff as well and you kind of feel like a third class citizen when you have to go to separate till just 'cause you got your Indue card...I think there's still stigma attached to people that are on benefits period, you know...watching what you buy, you know, like, "oh, they're on unemployment benefits, how can they afford to buy chocolate biscuits?", or whatever, you know what I mean? P15

While reports of experiences of stigma and shame were common among Indigenous and non-Indigenous respondents, several Indigenous respondents situated their perceptions of the CDC in an historical racial context.

Make you feel useless. Make you feel like you can't spend your own money. Useless. And it's like they're rationing our money. Like back in the days, so I feel the white people telling us how to spend our money when we know how to use our money ourself. P39

As soon as they see a grey card they can't serve you...Now that means they push us right back to where we used to be under the Gum tree, instead of moving forward with us. They pushed us right back where my people used to work for tobacco and sugar, and tea bags. And they pushed us right back where they used to be. P50

8.3.6 80/20 split

The 80/20 split in income support payments was a contentious issue, particularly among CDC participants. Some respondents (both participants and stakeholders) reported that they were satisfied with the amount of cash that was able to be accessed under the CDC.

In contrast, many participants reported that the 20% of their income support payment that they could access as cash was insufficient and that they would like to see the proportion increase. These respondents often reported that they had insufficient cash to be able to purchase second-hand items either from garage sales and markets, or via Gumtree and Facebook, or in stores that only accepted cash payments. This meant that their Centrelink payments were not stretching as far as before as participants could now only purchase full-price items from authorised shops and websites. Others were concerned that they could not access enough cash to pay for their children's school excursions or lunches.

And there's been times where I've gone into a store and I've had no money on me...Perfect example, I went to get me phone fixed and it was old mate – he was a Chinese guy and obviously you can't use it – it's all cash. And I said to him, "Look mate. I'll have to come back. I've left me..." I just lied. I said, "I've left me wallet at home", you know? Because I didn't have any cash available? You know what I mean? So, I couldn't even go up to the atm and get 20 bucks out, 'cause I didn't have it. P10

And they can only go and shop in Woolworths or Coles. They can't go, if there's, they have the

markets or a garage sale or something, they can't go there. P10

If they do the 50/50, half and half, I'll stay on it, yeah. Instead of the 20% and 80%. Yeah, 'cause I like going out garage saling and buying plants and stuff. P40

Well, to be honest, I can't even get my kids school lunches at the canteen...It's cash, yeah...And their excursions. I mean, I can't even pay that because it's got to be paid in cash. And they've just missed out on swimming lessons because I couldn't pay it out of the card. And that's what, \$80 per child. And I couldn't cover that with the 20% they give me in my bank account. P23

8.3.7 Policy targeting

While there was some limited support for a blanket approach to the implementation of the CDC, many stakeholders and CDC participants supported a more targeted approach. Both CDC participants and stakeholders reported that the policy should be aimed only at people with issues with alcohol and drug abuse. Participants who considered themselves not to have problems with alcohol, drugs, gambling or budgeting were particularly unhappy to be included in a blanket CDC implementation.

At first, I was like really annoyed because I don't drink or smoke or do drugs or anything like that so it was a real sort of – more of an inconvenience. I don't have an issue with anything like that. My bills were all sorted. I was in credit and everything. It changed everything and it wasn't good, to say the least... Well, it is hard. I feel like I've been brought into a category that I don't fit into. P37

What I would term as law-abiding Centrelink customers are being punitively punished in the way they can spend their money because of some miscreants and some delinquents in society... I'm not an alcoholic...They've labelled everyone else who is on the welfare card as drug addicts, people who don't look after their kids, people who don't look after their budget and we get stereotyped...It's a lack of dignity. P35

8.3.8 Groups for whom the CDC is not working well

Stakeholders and participants identified several groups for whom the CDC was not working especially well. Primarily, respondents felt that people with disability and their carers were unduly included in the CDC. It was observed that some people with disability experienced practical difficulties with the card. People with cognitive difficulties were reported to struggle with the complexity of managing multiple cards and accounts and were resistant to change, while those with impaired vision experienced accessibility issues because the cards were not available in Braille. For some people with intellectual disability, the CDC was also seen as negatively impacting their ability to develop financial management skills.

She's not a significant drinker or drug user and basically she's blind so she couldn't even read the card and what she used to do was, her son would go and take her pension out for her and he'd fold the notes in a certain way so she could tell what they were. So when she went shopping she paid cash. But once she was on the card she couldn't and so she lost the ability to manage her money independently... I made the initial call for her and then she rang up and was made exempt pretty much straight away. SH15

And not for everybody, like my friend's son, with a disability. He's feeling very, it's causing him a lot of mental anguish. And he doesn't really understand why this has happened to him. I've heard, that's from her, and I've heard other people say that yeah, people with disability they're having what little independence they had taken away from them. P10

A second key group that respondents felt the CDC did not work particularly well for was those with mental health issues. It was observed that for this group of participants the CDC had an especially detrimental impact, causing heightened anxiety and perceptions of being stigmatised.

I think actually probably the worst impact is on people with mental health issues...I've got a lovely young woman who self-harms and she's not coping with the card at all. And her anxiety and depression is [so bad] that we had an initial interview but she hasn't been able to come back. SH15

If you're a panic person like me and worry you like to get them texts because you see that and you get a panic...It's no good for someone like me and I don't take drugs, I don't drink alcohol. I pay my bills, I shouldn't even be on it, you know what I mean? There's proof that I don't take drugs or alcohol. So, I think it's unfair. Why should I have to stress and suffer and worry when, it's just stressing me. P21

Other groups identified as struggling to cope with the CDC were those who experienced severe social disadvantage, those who were not financially literate, and the technologically averse. It was also highlighted by one stakeholder that including the terminally ill in the CDC was unfair.

Terminally ill people, they're not over age, they're quite young, they've been told at the doctor's, "I've got a year left. Why am I on this card? I want my money. I want to be free. I've only got a year left. I want to do what I want. I want to fill my bucket list." Those people like that should not be on the card. They've got files this big they come in with and say, "I need an exemption. I've only got a year to live. I want to go to America and see my daughter before I die," things like that. "I need that money to get me there to see my baby." "Sorry, you can't be exempt." SH06

8.4 Card workarounds

Workarounds to the card - loopholes by which participants are able to gain access to cash despite the restrictions imposed by the CDC - were considered to be inevitable by many respondents. Some respondents acknowledged that while they were aware of card workarounds, they had not observed any examples of these occurring within their own communities.

I haven't heard of any that people are doing but I can imagine them because with addiction you're sneaky, you've got to be resourceful. Where there's a will there's a way. SH19

However, others identified a number of card workarounds being undertaken within the Goldfields CDC site. The most commonly reported workaround described by stakeholders was the practice of purchasing gift cards from sanctioned stores such as supermarkets and department stores and using these cards to purchase alcohol in affiliated liquor stores or refunding them for cash. Participants also identified this workaround, but not as commonly. Some stakeholders acknowledged that this loophole had been identified and was in the process of being closed at the time of interviews. As a consequence the purchase of gift cards using the CDC had been prohibited.

With gift cards, they actually used to be able to purchase like IGA and Caltex gift cards up until I believe about a few weeks to a month ago they fully cancelled that out so now those gift cards can't be purchased but they used to be able to and quite a few customers were buying a huge amount of gift cards and then just pretty much turning that into buy alcohol. SH16

One of the ladies in the shop here, actually several people have said they've seen people buying gift cards at the supermarkets, then go to the bottle shops and getting alcohol. And I've heard

that from quite a few different people over the past month or so. P10

Another card workaround identified by respondents was the trading of goods that could be purchased using the CDC, such as fuel, groceries and tobacco, for cash. This was the most commonly reported workaround by CDC participants. It was acknowledged that the amount of cash subsequently received for these goods was often less than the value originally paid.

I had one girl ring me and ask me if I wanted to buy a watch or something, that was obviously worth a few hundred dollars. She's gone out and used it on an Indue card and then turned around and tried to get cash for it. SH40

I take my mate up the road, I take him up the service station, fill up his four-wheel drive. I put \$100 worth of diesel in his four-wheel drive and bang, he gives me \$90. I mean, how hard is it? But, you know, I can go and buy a pouch of tobacco, as an example. It costs \$70. I'll say to someone, "You just give me 65 bucks mate". You know, how hard is it? P01

So he's buying cigarettes to sell them at a lower price, for the cash. People are buying food, or items to trade for cash. I seen a call the other day on Facebook, on one of our Swap'n'Sell sites saying that she had a \$50 phone credit, could she swap it for cash. P17

Similarly, several stakeholders also observed that getting cash refunds for taxi fares was a further means of acquiring cash used by CDC participants. While some stakeholders described this practice as occurring without the explicit involvement of the taxi driver, more commonly taxi drivers were seen as being complicit in this practice.

I mean, the scam with the taxis, [the taxi] man was telling me last week was that people set off on a \$50 fare or whatever and halfway through, say, "No, we want to get out now, you know, blah, blah" whatever they do, get the change. SH07

So apparently the taxis are, you know, charging triple the fare, and then giving them their money back. SH39

Corrupt merchants were also identified by respondents as being a means by which CDC participants were able to work around the card. It was observed that some stores, predominantly in Kalgoorlie, were providing participants with cash or were putting transactions through their till as permissible goods such as food or accommodation and then providing participants with alcohol. Several stakeholders reported that a number of these stores were being investigated at the time of the interviews.

I've heard of some skull duggery going on with outlets charging up food and selling alcohol, in Kalgoorlie. Not here. SH22

So I've heard things in, when you have pubs, you know, they have a restaurant, they have an EFTPOS, so they do take-aways. So you know, it's those sorts of things where they have joint EFTPOS or joint things where they have the kitchen and they have the pub, whatever. So that's the big thing that I've been hearing in ways for them to overcome that. SH48

Some people, I think they're getting businesses and stuff to cash it as a purchase and they just give them the money. P06

In addition to these more commonly identified card workarounds, a range of other practices were reported by respondents. Firstly, it was identified that some participants found other sources of income through asking relatives for money, pooling resources, and prospecting for gold. Secondly,

participants were accessing cash by purchasing goods and returning them for a cash refund.

The way they're coping is they basically just band together and accumulate the cash part that they're receiving. And so there's this constant thing happening where this one family will do that that week, they get it all together and then it's the next family's time. That's causing problems as well in terms of conflict because people aren't getting money back and that kind of stuff. But the Aboriginal people themselves, I think they've really kind of accommodated it. Well, not accommodated it, they've learnt to adapt to it by doing, coming up with the right solutions or getting it off the oldies. But I mean, that was happening before anyway. SH59

You've got to remember also, the Goldfields is a very rich ground. So a lot of people find gold, which supplements their card of course...There's been a big surge in people. And so what they'll do is they'll go down the pub on a Friday night with their nuggets, and they'll take any money they can get for their nuggets. SH10

I've heard that people are selling their full amounts, say they've got \$500 on their card, they're selling that for \$200, and they're giving them the PIN number of the card and whatever. So for \$200 cash it's cost them \$500 on the card, which I can't understand that. It's just idiotic. It's more than double what they get... But I don't see how you'll ever get rid of that because at the end of the day with any card, even with your EFTPOS card, you can sell that, but there was no need to do that because that's not limited to no drink and no cash out. So that's the only way I've heard that people are getting around it. P02

People are buying latest phones, and they take it home for couple of hours, and they take it back, get their refund back. Cash. P39

8.4.1 Exemptions

One important aspect of the implementation of the CDC is the ability of people for whom the intervention is detrimental to their well-being to apply for and, if eligible, be granted an exemption. This process, according to stakeholders, occurred in two ways. Applications for exemptions were sometimes initiated by staff in the CDC shopfronts who, in response to feedback from participants about their experience of the card, put them in contact with DSS. In other situations, participants seeking exemption were reported to have contacted DSS directly.

There's a lot of people that come in and say, "We want an exemption," and we say, "We don't do exemptions, but we can put you on the phone and you can set up the process of being exempt if you get approval," because there's a long process to being exempt. SH06

Some stakeholders observed that exemptions were indeed being granted to those in need. However, other respondents were unaware if applications for an exemption were successful or not.

I think they're people that are deserving of the exemptions...I'm not aware of any that have got exemptions and I've gone, "How the hell did you get that?" So I think the vetting process appears to be working. SH08

There was another family where their son got exempt and they had a social worker teleconference here within the community centre and I was part of it at the start which was really interesting and they came and saw me the other day and said, "Look, our son got exempted – just wanted to let you know" and I thought, "Oh my God, that's amazing" because I could see how he would have been struggling on it. SH21

We don't hear the outcomes of it...Every now and then if it's a complex case then we will get notified that this person's been exempt or not. And for others we don't. SH06

According to stakeholders and evidenced by participants themselves, those participants who were granted an exemption were most often people living with a disability or mental health condition, or who were a nominated payee for such individuals. Moreover, these former participants had been able to demonstrate that they had been successful at managing their own finances prior to the introduction of the CDC.

There have been some problems with implementation and the disability sector probably was most affected, because a lot of them aren't in that way, but they're all caught on it. So you need to be careful getting them on it. We have been. I think there's 88 people who have been exempted from part of it. SH03

Because I put in an application to get off it because the anxiety that it was causing me was absolutely ridiculous. The app was kind of easy to use, but not really. I mean, I'm a bit tech-savvy with apps and stuff, but I wanted to change a payment, I wanted to up the payment, and I had to delete the whole thing and start again, I couldn't adjust it, and so it was things like that, and even when I called them up and said, "Look, can you help me with this?" they were like, "Oh, I don't know if we can do that...hang on, let me talk to my supervisor..." And it was, like, "Okay ..." It was just, and, it was another bank account that I had to, because I had all of my stuff coming out of my Centrelink payment, I had all of my direct debits coming out, and then all of a sudden only 20% of that payment was going into that account, and it was, like, "Oh!" So then I had to change all of my payments and, it was just, it was very, very, stressful. P11

Two primary reasons were reported to form the basis on which these exemptions had been granted. First, some participants had a physical or intellectual disability which prevented them from being able to successfully engage with the CDC system. Second, exemptions had been granted due to mental health issues being exacerbated by the stress created through CDC processes or the stigma associated with being on the card. Other stakeholders identified that a number of participants had applied for exemptions on the grounds that the CDC was unconstitutional or discriminatory but they were unaware of whether these applications had been successful.

She's not a significant drinker or drug user and basically she's blind so she couldn't even read the card and what she used to do was, her son would go and take her pension out for her and he'd fold the notes in a certain way so she could tell what they were. So when she went shopping she paid cash. But once she was on the card she couldn't and so she lost the ability to manage her money independently... I made the initial call for her and then she rang up and was made exempt pretty much straight away. SH15

She has severe Huntington's Disease and...we luckily got her exempted from the program which I think has benefited her hugely. So pretty much she had limited cognitive and memory function...She is limited to how much she can actually walk around and communicate verbally. As well as she has a carer that does all her shopping for her. She doesn't manage her own money. So it was just making it quite tricky. SH16

So I've got one currently trying to get an exemption at the moment who has severe mental health and obviously to get an exemption it has to be a wellbeing exemption. So it's something that affects their wellbeing. SH12

In relation to the process of applying for an exemption, stakeholders observed that participants who

were supported by an advocate were able to make their case more clearly and were quicker to move through the process. This was also substantiated by a participant whom had been exempted from the CDC.

She's a disability advocate that has done it with a number of people...but it's been really quick if you've got her behind you but if you're doing it by yourself it just takes a long time...It helps if you have an advocate. SH12

The Labor party hosted a public forum a couple of weeks ago and there was about 50 people there and a lot of them had tried on their own to get exemptions but I think where they went wrong is they started to swear at people and get really aggressive and show that they probably weren't the sort of character to come off. Whereas if you use an advocate, like because it's not my problem, I don't have that emotional investment so I can kind of keep calmer about it. And that makes a difference. SH15

And I got off the card because [name] wrote a letter saying that she didn't think that I needed to be on it and also my counsellor wrote a letter and so we sent that off to I think the Department of Social Services I think it is and then they called me and they asked me some very pointed questions as to why I felt that it was stressed and why I was stressed myself and why, which she opened the conversation and said, "Okay I need to let you know that there may be some triggers in what I talk to you about today ...". That was a great way to start a conversation. And there were. And that was not a good day. But because of that background that I gave her I think that helped. P11

However, several issues were also raised by stakeholders in relation to the exemption process. Firstly, stakeholders noted that the process was difficult for participants (and particularly so for Indigenous people), because of the need to gather materials to support their case such as statutory declarations and banking records. In addition, the process of applying for an exemption was reported by several stakeholders and participants as being particularly long and drawn-out.

Sometimes they come in here and they say, "See this card? You can shove it up your you know where. How do I get off it?" And I'm like, "You have to apply for an exemption, but you have to have this, this and this, and you have to have certain things." SH06

I'm not so sure how the exact process goes but we've been told and so we've passed it onto people who said, "I don't want this card", we've passed it on that it would be an intense process and it could be a wait of four weeks so you still need to activate your cards meanwhile to have access to your 80% funds. SH21

I rang up about it and was told, I went through three people on the one call, I kept getting put up to the next supervisor...I said to them, "I didn't want to be on it. Is there any way I could get off it? Blah, blah, blah." They said they would look into it and would ring me back in two days. That was in April. I'm still waiting... What I have to do is I have to go to a doctor in my spare time, get them to get me a letter to say [crying] that I don't like being on the card, it impacts me mentally, but I'm not guaranteed that they will accept that. But it takes six to eight weeks for that to be processed. It's too difficult, and I shouldn't be on it in the first place, so why should I have to go through all this trouble to do that? [crying] P19

Secondly, some respondents identified that they were unaware that it was possible to get an exemption from the CDC, or they had the impression that very few exemptions were actually granted.

Personally I don't think you can get out once it's there. Someone was telling me you've got it

for life and it follows you around everywhere. SH24

There was talk that families in town that had children with disabilities, that didn't feel like they should have been on it, were going to attempt it, but all we kept getting told was, don't bother. It's nearly an impossibility to get an exemption. SH39

I don't think it's...I've never heard of it. I doubt very much I would get it. P37

For the one participant we spoke with who had been exempted from the card, while the process had exacerbated some mental health problems, they felt that the DSS staff examining the exemption were well skilled and had provided appropriate support.

I just know that the social workers that I spoke to in as far as getting me off it were all extremely friendly, even though they had to trigger some of my bad memories in order to help me get off it, they were still extremely friendly. It was like I was talking to, say, a nurse, or something. They were very clinical but compassionate, so that was nice that the social worker side of it was very professional. Yeah. So I think that was lovely that they've got the right people working there. P11

8.4.2 Voluntary opt-ins

A further key feature of the CDC in the Goldfields was that income support recipients not initially included in the implementation of the CDC were provided with the ability to voluntarily participate, or opt in. Overall, respondents – mainly stakeholder representatives - viewed that the uptake of voluntary opt ins to the CDC was low, with many respondents observing that they did not know of anyone who had voluntarily chosen to participate in the CDC trial.

We have heard that people can volunteer to go on it and some people have but we haven't actually had firsthand experience of anybody volunteering to go on. SH12

Not in Kambalda at all; nobody asking for it [to go on the CDC]. We had the flyers – I don't think they have been grabbed very much. SH21

Examples of CDC participants who had voluntarily opted into the scheme were provided by a small number of stakeholders. The main group of people reported to have voluntarily opted in to the CDC were older people who wished to protect themselves from “humberging” by family members.

I have heard that a few elderly people get, used to get pestered for their card and humbugged for their card and things like that, so it's like, “Can I get on this card?” And what they do is they volunteer for the card because they're actually over the age, they're old aged pensioners and they're not eligible for the card but they volunteer for it...So when people say, “Oh, Nanna, give me some money. I want this money. Give me your card.” “I can't. I'm on the same card as you,”...It's just a smart way for people not to get robbed for their, by family and friends. SH06

I heard some of the aged pensioners can opt in, they don't have to, but they can. And some of them have been...Because they feel safer if they've got the card because then their families can't, you know, it's easier for them to tell their family they don't have any money because they're on the Indue card. SH26

However, other older people who were experiencing financial abuse continued to be reluctant to participate in the CDC, despite active engagement and encouragement from some stakeholders

including CDC staff and CDC participants.

I don't think we've had anyone that's wanted to opt in to it. We have tried to encourage people...In Coolgardie there has been some incidents where what's been happening is because there's been some older people that aren't triggered by the CDC card, also there's people that are younger that have triggered...When payday comes, they pick them up, they go to the shop, they get some grog and spend all their money, have a nice little party and drinking time, and then leave them with no money for the rest of the fortnight after it's all drunk. So yeah, we have tried to encourage those people, but I think for them they've found it to be that they didn't want to restrict their lifestyle by this, so that's why they've not wanted to volunteer for the trial. SH38

Our Elders, over 65s, they're very vulnerable here...Before the cards were activated, we went to the key Elders that we knew, that we were concerned about, and they talked to them. Not many wanted to do it, they refused. We went to the crisis centre, where it's just women only, and spent a long time talking to the women there, explaining and in language too. We did all of that. But they're even more scared to go on that [the CDC] than they are of most of their family robbing them. SH30

Well there's some families, they, here, Aboriginal people are all somehow all related. Yeah. Well these two old ladies that I was speaking to, and I call them grandmothers because family, my mum's two aunties. Yeah. Well people annoyed them for money. They drunk, family members, and they get too far. [Growl]...chasing them around for money and everything. We told them that's the best way. If they think, if you don't want to go on there, well that's okay. But whenever you decide to thing, you know where to go. Come to the office and help you out. P31

9. Early impacts of the Cashless Debit Card

The interviews with both stakeholder and CDC participants revealed that expectations were fairly high regarding the outcomes anticipated from the introduction of the CDC. Even though, at the time of the interviews, the card had only been implemented for a few months, a majority of respondents were of the opinion that early impacts were starting to be observed.

These impacts primarily centred on alcohol and drug use and misuse, child welfare and well-being, spending and financial management, financial abuse, crime and domestic violence, and support services. A minority of respondents also discussed the early impacts of the CDC on transient populations, health and well-being, and the uptake of training and employment.

9.1 Alcohol use and misuse

Positive expectations as to the impact of the CDC on levels of alcohol use and misuse within the Goldfields region were reported by many stakeholders and participants as being realised. While the CDC had not curbed all drinking activities (and some stakeholders acknowledged that this was not the purpose of the card), early impacts of the CDC on levels of problematic alcohol use and associated behaviours were acknowledged.

Some people were constantly drunk, women and men. Constantly drunk and now I've actually been seeing them sober. So I reckon it's had a fantastic, made a really fantastic improvement in this community. SH47

Historically I'd come back and I'd think, you know, is there one house in Leonora that doesn't have everybody in it drunk? You know, you'd be frustrated. Now I go out and the majority are sober...There's still drinking and that is a person's choice that, so they're still drinking but not all night...So the Cashless Debit Card hasn't aimed to take people's right to drink. It's just aimed to moderate it. SH33

They used to get drunk every day, they were consistently drunk. And some were at the stage where they will never be able to work, never, because they are, they've just lived their life for the last 30 years being in this mirage that is of being drunk and the whole thing is like that. But that is slowly changing, I feel. PO2

Liquor sales of both beer and spirits in bottle shops and takeaway sections of pubs were described as having decreased; an associated increase in spending on food had also occurred.

Well look we know for a fact that there's lower alcohol sales. So what I'm seeing, because normally at 12:00 o'clock if you go and sit there and watch the takeaway you'll probably only see one or two blocks going out now. Like two years ago you would see 30 blocks go out in the first half an hour, without doubt. So that alcohol going out is pretty well non-existent now. SH45

It has affected sales through the bottle shop, because they can't use it at the pub, but they can use it in the Deli, so they're in there more, and over at the supermarket buying more food instead of alcohol...It's helped make the town a little bit better...They're not spending so much money on alcohol, and they're actually looking after their kids. SH55

I think it's just made, like I said, made people just wary on how they spend their money now. So if they're going to buy, instead of going out and buying a carton and a bottle and shouting the community, they'd rather get it and just go home and sit down and just have a couple of friends around, have a beer. P29

Respondents reported that levels of alcohol misuse and drunkenness within the Goldfields had decreased. Reduced incidence of intoxication and greater instances of sobriety were therefore being witnessed within the towns. For example, some stakeholders stated that rather than being persistently drunk, CDC participants with severe alcohol issues were less able to pool resources and were now only able to afford to drink for two days per week following the payment of their Centrelink allowances.

Before the card came in when people got their money they had a choice of either buying alcohol or food and nine times out of 10 they bought alcohol and no food. Now that is switched over, they've only got one little bit amount of cash for alcohol. What's happening is that people are only able to drink maybe once or twice a fortnight where before they were drinking maybe six times a fortnight. So that's where the consumption has dropped, you know, probably half fold. SH45

Instead of people having cartons every day, it's more controlled because it's sort of like everyone's getting completely legless over two days rather than over seven days, which is different. SH07

Likewise, many participants, particularly those from the Northern Goldfields, described examples of positive changes which had occurred in alcohol use since the start of the CDC for themselves, their families and their communities.

I reckon I'm all right with that card. I pay for meat. Um, well, before I used to just buy alcohol with it. Before, but now that I got this card I've settled right down with that. P59

Yeah. Used to be a lot of people used to drink every day but now it's all looking good...I like the card because it slowed me down from drinking and gambling. P61

When I look at my own family, oh, I'm really happy that thing was put in place, because I see them drinking less, more home often with their children doing the things they should do as a parent. P43

It was acknowledged by both participants and stakeholders, however, that any positive changes were only for local people under the auspices of the CDC and that people from the Lands coming into towns and townships were still engaging in problematic levels of drinking. This was also said to undermine the impacts of the CDC in the area.

The new rule is now people come from the central desert with these big bucks and they come here and they see their sister on the Indue card. So, the sister girl will say, "You buy all the drinks and I'll buy all the food". So, it works like that. Aboriginal people have always worked like that, where they help one another, extended families. So, it doesn't matter what happens, because somebody will always come with money and they love drinking in this place...So, I don't think it's gonna make no difference, because families will always come here with money. P47

You don't see much people, there's not much arguments around like they was before. There's no fighting. No people hanging around the pub every day. There's not much now. It's only when the people come from the lands; that's the main problem where they had, because they got

cash and they buy all the alcohol, they buy all the drugs. They go and have a big party and then someone end up getting hurt. P31

In terms of here, Laverton, you've got – we're next to the central desert here you know, and no-one from there is on it. So they're coming with their bucket loads of money, so either way the alcohol is going to be in a thing. But I'm talking for local if we don't have a funeral here, and there's not many people in town, just the locals, yeah, I've seen a drop in it. SH30

Anti-social behaviour related to alcohol misuse was also reported to have decreased since the CDC began. Many respondents stated that there had been a reduction in the numbers of people drinking openly on the streets and as a consequence towns were seen as being quieter and safer.

You don't see much people like you used to. Before that Card came out, everybody used to be over there, every day. They used to be staring at each other until the pub opened but now I walk out here...you only see a few people there now...Yeah, it's not as bad as it used to and you can still hear them walking around. Last night I heard them walking around drunk but it's not as bad as it used to because everything's just quietened a bit. P33

Over the past few months of the cashless debit card being introduced I haven't seen any groups of people passing around alcohol. I haven't seen any street drinkers since that time and so definitely think it's making a big impact so far. SH16

It's reduced the amount of drinking that people do. The good things with it is that a lot of things have been reduced, you know...And [it's] just nice to see that the town hasn't got a bunch of drunk people walking down the street. You know, or the village isn't always pumping with music and people screaming and fighting. SH54

In addition, alcohol-fuelled property crime, violence and impulsive behaviour were described as having decreased with the CDC. This was seen as being related to participants having reduced access to cash which they could then spend freely on alcohol.

People tend to behave themselves when they're sober. It's just nature. But after someone's had a few drinks they start to get brave and think about doing stupid things. And so I haven't heard of people getting broken into lately. And people still do get drunk, 'cause they still get \$150 a fortnight or \$120 or whatever. So that will go straight on alcohol. There's no doubt about that. But there has, in my view, been a huge reduction in street fighting, in crime, break-ins, assaults. There's been no suicides. SH47

The town seems quieter on Friday and Saturday nights in my neighbourhood, which is a hotbed for alcohol related issues...Less yahooping, less cop sirens, less bottle smashing, less arguments; these are the things I'm observing in my neighbourhood and my neighbourhood was considered the hotbed for that type of behaviour over the last 20 years and had a very notorious reputation for very unruly behaviour. P35

Community has less problems, and less stealing, people look healthier. Yeah, they do. Less use of alcohol and drugs... And court here once a month, magistrate court. Less and less people go there, because it's mainly alcohol related, all the offences. Yeah so, cut down, absolutely. P44

Further impacts of the CDC on activities and behaviour associated with alcohol misuse identified by stakeholders included a reported decrease in hospital and community health presentations due to alcohol-related domestic violence, assaults and mental health issues. Likewise, fewer call-outs were reported for the ambulance service and the Royal Flying Doctors.

We don't have the same presentations of people intoxicated here, not the same self-harm presentations. Definitely decreased at the hospital too. SH33

At a meeting with agencies last week the hospital's down in reports of domestic violence, people coming to the hospital for help. And fly outs, Royal Flying Doctor fly outs. So those are the indicators that we're hearing on the ground. SH45

In contrast, some respondents (mostly participants) perceived that the CDC was either having no, or very limited, impact on levels of alcohol misuse in the Goldfields. Some of these respondents felt that CDC participants were still managing to consume problematic amounts of alcohol.

I see some of my family members, they run away to Kalgoorlie. They run away to Kalgoorlie, so they can have easy access to drugs and alcohol, see? They do that still, from this community they go weeks on end, go and have big party, most probably trading their card. SH51

In all honesty, I have noticed that it hasn't really quietened down that much in Coolgardie. I really haven't noticed. People are still hooning around. People are still getting on it. You can hear them carrying on at all hours of the morning, still pissing on. So, it really – I don't know what they want it to achieve, 'cause it really hasn't done anything really. I haven't – can't see anything visible probably that's its done. P01

High levels of alcohol consumption were reported to be continuing through workarounds with the card (e.g. trading the card to purchase alcohol), pooling resources with other participants, and/or resorting to drinking cheaper forms of alcohol such as methylated spirits. Some participants also commented that the card allowed sufficient cash to drink to excess and that people were now making their own alcohol at home.

Everyone feels like, "They've just been whacked with a stick so they're going to be quiet now. We've taken away their drugs, their alcohol" But they haven't. Because 20%, realistically, for a single parent, is still – it's like \$150-odd. That's still enough to buy a good carton of piss and I mean you might not be able to do it every day of the week, but you're still going to do it! Or they're just going to pool the money. It's not going to stop or they're just going to find illegal ways to get it. P17

The drinkers, the ones that we see are drinking methylated spirits now...The purchase of methylated spirits has increased because it's a cheap kick. And it doesn't matter what you introduce, people will find a loophole or an alternative. SH11

A lot of people that we know that are drinkers have just started to make their own home brew instead, where they go into the supermarket and buy \$6 worth of stuff and make 2 litres of alcohol. So, it hasn't really affected them. P15

Also while others agreed that they had observed less incidence of public drunkenness within the central areas of Kalgoorlie, some respondents were unsure as to whether this was a direct consequence of the CDC or if it was due to an increased police presence and/or the moving on of intoxicated persons to other areas of the town.

We've also had the councillors put on some extra security around town as well, they employed some extra security personnel so it looks like we've had more of a police presence around town in the last few months as well, so I don't know if it's a multiple of factors but I believe that I'm observing less especially the alcohol and social issues that happen in the CBD area. People loitering on the streets and abusing people as you're walking down the street. SH28

They are saying that in town it's a lot easier to be in town but it was pointed out yesterday that there's also been a big police presence in town since the start of the card. So for them saying that crime has decreased because people are on the card is not actually correct, it's because there's a bigger police presence in town. SH12

Oddly enough, over the last two or three months, the police presence in my neighbourhood

has increased. I've noticed them coming down my neighbourhood street on the weekends. It's two or three times a night and, "What are you doing out there? There's nothing happening."
P35

Finally some stakeholders were concerned that enhanced services to support people with alcohol issues had not emerged following the implementation of the CDC.

My other concern was if you are trying to help people to come off of, reduce their consumption of alcohol, where are your extra support services? We had a lot of meetings beforehand and that was always my thing that I said, you need to provide the extra support services because you can die from alcohol withdrawals. They don't have a fully functional hospital, they have to fly people out, they go to Kalgoorlie, usually out the next day, back into the community, and I haven't seen any changes in the delivery of services to Laverton. So the supports not here still.
SH43

9.2 Drug use and misuse

Although less widespread than for alcohol consumption, stakeholders and participants also described the impacts of the CDC on levels of drug misuse within the Goldfields region. Some respondents reported that usage was decreasing as CDC participants no longer had access to sufficient amounts of cash to purchase illicit drugs.

By taking the cash off the street, the drug problem has died on its arse. The noise that used to be up the road here in Leonora at night, how long have we had the card now? Three months? Something like that. It's just gone. Literally gone. Just overnight. Laverton, the same thing.
SH49

I interviewed with this Aboriginal Elder last Friday [who] said that the drug use was a lot less amongst the Aboriginal people, because they don't have the money to pay for it, which was really positive. SH35

I do feel that these cards are going a long way to addressing the problem of substance abuse which is a, I'm not saying it's the be-all and end-all, but certainly it's putting a large dent in the source of these problems. P02

Examples were provided by stakeholders of the changes that the CDC had brought to the lives of individual participants who had previously been dependent on drugs. Several participants also described the positive impacts that the card was already having on their own drug use.

I'm trying to slow down on my drugs and my drinking at the same time so I can have a better life and you know, drinking my life away. With the Indue card and that...at least I'm not drinking every day or wasting my life away on drugs and that. I want to try and do the right thing. Like having food on your table. Pay for your bills, rents, and whatever you need. P57

Before the card come out she actually saw this girl in Kalgoorlie where she went shopping, just totally distraught, out of her mind on drugs, and she said, "I just don't know what I'm going to do." She saw her a month after the card was introduced and she said, "I'm so happy now." She said, "I'm just about off the drugs because I can't afford it. I can't buy it anymore, and I'm looking after the kids". SH01

There's one lady that I knew, she was on meth, so since the card's been implemented in Kalgoorlie she's come into the office, you know when I've been there, and she just said "oh thank you for saving my life" and, you know, she's really grateful that the card has, you know, and I think you'll get a lot more of them stories around Laverton too. SH45

Some respondents felt that positive changes had occurred within their communities which were aligned with this perceived decrease in drug use. These included less anti-social behaviour, a decrease in the number of drug dealers within towns, and increased attention and spending on the needs of children.

Now this cards comes in, you actually see parents walking their kids to school. Buying their kids lunches, where it wouldn't happen before that, you know, the money was just going, going on alcohol, going on drugs. SH54

It's not available to a lot of them to have like so much more money to buy gunja or, you know, it's not so much the alcohol, I think it's more the gunja....There's not two or three dealers in town, there's probably only one now. You know so that's a positive sort of thing. SH45

However, other respondents (and especially CDC participants) reported that the incidence of drug use within the Goldfields region was unchanged following the introduction of the CDC. Some considered that additional time was needed before positive change could be seen as drug problems were perceived to be more entrenched and challenging to address than alcohol issues. However, other participants were pessimistic that the CDC could ever have a positive impact on the drug habits of people experiencing addiction, commenting that many of these people did not want to quit and instead would seek alternative ways to feed their habit.

It didn't make a difference. It hasn't, mate. They still get their drugs and they still get their alcohol. They'll go through, they'll jump the sun if they have to, to get what they need. P23

I haven't seen any impact, because like I said, they still find ways of getting it, and it's not going to stop them...They're just using their 20% for the alcohol. So they're still getting the 20% in the cash, but they're still going to be able to buy alcohol, so they're still getting drugs, they're still using the drugs, they're still accessing it somehow. SH06

If people are at the point of neglecting their kids anyway, and they're on drugs, and they're not of right mind, I don't see how the card is going to change their mind or the behaviour, because they're only going to go to the shop, buy a TV and then go swap it for drugs. It's not going to change their mindset, they're just going to work around it. P17

Consequently, reports were provided by respondents (mostly participants) of the methods used to access cash to fund their drug habits. This included the selling of goods (which participants were permitted to buy under the CDC) or the passing on of the CDC to dealers. Several CDC participants also reported a perception that some of these people were resorting to criminal activities to obtain money to purchase illicit drugs. This is discussed further in Section 9.7.

I don't think its changed in terms of the access, because there's always ways around it, they're very clever, you know? There are methods of, you know, buying things and then selling them off for cash which is quite, you know, prominent here. SH27

You get your drug dealers and they're taking people's Indue cards and that for drugs like, and they use their card. So, it's still feeding the drug syndicate population. You know what I mean? It's like, "I got no money, but here's the card, here's the number. There's so much money on it" and they still use it and then they cancel the card and get another card sent out and then it's— you can still go to the shop and draw money out of it. P13

I know there's a lot of stealing and stuff going on so the drug problem's still as big as it ever was and the alcohol problem's still as big as it ever was, so...it might have made a slight change to the anti-social behaviour in town but it has definitely not made a change to the criminal activity in town, so, it's actually probably made the criminal activity worse. P36

A minority of stakeholders also described that some CDC participants were now changing the types of

substances they used due to the limited availability of cash on the CDC. This included suggestions that heightened levels of petrol sniffing were occurring given its relative cheapness and ability to be purchased with the CDC.

Sniffing has increased. So that's another bad thing...the card is not the be-all and end-all...it's a band aid and I don't think that we're really addressing the real issues and the real problems. SH11

Obviously we have a quite a big sniffing problem here anyway with our youth...That's another one of those long term ones you'd be interested to see because there's loopholes, they can still buy petrol. SH19

It was also acknowledged by several stakeholder respondents that the drug issue in the Goldfields was wider than the population group on the CDC. For example, the high level of FIFO workers in the region was reported to contribute to this issue and therefore drug problems within the Goldfields could not be fully addressed with the CDC.

You can't necessarily test the water and see if the drugs have gone up because there's far too many fly-in fly-out people who would be affecting that one...The issue is all the other people that take the drugs...that are actually working – they've got nothing to do with the card which is the bigger driver. SH07

9.3 Child welfare and well-being

Early positive impacts relating to improvements in child welfare and well-being were commonly reported by respondents. Beneficial outcomes of the CDC were perceived to be flowing down from participants to their families. These benefits were more noticeable within the smaller CDC sites in the Goldfields such as Laverton and Leonora.

The Indue card changed a lot for families. They usually spend money on alcohol, kids money, it's all in the Indue card and so it's good; people can spend money on their children, clothes and food. Yeah, and it's slowing down on their drinking alcohol...Now you can see the difference, it's slowing down, drinking and kids got new clothes and food, new bikes and whatever they can get. P40

I can see the difference in the kids, definitely. General wellbeing of children, which is, in all honesty, my priority. SH57

I'd say that the general care, like the basic care of a child I think is better. Food, shelter, and clothing. SH35

Many improvements in child well-being were considered by both stakeholders and participants to be related to changes in the spending patterns of some CDC participants. The increased provision of food, to children in particular, was seen as a key impact of the introduction of the CDC. Spending on food for the family was reported to have increased. Moreover, not only were children now said to be having more food to eat but in some instances the nutritional value of their meals had also improved.

We did have one of our youth justice workers yesterday come to me and they're working with a family and they said that they saw some positive impacts about the cards on that particular family because before they would have spent all their money on grog, they're now – there's food in the fridge for the kids, the kids aren't starving. SH14

People are buying food rather than chips and coke. Like actual raw products from the shop. SH42

They get what they been, what they never been getting before. Like food. Little bit of odds and ends like their little treats. P31

Kids getting extra food, that's about it for me. Because they can't spend it on drink, they have to spend it on food. P08

In addition, some CDC participants were seen as providing for themselves and their families more often and thus dependence on organisations such as welfare agencies and schools for the provision of food was decreasing. As a consequence stakeholders reported that children were bringing in food to school more often and that some schools were providing fewer breakfasts and lunches for their students.

And we have noticed we're not making as many lunches because if the kids don't have lunches we supply them with lunch...Yesterday I noticed a family that we fed a lot before the card, had a beautiful ham salad cheese sandwich and plus cut up fruit as well. So there's definitely an impact as far as good food, as far as nutrition goes. SH35

I know the school at the last week's meeting said that they were getting, you know, 20 to 30 kids coming with, coming for food breakfast programs. Now they're only down to four or five. So, you know, the schools mentioning that, you know like, you know it's not so much for them people relying on food now. Because I think that's a more availability of money for food. SH45

Likewise, since the introduction of the CDC, more children were reported as being suitably clothed both in terms of school and out-of-school clothing. The children of some CDC participants also had improved access to toys such as bikes and scooters.

I was able to buy my son some, I got him some toy with the card, it was like 30 bucks, normally I'd need that \$30.00 to make up the \$300.00 that I'd go and spend on drugs. P14

A lot of kids that I know their parents would never buy them new shoes and things like that, they've got it now. They're dressed neater, they look neater. Their own appearance, they're happier because they've got new shoes. Just themselves, you know, the kid, you see it in them. And I think the parents, when they hear their child saying, and they're talking to other kids and they say, "Miss, my daddy bought me this and my mummy bought..." and it makes the parents aware that, did I not do that for my kid all this time? And now the kids are realising it, you know. So I think that's a good thing. P29

We had people ringing up and saying, you know, "if I never had this card I can't take my kids to, I wouldn't take my kids to Toy World". They say now, "I've taken the kids into Toy World and they can buy a toy" and things like that, so, which they never ever did before, they would be drunk. SH11

The enhanced physical and psychological well-being of children was a further early impact observed by some stakeholders. Overall, children were described as being in better general health, were happier and had more attention paid to their levels of hygiene. These reports included an example of a child now receiving access to vital medical treatment due to improved parental care.

And I think also the children are happier, their general appearance is that they are happier, because they have more toys, they are clothed, their hair – they look like they're coming to school where they've had breakfast, their hair has been done, they're dressed. SH35

I noticed an improvement in Mum's behaviour. She's not drunk as much as she was and he's got a particular hip problem which requires surgery that she's ignored for 16 years, but this week, actually on Monday, she took him to the specialist in Perth...and hopefully he's booked in for surgery. SH22

Family relationships were reported by some respondents have improved with families spending more

time at home or doing activities together. These activities included going out bush more and also having family meals outside the home, an activity that was not said to previously be commonplace for many CDC participants. One participant reported great satisfaction that the introduction of the CDC had enabled him to save money for, and arrange, a birthday party for his young daughter.

Yeah, and now it's all quiet. All quiet now. Everybody's home. At home watching TV or whatever, not in the streets drunk, shouting and fighting around...More time at home and going out bush now weekends. Lots of people going out. Before the Indue card came in, they used to be in town spending their money and hanging around drinking. Yeah, and they save their money and buy food and stuff for their kids to go bush. P40

And I do know a lot more families have been going in to McDonald's and sitting down as a family...So they've been going in and getting their little kids' meal, and going in as a family which has been good, like the mum, the dad and the kids. SH18

I actually paid for her birthday, was on the Saturday...I made a birthday party for her. I saved, I saved \$200 for Indue...She was happy. P46

A lessening of incidences of parental neglect were described as having occurred since the start of the CDC by respondents (mainly stakeholders). Hence, the children of some CDC participants were now being more appropriately supervised and were less likely to be found on the streets and/or in need of overnight shelter.

You don't see them [children] on the street anymore, no way. I always used to see them before. So, that's actually changed. P53

Kids were being dragged around at all hours of the night in the winter time and they had to walk past my niece's house, her house seemed to be on the path where all the drunks walked past. And she would regularly get woken up at 1 o'clock in the morning to see if she could help with giving her kids a bed for the night. It was nothing unusual for her to have three children just dumped on her through the night...We're not getting them all walking about all hours of the night. SH44

There's definitely less children on the streets and...less children in the care of adults who are inebriated. So, you know when they're actually, you can physically see that they're drunk to the point they, they can't walk straight down the road, you know you're driving past and you can see that they're drunk, I've seen a lot less of children in the care of those people. SH53

Just in the last probably five years, just the disorderliness, the kids on the street, the lack of parenting is a big one for me, and I probably notice more so coming out of the hotel at midnight every night when I finish work, and seeing the kids from the age of four through to 14, and mainly girls, out on the street without any guidance or care for going home, whether they didn't want to go home for whatever reason, so, yeah, it's a bit messy. That has improved markedly just in the small time that we've had the card going. SH57

In addition, serious child protection issues such as physical assault which necessitated the removal of children from their parental home were reported by stakeholders to have diminished since the introduction of the CDC.

Before April I've removed about four kids, where I've had to take them into provisional care because of just everyone being drunk...But yeah, it hasn't happened since the Indue card came in, so we're not taking...we're not separating [families]...We have to accept that there's going to be some people that will just continue to drink alcohol, and...but that's fine, but the kids that they have in their care or in their homes, the best part is the fact that their needs are being looked after better. SH22

Further impacts relating to child welfare and well-being centred on schools. In some schools, improvements in overall attendance and participation in school activities were reported. The concentration and behaviour of students was also described as having improved by some respondents; this was partly seen as being due to better nutrition and a safer home environment.

At least the kids are actually going to school more so that's another good thing...because one of the bad things was the kids were actually coming here and getting food from here rather than going to school and learning but now they are actually going to school and learning and now they, you know, so that's another good thing. P51

For Leonora, you know, we've previously, before that card came in, there's always been kids on the streets. Always parents and adults hanging out the front of the TAB, always out the front of the pub, always just on the street. Now this cards comes in, you actually see parents walking their kids to school. Buying their kids lunches. SH54

Some respondents (mostly stakeholders) also stated that parents (who were on the CDC) were becoming more actively involved with their children's education. An increase in parental involvement in school activities and meetings was therefore noted.

We've had movement with the younger mothers that have had children like at 16, 17, who were not coming in to the school enough. They're coming in to the school more. They're taking part in meetings about their children in a positive environment. SH35

At the school sports parents didn't usually go along for that. This last school sports, all the parents was there. Even my girls was there, barracking on for their children. And before that, never used to do that, they was too busy somewhere over there. P43

Not all respondents, however, felt that improvements to child welfare and well-being had occurred as a result of the CDC. A minority of respondents noted a lack of impact to date on school attendance, child welfare, and the incidence of children being on the streets.

I can't really say I've noticed anything different with the kids...They run around town a bit. I don't know about being fed. The school feeds them, if they go to school, and then we've got a youth centre as well that feed them. SH50

But the same children are coming in looking dishevelled every morning. We're still showering the same kids. We're still providing clothing and things like that for the same children. Even this morning, I had to go and pick up a child, bring them in, and then go and find her some shoes and clothes and stuff, and then I sent her off to class....Look, to be honest, I've never seen...I haven't seen a change. I'm still hoping for a change. SH39

Moreover, contextual factors within families and communities as well as complimentary programs which were operating within schools were stated by stakeholders to make it challenging, at times, to ascertain whether all the positive outcomes reported above could be directly attributed to the CDC.

Our dynamics changed so much last term that the kids that probably this would have the most impact on, haven't been coming to school. So hopefully this term, we've got a girls program starting in a couple of weeks which is very much attendance based. So if we can get these kids back to school, my answer to that question could be different in a term. So I think we do need to be mindful of the fact that it's early days yet and there are other factors that impact on what's happening here. SH58

9.4 Spending patterns

A further key area of change as a consequence of the CDC was in the spending patterns of participants.

Respondents commonly reported that CDC participants, who had previously used their Centrelink payments predominantly to purchase alcohol, were increasingly spending their money on appropriate items.

The women are the ones who were suffering. They were the ones getting belted. They were the ones who weren't getting the cash because the male was out there on the grog. Now they've got access to money...We're hearing from retailers and pharmacists that they're seeing the change. Early days, but they're seeing it. So money is being spent where it should be spent, and I think that's a real win. SH03

For the most part the people that their money goes into the bank account, they can't spend it on gambling products, they can't spend it on drugs or alcohol or so forth. So, we are finding in our communities that they are spending more money on their food, their groceries, things for their kids. They're able to save money up which they haven't been able to do beforehand, to actually buy things that they actually want in the long term. It's not a means to totally penalise people. SH38

Increased spending on food was the main change to spending patterns noted by respondents. Some CDC participants were purchasing greater quantities of food from supermarkets and visiting shops with more frequency. Furthermore, examples were provided of people who had not previously frequented the local supermarkets due to their drinking habits, now using their CDC to buy food. As discussed above in Section 9.3, these changes meant that children were now being provided with food by their families.

Like the best? Because if, to buy groceries and all that...That's all right, you know, with the food and all that, so, and cigarettes and I like my smokes, yeah. And food, more food. P63

I'll tell you one thing: I went to the shop the other day in Kalgoorlie and I saw a man in the shop buying food that I never saw buy feed ever. I was like, "Oh well, it seems to be working for him." He's on the card, and I never, ever saw him buy, like do shopping. I go to the shop all the time and I never see him in there once, and then all of a sudden I saw him walking around buying feed, and I was like, "Oh, that's an improvement." P64

We tend to see that families do a bigger shop with us and they would do a whole trolley for the week and it would be something of about \$120/\$130 for a whole trolley full of groceries here at [name of organisation], and that would be a week of food for a family. So we do see that it's definitely being used here. SH28

I like the card, I'm happy to see all our local indigenous and whites, just average people, spending more money in store, using it wisely, happily doing it, buying food, particularly for all their families. Once upon a time you'd see them come in and they'd get a loaf of bread and some eggs, and then they'd go and get a couple of casks and then they'd go home, then they'd come back and then they might get more casks. Now I'm seeing families, or the children coming in with the cards and they're buying food. SH23

Other items on which spending had increased (as expenditure on alcohol decreased with the CDC) included utility bills, household items, clothes, books and toys. Some examples were also provided of CDC participants being able to buy a car for the first time.

At the village, you used to go to houses...and people had nothing. Not even knife, fork, spoon. But when you go their houses now, they've got all them stuff. And then they're like, oh this Indue card. I said, "but you own this, this is yours. This is your life, you own it, this is your

spoon, you own it". I said, "even the little things, they're adding up each week". And they don't put their head around it yet, you know. But I think the more things they acquire, they will. P29

The money can't be spent on silly things or not all of the money can be spent on silly things so you end up with money and in your account that is still there for those prime things that you need in life like groceries and your electricity or water. Yeah, I would say so – that is definitely probably the best thing that could happen. SH21

We have seen where people have been able to buy second hand cars, and there's been a couple of them that have come through in the last month or so. So, for the first time in their life they can go and buy a couple of thousand-dollar car at a car yard, which they would never have been able to do before, in they would just rely on everyone else to get them a lift. SH38

As a consequence of participants having more money quarantined on their CDC to spend on food and bills, a decrease in requests for, and the provision of, emergency relief by welfare organisations was described. Also as noted above in Section 9.3, some stakeholders reported a reduction in the administering of free school breakfasts and lunches.

I've seen a huge reduction in emergency relief because we do emergency relief, we do food vouchers and crisis accommodation. Prior to the card rollout we were probably doing minimum \$500 a day in emergency relief...and now that's gone down to maybe about \$80/90 a day....Before they'd come in, they were hung over or was reeking of grog, few kids towing behind crying because they were hungry, "we need a food voucher", "but you got paid yesterday, what happened to your money?" and it might have been \$900, it might have been \$1200...They've spent the lot on grog and drugs and they're here at our door because they're going to be hungry for the next fortnight. I'm not seeing that now. SH11

Every day, they'd come in, "We need food," or, "We've got no food," or I'd have to bag up food, and I used to have two shelves here just full of cans and stuff, and if they come in and make up cans of spaghetti or baked beans, and I'd do a food run up to Kalgoorlie and get the free bread from [service name] and things like that, bring it back and put it on the shelf, and they'd take free bread home and eat. But a lot of that's dropped off now because a lot of them, and I've actually been shopping with them and I've actually seen them put food in a trolley. It's like, "Wow, this is cool." SH18

Some participants reported that their spending patterns were unchanged with the CDC. This was typically people who had not experienced issues with the management of their finances prior to the implementation of the card.

I don't smoke so I don't worry, yeah, so just making sure fill, feed in the cupboards and fridge up and petrol. Not much change really. P55

So it's the same, you still buy the same things. So it hasn't really changed that. P58

9.5 Financial planning and management

Aligned with changes in the spending patterns of CDC participants as described above, outcomes were also noted by respondents in the planning and management of finances. This issue was of particular importance in the participant interviews. However, opinions were mixed as to whether the CDC was having a positive impact or not on the ability of participants to better manage their money.

Overall respondents tended to report that the CDC was leading to improvements in financial literacy and management. The implementation of the CDC was perceived as being a catalyst for some participants to think about their money and spending; this was even seen as being the case for participants who were seeking to find workarounds for the card.

I think it makes you more aware of your budget, of how you're spending your money and you have to budget well because the cash component is like gold compared to the rest. So, you're more aware of your shopping...So, I think we're probably shopping better. Yeah, I think it's made us more aware of our budget and our spending habits. P15

I think with the card it's actually making them think because more and more are coming in and actually logging in to see how much they've got left, to see how much they've spent, whereas before with the cash it's like, "Who cares? We'll just spend it," and the next day it's gone. "Fuck it. We just don't have nothing for a fortnight." Whereas now they're actually coming in and thinking, "I wonder how much is on my card? I wonder how much I spent the other day?" So it's actually making them tick over and think...So I think it's being good, not only for their cognitive abilities, but also teaching them how to get on a computer, think about what they're buying, and they can actually see where their money's going. SH18

Predominantly the feedback we've had has been overwhelmingly positive in terms of a lot of people having not had that push previously to get their financial literacy and management systems in order and their budgeting and those, so that's been a really, we've had a lot of interesting feedback around that, so that's been a real positive as well...Even with workarounds, at least people are still thinking. The whole idea is about money management, really. These people are thinking about how they can use their money. SH03

Importantly, whereas previously some CDC participants would spend all their Centrelink monies immediately following payment until it was gone, respondents reported that participants were now better able to manage their finances and less likely to run out of money.

But I do think it is good because a lot of people like me can't handle money. Like I'm hopeless with cash. If I got \$300.00 cash that's probably the price for half a way of speed...but with the card you can't. So this actually does help and I'm not going to go and swap my card...I was actually quite proud of myself paying the bills and all that. P14

I didn't want to be on it. Because I didn't know about it see? Now that I know the system, even have to be budget. You always got food, payment to payment finally. That's the main thing. It's living cost. Pay to pay. Yeah bit of relief. You got finance always there, till my next payment, you know?...It's good. We spent their cash, and we got money for food. Rent. It's always there, till my next pay. P44

I've got a sense that they've got more control of what they can and can't do with their money. And I think probably even to the stage where maybe they are doing some budgeting. You know, not just wasting it all in one hit on the first night they get the money that goes into their account. You know, they've still got money after five or six days, or whatever it is. So I think that's the best part of it. SH32

Indeed some respondents reported that, due to being unable to draw funds from the quarantined proportion of their payment, CDC participants were now better able to save money. This enabled participants to save and purchase important items such as cars and household goods.

Some people are using it as a savings card where it goes in there and they just transfer the

\$200 over and get their direct debits done and then whatever they've got left they know they can't draw it out so it just sits there until next pay. So if they've got \$40 in there, they're going to do the same next pay and they'll have that extra \$40 on top, which is then going to be \$80 because they can't access it. SH06

I've managed to save so much money on it than I would otherwise...But yes, as a result I am, and certainly more, you're likely to save money more than if you had cash or you had just your bank, just on EFTPOS. So I think in that instance it's a good thing. But I'm not the only one that's saying they're managing to save. I know other people, other recipients of just the Newstart, and...even they are saying they're saving a bit of money on there, just 10, 20 bucks a fortnight, but hey, that's 10, 20 bucks a fortnight they didn't have. P02

To begin with I was devastated my dignity was taken away from me. Now, I don't care. If they kept me on the welfare card, I don't care. I use it, because I split my cash up. I don't spend that. I actually chopped up my ANZ bankcard so I just don't spend the cash component, so I only use the welfare card as my spending...What I've currently got in there is going towards a washing machine. P35

An improved ability to budget was also noted by respondents as a result of the CDC. Participants shared examples of how being on the CDC had enabled them or their families to improve their budgeting skills and to ensure that their bills were paid. Stakeholders commented that some participants were setting up routine deductions for bills for the first time while others were now questioning and rearranging payments that they were making to organisations such as utility companies and finance companies.

Personally, for me, it helps me budget my household better. Because when I had my own cash, you know, I'd get side-tracked. But being that there is only specifically for the household and it's been good for, well, me personally. I don't know about the other people, but personally, yeah, it helps me run the household a bit better. So, yeah. I never found a problem with it. P03

Paying my bills, keeping my home. I want to keep my home. Yeah, having food on the table all the time and bills, the main things in life. It makes it easier. There's always something getting paid out of it. There's always something getting bought out of it like food. Sometimes I can go online and do my own little thing, what I want, myself. No, I don't have a problem with it. P33

People have been given an opportunity to look at how they use money and how money in a sense can be controlling, a controlling factor in their life. And so, in a sense, you know people are, there's a lot of information coming to the surface as a result of the card...They were paying too much money. And so, you know, they're paying \$100 a fortnight to an electricity company which I would say is a lot for anybody...And even if there is a bill, surely there should be a better negotiative situation than taking 25% of someone's income every two weeks...So, this card, that creates that opportunity to actually negotiate a much better situation for our clients. SH26

However, not all CDC participants were reported to be experiencing positive outcomes with money management and budgeting. Respondents felt that budgeting was an unfamiliar and difficult concept for many participants, some of whom were described as being reluctant to learn budgeting skills.

The concept of budgeting on its own is a complex process. So, for some time now, welfare payments have come out on staggered days of the week, everybody gets it on a different payment date, so the community's method of budgeting is, Thursdays this week you buy the grog, Fridays he buys the grog, following Monday she buys the grog. That's the extent of the budgeting...So the thought of having to not buy grog and buy food instead is not something

that's important, and it's not something that's factored into their world. Some of them anyway. There are some who work very hard at their budgeting but there are a lot who just happen upon food when they can. SH10

Difficulties with the budgeting of money was seen by several stakeholders as being compounded by a lack of adequate levels of, or timely access to, community services to assist with the development and support of financial literacy skills.

This 80/20 thing is sort of, it really hits them hard right here...This community I don't think know how to manage that. So maybe when they did this Indue card they should have done a financial counselling or something...and actually get everyone prepared on how to manage their money...actually give that guidance towards individuals on how to do it. SH48

You've got one service provider, Centrecare, that's been awarded a contract...We're trying to get a couple of people financial counselling, and they couldn't tell us when they could book them in because they said they'd had such high rates of people utilising the service, when they had two counsellors that were available to them. So, to have two counsellors maybe for the whole region, perhaps wasn't such a good thing. SH38

Participants raised further issues around financial management under the CDC. Having to manage two separate accounts (and cards) under the CDC was said to be challenging by some respondents. In addition, some of the interviews with participants revealed continuing misperceptions about what purchases could be made with the CDC, e.g. several participants believed that only food could be bought with the CDC. This lack of understanding hindered the ability of some CDC participants to manage their finances and some were falling behind with the payment of bills.

Just the fact that I had to juggle another bank account because I've got my main bank account and then I've got another one that is for kind of safety I kind of just put stuff there and then now I've got this other one I was just trying to wrap my head around getting another bank account. P11

The way I had my system set up, it completely changed all that. So, I had to relearn and now it makes it harder because I've got to shuffle money between accounts just to be able to pay my rent. And some of it doesn't even cover my rent though and it's only \$200 a week...Just like normal, the paying of the bills, it was all harder than I initially thought. But it's been a bit of time now and I've sort of got used to it. I've still got to juggle the payments and everything but, yeah, like I said, I've rather not be on it. I'd opt out in a heartbeat if I could. P37

It makes me angry 'cause I cannot pay for my rent, my bills and actually can't do nothing with it, the only thing is buy food. So it's a bit hard. Can't really do anything with it, unless you buy food with it. I'd like to pay my bills. Actually buy some clothes, things, like household goods and all that thing. P61

For participants who were able to manage their Centrelink payments well, the CDC was perceived by some respondents to reduce their financial control. Hence, the CDC was considered to be taking away their rights over how they spent their money and reducing their pre-existing budgeting skills. Concerns were also expressed about the impact this had on the personal well-being of participants.

For my clients with intellectual disabilities it's, they're getting skills taken off of them. Because some of these people actually make managing money a lot better than I do mine. SH15

I was talking to someone that's involved in the area last week and she was saying the, because it's a blanket thing and it's really, she said it's really having a negative effect on, and she deals

with these people directly, the people on the disability, the young men, because their perceived independence about making their own decisions regarding their money, which is one of the few areas they have control of in their lives, that's been taken away from them. And she said she's had a couple of very distressed people come in about that. P10

CDC participants themselves also noted challenges that they had experienced in now having separate cards for different members of the household which necessitated the splitting of purchases and bills. In addition, issues relating to money transfers and also the setting-up and timely payment of direct debits was a common concern for participants. Further information about this latter issue can be found in Section 8.3.2.

Well, it's separated our money. It's a pain in the butt. We have to now think about what's on my card and what's on his, whereas before it all just went in the same account and you just managed it that way. It was easier. P19

[I'm] disappointed and really wild and angry. You can't withdraw money and if you transfer it's going to be two, three days working days to transfer. And that really sucks. P57

A final difficulty relating to financial management was the proportion of cash available to participants on the CDC. While many respondents (and especially stakeholders) reported that keeping available cash to a 20% amount of Centrelink payments had led to improved spending habits, others noted that this level was insufficient. Problems were described particularly around cash purchases of second hand items, online goods and school activities and lunches. These issues are discussed in further detail in Section 8.3.6.

9.6 Financial abuse

Issues relating to the occurrence of financial abuse were also raised by stakeholders. Some respondents (especially participants) reported that the introduction of the CDC was reducing the pressure on people - who were on the card themselves - to give money or loans to family members. The card was also said to be decreasing obligations to purchase alcohol and illicit substances for others in the community.

They don't now have a lot of excess cash that they can get hassled for from family members or that they might be coerced or pressured to spend on things that are not necessarily good for them. SH26

Examples were provided by several CDC participants as to how the card was helping them personally to be able to refuse requests for money.

I reckon I would stay on that [card], so I don't get the humbug from family members: "I don't get no cash. I'm like you, we both get Centrelink, I'm not rich. I'm poor like you, you know, so..." P43

People do come asking, you know, for a loan or anything. I say, "No, I can't help you." I just say that. Don't help them. If they want something out of the store or something, shopping, they can get it there, you know I can't get anything else. P60

However, some participants were concerned that they were now unable to financially assist family members as they had prior to the introduction of the CDC. This included providing financial support to children who were away at boarding school or in jail.

My children. They're a bit tight for money...Before, no worries. If I had the money on me I'd say, "No worries," and give them \$50 here and \$100 here. You know, I've got a few extra dollars in my pocket. Yeah, I could do that. Now, money is tight. I don't even have enough money to bless myself with. P03

No, I don't want to be on it...I got a son in jail and I've got to send money to him. And it's not even worth 100 bucks from that card...No, need to get off it. Like I said, the money for my son. He's in gaol a long time. P45

I've got a daughter live in Perth, she's boarding, and I have to send money to her. But with that Indue card I can't send money to her...That's the one problem about the Indue card. P59

In contrast, however, many respondents (mostly stakeholders) were concerned that a lack of access to cash on the CDC had resulted in a greater incidence of Elder abuse within families. Older people on the aged pension were not mandated to participate in the CDC and therefore remained on previous Centrelink payment arrangements. Given that they continued to have access to their full payments, this was commonly observed to be leading to the financial coercion and abuse of older people by some CDC participants. The issue of Elder abuse was reported to be a key negative unintended consequence of the CDC.

I was also aware that these particular individuals or families would find other ways and those others ways, one of those other ways is the oldies. So, the oldies really are harassed by these young people, they're really cluey, they all know when the pay day is and basically, that's what's happening. So, I can see, and we've got a lot of older people who are saying to us "I've got no money, I've got not feed, I can't buy food". SH59

The other issue that has been raised is that a lot of the older ones who aren't on the Indue card are, when they're getting paid, like the ones over that age, the younger ones are taking, as soon as they get paid, they are then taking their money off them...They're hitting up the elderly because they're not on it, so they're thinking, "Oh, she gets paid Thursday. We'll go out there because she'll have all money." SH18

Oh, you can't hardly pay for your rent for the house, yeah. It's um, I guess, making young people go and annoy their grandmother and their pop. P62

9.7 Crime and family violence

Prior to implementation, expectations as to the impact of the CDC on levels of crime and family violence had been very mixed. While some respondents thought it was still too early to definitively point to any outcomes, respondents predominantly reported that the introduction of the CDC was having a positive effect on the prevalence and severity of crime, family violence and anti-social behaviour within the Goldfields. Therefore, concerns that the CDC would lead to increased crime due to some participants wanting access to greater amounts of cash to fund alcohol and drug habits were not stated to have materialised.

Being a smaller town it's not as bad as like Kalgoorlie but as far as crime is being, just looking at the statistics myself, domestic violence and property damage has been quite high and...alcohol related offences as well. But recently, speaking to the police that has all decreased which is really positive to see, so I think it's taking a good turn. SH16

There was a lot of talk about the muggings and assaults and break-ins becoming more frequent around town because there is that limited access to cash, so then theft increases and pawning

of goods increases...but I haven't had anyone really mention to me that they've had it, that they think it's increased or they're seeing it happen more. SH28

Well my hope was that it would reduce some of the alcohol consumption. I mean I don't want to not allow people to drink which, you know, we've all got that right. That I suppose was my hope of reducing the seriousness of some of the offending...We still have assaults but we've had one stabbing in, since the start of June which we normally have one every second week. And like serious assaults where, you know significant injuries on people, we've not had other than that one wounding as we call it, we've not had a person seriously assaulted. We still have a number of assaults where someone might get punched or pushed but yeah certainly no-one's actually received significant injuries. SH42

Many respondents noted that the CDC sites within the region were now quieter and safer and there were fewer incidences of anti-social behaviour, assaults, domestic violence and burglary. These positive observations were linked by some respondents to perceptions of a reduction in alcohol consumption and problematic alcohol-related behaviours due to the CDC.

I do think things have quietened down a little bit. I couldn't speak to the statistics of that comment but my observation, if I was to think back on it, the town seems quieter on Friday and Saturday nights in my neighbourhood, which is a hotbed for alcohol related issues...Less yahooing, less cop sirens, less bottle smashing, less arguments; these are the things I'm observing in my neighbourhood and my neighbourhood was considered the hotbed for that type of behaviour over the last 20 years and had a very notorious reputation for very unruly behaviour. P35

And people said, "There's going to be much more break-ins, there's going to be lots of people getting robbed if this happens, if this card comes in." And do you know what happened? It didn't. Because people do that when they're drunk. You see? They're still getting drunk, but just not as much. SH47

Normally you'd hear of people out in the street here screaming and yelling at each other, booze, drinking, whatever you want. Just running amok. All night, all day, that's all you hear. Tonight, today or even if you get up early in the morning, you don't even hear a dog bark, it's that quiet. So that really means there's no one wandering the streets. The kids must be home in bed. All that type of thing. SH32

In contrast, some participants (mostly living in the City of Kalgoorlie-Boulder) thought that the CDC had increased the levels of criminal activity in their neighbourhoods. In particular, more break-ins, thefts and muggings were noted by these respondents.

I know there's a lot of stealing and stuff going on so the drug problem's still as big as it ever was and the alcohol problem's still as big as it ever was, so yes or not whether it, it might have made a slight change to the anti-social behaviour in town but it has definitely not made a change to the criminal activity in town, so, it's actually probably made the criminal activity worse. P36

Break and entrance, anti-social behaviour, because what you're having now is groups of people that have the cash part of it getting together and boom, you've got a big party. And then you've got more...stealing, the theft and the break and enters. P18

Reports were mixed as to whether instances of begging or "humbugging" in the street had reduced since the start of the CDC. Some stakeholders and participants reported that the incidence of this had

decreased while others considered that there had been no change. For several respondents, continued occurrences of “humbugging” were associated with people from the Lands rather than local CDC participants.

I think the begging’s the same. Asking for a dollar and a smoke and a this and a that. SH26

[There’s] less “humbugging.” And the only time you get the “humbugging” is when you get the out-of-towners. SH56

We haven’t seen too much of a difference except we have more people knocking on the door asking for silvers now. The silvers, coins. Yeah, they come knocking on the door looking for change and stuff, now we haven’t had that as bad as when we first got here [three years ago] but every day we’re asked for money. P15

Some respondents were cautious to link any reductions in crime within the Goldfields with the introduction of the CDC. Issues such as the local context within communities and seasonal factors were acknowledged to strongly influence crime statistics in the Goldfields.

I’ve seen less reported crime compared to the same period last year. So that has dropped off significantly...We publish figures quarterly, so for the last quarter...they’ll be really good, and when you compare to the previous year. The funny thing is that they’re better than the previous year, but they’re the same as the year before. So that’s the tricky point. It’s like, well, maybe we had a bad year and it’s just...you know, and there’s no change. SH22

It’s too early to tell if it’s the card. Because three months is not really a sample size. And also between seasonal crime trends, people being away and transient people and well Kalgoorlie was talking about this operation that they’ve been having which has been running for about six months now and had marked noticeable results...We look at like the five year average of what crime’s doing because that’s probably a better gauge. Because all it takes is if we have one particular 17 year old kid in town our crime goes through the roof and if he’s not in town then we have quite a good year. SH42

Look, our crime rates are down 50-plus per cent at the moment compared to this time last year but also, across five-year average. We’re still down on our five-year average as well. So, it’s looking good. So, it’s really looking like it is a change in people’s behaviour...We expected that we were going to have a significant period down on this time last year because this time last year, we had four funerals so, there was a spike last year, at the same time. So, we knew that we were going to track pretty well at this time this year. SH46

Increased levels of policing within the Goldfields, for example “Operation Fortitude” in the City of Kalgoorlie-Boulder, which had occurred during a similar time period as the implementation of the CDC were also reported to confound the causality of crime rates to the CDC or not.

For them saying that crime has decreased because people are on the card is not actually correct, it’s because there’s a bigger police presence in town. It’s called “Operation Fortitude”...So people are concerned that they’re going to look at the decrease of crime in Kalgoorlie as being from the card as, you know people are on the card, when in actual fact it may not. SH12

Because the card hasn’t changed anything, it’s the police that’s changed it, their presence has changed it, and the rangers and...because a lot of them are Indigenous rangers, so even the Indigenous, they feel a lot more comfortable, or even not so much, “I’m not going to run amok because there’s somebody here that will chase me down the street!” So that’s changed it. P17

9.8 Transient populations

A minority of respondents discussed the early impacts of the CDC on transient populations within the Goldfields. These views were mixed about whether the introduction of the CDC was achieving a positive flow-on effect on the behaviours of Indigenous people coming into the towns from the Lands. Some stakeholders and CDC participants reported that the number of transient people had reduced and as a result their towns were quieter.

We used to get a lot of people coming in from the lands. A lot of people coming into town, but I haven't noticed lately people coming in. Maybe there's nothing here for them. SH47

It was also reported by several respondents that people from the Lands were now staying in town for shorter periods of time. This was attributed to Centrelink regulations that meant that if a person stayed within the Goldfield CDC sites for a certain period of time then they would also be placed on the card. Hence this was seen as acting as a deterrent for some people from the Lands and encouraging them to return to their homes.

Well a lot of the people from Warburton, once they know that if they report twice to Centrelink while they're in town here, they're automatically on the card, they don't stay too long. And I think that's the big difference too in why the town's quiet at the moment. P29

But, it has been quieter, definitely...I think the other thing is that people from the lands would stay, used to stay a bit longer, but if they stay too long now they go on the card. And it's good in a way, because sometimes you get – overstay your welcome, and it happens, and they're here for two, three months, then they're sitting round no money, then they sit down relying on the locals in town, so it's good for them to know as well. You're here, you put your form in twice, whatever you do it's certainly twice, you're on it. So they're gone back. SH30

Because now what has to happen is the Lands people have to think very seriously to come to Laverton for more than 14 days in terms of their reporting. Now if they come here for more than that they have to be, they have to change their permanent address and if they change their permanent address. It triggers, it triggers them on the Indue card and they can't get off it, they have to take it back with them. Because we have heard there's about 20 people on, Lands people on the card. SH45

However, despite these positive early signs, it was acknowledged that the early stages of the implementation of the CDC had occurred during a relatively quiet period within the Goldfields. Few funerals had occurred (which typically saw an influx of people from the Lands) and the winter weather was also thought to have deterred movement. Hence several respondents felt that the summer would be a better test to see whether the CDC was having an impact both on the numbers of people coming into town from the Lands and on their length of stay.

All the feedback, so far, is extremely positive. But I'm very cautious to say exactly what it's going to be in six months' time. So that's going to be, for us, the biggest test. Because once we come into the summer months, for us, Law business rolls around in November and, traditionally, that brings a lot of people in from the Lands and all the outlying communities and then, from there, they stay for December, January and usually half of February before they start making their way back out to the Lands. So, we'll see the big difference then with the whole, "You can only stay for this long. If you stay longer than that, you're going to have to go onto the card". I think that will be, for us, the biggest indicator of how successful it is. SH46

The thing that will be interesting is come Christmas, to see whether the numbers are the same,

of people coming from the Lands, whether they keep moving once they get to Laverton, Leonora or what happens once they're in Kalgoorlie and all the rest of it. SH07

This issue of drugs and alcohol is fluctuant...People are fluctuant. This is a fluctuant population and so the problems may fluctuate due to the influx of more residents or citizens. Anyway, they fluctuate due to the population coming and going. I mean, in the holiday times, it can fluctuate. School times, it could decrease or fluctuate. It's a seasonal issue where it may or may not fluctuate, depending upon what's happening in town. I mean, you get a massive funeral, you might have a debaucherous yahoos and bottle smashings or I don't know what, I mean, but in my opinion, it would be fluctuant according to what's happening in town. P35

Other respondents were less convinced that the CDC was having an impact on the behaviours of transient people. Some reported that people from the Lands were still coming into town in the same numbers as previously and bringing cash which led to continued problems with alcohol and drug consumption and related behaviour. Hence issues such as anti-social behaviour, street and domestic violence and “humbugging” which were still occurring since the start of the CDC, were frequently attributed to these people, and to a lesser degree on local people on the card.

When they come in and they binge drinking and carrying on, that's when the problem gets worse. And makes it really difficult for us as a people, you know? Because they the ones come in with the cash, you know?...Coming here, when they in town, a lot of trouble arises. Because we're trying to deal with our own issues here with our local mob, and you've got all the transients coming in and it makes it harder. P43

In addition several stakeholders, while agreeing that fewer people from the Lands were coming into the CDC sites, felt that their movement was instead being shifted to other areas of the Goldfields which were not on the card, such as Esperance. This was said to be leading to issues within these areas.

There's a lot more of the transients form the Lands and all that sort of stuff that have made their way down there now to Esperance...They've probably had about 20 or so. So, it's not a large number but for somewhere that doesn't actually have any issues, typically, with anyone from the Lands, it creates a lot of issues in the community...They're not used to it and they're seeing an increase so everyone's up in arms, “This is bullshit. We've got this going on”. SH46

9.9 Health and well-being

Fairly limited early impacts were discussed by respondents relating to health and well-being. As described above in Sections 9.1 and 9.3, improvements within these domains were largely acknowledged in relation to the children of CDC participants and also to a reduction in the consumption of alcohol. Further positive impacts within the broader community, which several respondents ascribed to the CDC, included changes to health, nutrition and feelings of safety.

Drinking, I was too lazy on my physical exercise. When I drink less I do my exercise and I'm starting to walk. Quicker, faster. Most people more healthy. Problem diminish. Like the heart, the liver. P44

[The best thing about the CDC] it's watching the people [get] more healthier, more safer. SH51

However, respondents were concerned that the introduction of the CDC had led to an adverse impact on the mental health of some CDC participants. This was related to the changes brought about by the processes of the CDC and people no longer having full control over their finances. These issues are

discussed in further detail in Sections 8.4.1 and 8.3.8.

It's really affected the mental health of people as well. They don't have a say on what they can spend their money on, they, yeah they just feel like they're not a person anymore. SH12

As a consequence, examples of CDC participants experiencing heightened levels of anxiety and depression, emotional distress and social isolation were reported. One participant also described being unable to obtain support for his mental health issues as the counsellor working within his community did not have EFTPOS facilities to accept his CDC.

For Kambalda I have noticed that we get a lot of people coming in saying that they are emotionally distressed. We have had one person want to self-harm, threatened to self-harm. SH38

Because my, a lot of our counsellors, we have a very transient population and there's a counsellor who works through the Baptist church. He charges \$60 but he's not set up to use the cashless card, so, and I've been suffering with the black dog really bad because my pain's been horrific over the Winter as it always is but worse than usual because my body's deteriorating and so I haven't been sleeping and my post traumatic's back and my anxiety's been off the planet and every, all that, and I could really use that counsellor but I can't access that counsellor because he doesn't do Indue card...They're not set up for EFTPOS. So, yeah you can't, like I can't just go and get cash out of the bank because I haven't got cash in the bank. P36

9.10 Employment and training

Only a minority of respondents reported that the CDC was having impacts on the uptake of employment and training. Several stakeholders and participants observed that the CDC was contributing to changing attitudes to work and training. In part, the relatively small cash component of the CDC was perceived to provide incentive for participants to seek work. Some CDC participants were therefore described as starting to seek employment opportunities, while those in part-time employment were said to be attending work on a more regular basis.

And through the Cashless Card that's, that's where I sort of changed and sort of got a job then...Because the money...because I was only getting like in my key card I was getting 170 or 180 and so, yeah then again now while I'm working I get my own money on my key card and in the cashless card I'll buy food. P46

Reports were also made by respondents that attendance at work-for-the dole programs had improved, primarily due to a reduction in the use of alcohol.

I'm not just talking about people getting drunk, I'm talking about, like, rampant alcoholism and so people just can't function every day when they're drunk or if they've got a terrible hangover and they're still drinking. Doesn't happen anymore. We don't see people coming in drunk and that we have to say, "Sorry, you're drunk. You've got to leave." It's just like people come in now and they can get around, making some tables, furniture or doing some cooking and stuff, and one of those girls in the kitchen that's doing some cooking at the moment, she was constantly drunk. SH47

I actually thought it was just a great idea for, people like to come in here, there would be less than 15 people coming in and at the moment with the Indue card there's more than 30 people coming in. Yep, because they've got nothing else to do. And also, you would see lots of people

coming in drunk and they're not happy people when they're drunk or hungover but because of the Indue card, it's working so much better that you've got more people coming in. Normally it would just be me and a few other people so there wasn't that many but now it's now just 30, 40 going up now. P51

In addition, the CDC had led to direct opportunities for the employment of staff within the CDC shopfronts to assist in the administration of the program in each of the main locations within the Goldfields. Within some areas this was providing valuable current and future opportunities for the employment of local Indigenous people.

It's been a great opportunity to employ three local people from my perspective, and to set up this community space as a result....So I'm looking ahead to the end of the, whenever this program finishes, and I'm building capacity with the team, so that each and every one of them has opportunities to move forward too if that's what they want to do. SH30

However, it was reported by some respondents that opportunities for work continued to be impacted by the limited availability of employment within some areas of the Goldfields. A lack of appropriate skills, driving licenses and transport also made it challenging for participants in these locations to access and travel to work opportunities.

I think because we're in a small town and there's only really two, three, probably three or four businesses that can employ, number one, we don't have the work here for them so they'd have to go to Kalgoorlie or leave town, or commute. The other issue we've got is probably 98% of our jobseekers don't have cars, don't have licences, so that's a big issue. SH18

So when it came out, everyone was "Well, if you don't like it, go get a job!" That's the mode in town, "Go get a job!" and do you know how insulting that is for someone who's just not in a position, at that moment, to get a job? Or not skilled to get a job? P17

9.11 Support services

Perspectives of the impact of the CDC on support services within the Goldfields were diverse among respondents. Some stakeholders reported that there had been positive changes to service provision since the introduction of the CDC. The establishment and funding of financial capabilities and management services to support CDC participants with their budgeting was seen as a beneficial outcome of the card. Several of the stakeholders interviewed had themselves referred clients to this service and good outcomes were reported.

And going forward, they've engaged [NAME] to help with any financial management or assistance. So, yeah, the federal government has engaged them as well, and they've started in Kalgoorlie and they're going out into the regions sort of basically in the next few weeks. So, hopefully that will further enhance anyone that has any financial issues. SH01

I know that [NAME], they're a really good point of contact for any, any counselling, really, mainly for cashless debit card clients they have financial counselling that they offer in partnership with the cashless debit card. And that's something we refer clients on to and I've had one lady go to them with positive feedback. SH16

In addition, as discussed in Section 8.2.2, the funding and development of CDC shopfronts to aid participants with issues they were experiencing with the card was also seen in a favourable light. Moreover, these shopfronts were reported to be providing important connections to other community services for CDC participants.

So what this program has been doing has been at least creating a bridge between those people and some of the services because they're coming into the hubs and saying I need to do this or I need to do that and it's creating that social connection. I think Kambalda would have spoken to you about the fact that they're seeing people go into that service now who have never previously been there. That's reflected around the whole region. SH09

However, disappointment was expressed by many respondents that the promised funding for wrap-around services to support the implementation of the CDC in the Goldfields had not materialised. Other than the financial management services described above, support services were reported to be at the same level as prior to the CDC. Several participants also commented that they had not been provided information about existing services that were available to support people on the CDC.

But what I need to know is, is all of the things that were promised with the cashless card. Do we have social workers here? Do we have the drug and alcohol people here? Do we have all these different departments, are they actually here on the street, or is it still fly in, tick a box, and fly out again? It's been hard here. That's another bullshit story. SH49

I think it's a shame around the wrap around, because that could have been the opportunity for community to really make those changes around family and domestic violence, and to make some changes around alcohol. Because I don't know, having a sausage sizzle and saying stop drinking is not really going to do it. SH30

The Labour member, he said, "When you were given this card were you offered any services?" And I said, "No." No one said to me, "Okay, now that we're going to give you this card we would like you to and see these people, and these people, and these people if you have an issue with...drugs, gambling, alcohol, or need help managing your money." Nothing was offered. P19

A need for greater levels of essential services and in particular alcohol and rehabilitation services was therefore discussed by respondents (especially stakeholders). This was seen as being necessary to address current concerns around service provision including an inadequate number of rehabilitation places, lengthy waiting times and poor access in remote locations.

The very first thing is, they brought this card out, they should have provided more rehab, more Alcohol Anonymous meetings, places, help rehab stuff because a lot of people are now thinking, "I can't access this cash. Maybe it is time for me to give up"...So they've provided financial counselling, which is [service name], which is capabilities office, so they can refer them on, but...this is bigger than financial counselling. SH06

The only thing that they have provided, and it's only kicked in what, in the last month was financial counselling. But...you know there's some things that really need to be put in place if we're going to tackle, because just for people to stop drinking, it's not going to happen, people are going to buy alcohol, no matter what. So your services need to be responsive to less alcohol 'cause something else will be replacing it, so you need to get your services here...But to have an agency coming every six weeks, so if someone's saying, I've got a problem with alcohol, I'd like to have some help today, you go "well, in six weeks' time someone will be down here". SH30

Enhanced alcohol and drug services were also perceived to be required to assist CDC participants who wanted to address their addictive behaviours and to enable appropriate and safe treatment.

I know one lady down here, she had issues with alcohol, major issues, now she's closed her

house up, she's booked herself into the crisis centre to get help for her alcohol issues...because that's the only place immediate help and be able to get stuff done quickly for her. SH45

My other concern was if you are trying to help people to come off of, reduce their consumption of alcohol, where are your extra support services? We had a lot of meetings beforehand and that was always my thing that I said, you need to provide the extra support services because you can die from alcohol withdrawals... And there hasn't been any change. There needs to be a revamp of how they provide it. It's difficult. Remote areas are predominantly difficult but the support's not here and the system that they're using's not working. SH43

Some stakeholders stated that demand and/or referrals for some community services had increased since the start of the CDC. In particular, greater demand was noted for financial planning, alcohol and drug services, disability advocacy and welfare agencies. In the light of the perceived increase in demand, the need for greater funding to support this work was noted.

So the same level of service is available that was pre-trial...But I can tell you now that the referrals to people that advocate on behalf of people with disabilities has probably increased by about 80%. SH25

In contrast, a decrease in the demand for certain types of services frequented by CDC participants was reported and seen in a positive light. These included reduced demand for emergency relief and crisis support services as well as health services including the ambulance service, the emergency department and the Royal Flying Doctor Service.

I think the cashless debit card's definitely made an impact. Certainly within my work in the community I'm on quite a few committees, everyone has said that, for example one Aboriginal agency is actually coming to meetings because they now have time to do so whereas before they were just in crisis mode all the time so they, they're looking for longer term solutions now that they can. SH53

I know the hospital's not had very many presentations and the ambulance has hardly had any call outs. Relating to like alcohol related harm or violence. SH42

Other respondents did not consider that the CDC was impacting on demand for support services in the Goldfields. Some respondents felt that it was too early in the implementation period to expect change, but remained hopeful that participants experiencing alcohol and substance misuse issues would gain motivation to seek support over time. However, several participants did not believe that the CDC would improve the support-seeking behaviour of people with alcohol and drug issues.

I don't think that's made much of a difference, in my opinion. And it's only early stages though, you know what I mean? People are only just sort of slowing down on the alcohol. It might reduce even more and more and more, then get down to two days a week. And people might start accessing or realising that they had issues before that to access services a bit better. SH54

A lot of the time they're a waste of time, I think, personally, because they're there but they don't get used...I think people now sort of think, "Okay, I do need some help with budgeting, I do need some help with my alcohol problem or my drug problem" or whatever, I hope that they do grasp on to these services and use them. SH57

Nah. I never have anyway. Even when I was a raging alcoholic, I sorted me self out. I didn't need anyone to help me out. P01

A final impact of the CDC reported by several welfare organisations related to the payment of services.

Previously these stakeholders reported that many of their clients had paid for supports such as accommodation, food and personal items with cash. The reduced availability of cash under the CDC system had led to these organisations having to install and maintain EFTPOS facilities to enable payment by clients who were on the card.

It wasn't until it actually came to the point of clients wanting to pay their rent but not wanting to use their cash component, it started to affect us. It became an issue because we knew that they only had 20 percent...The manager decided that she would install an EFTPOS machine, but of course it became a cost, an extra cost that we hadn't anticipated. SH27

We do see more EFTPOS transactions...and the conversation I had with my manager, because we've been having IT issues and our EFTPOS machine keeps dropping out, and I said to him, "No-one else might click, but we're in the cashless debit card region so these people actually don't have access to cash to come and pay for groceries, so I really need a functioning EFTPOS machine!" SH28

10. Early perceptions from participants and stakeholders for improvement

Stakeholders and participants suggested several areas of potential improvement of the CDC. These included wrap-around service provision, enhanced targeting of the policy, increased community consultation and the provision of more information, and some suggestions to alter the appearance of the card so it was less likely to identify users as welfare recipients.

10.1 Services

Respondents emphasised the importance of wrap-around services operating alongside the CDC to improve the effectiveness of the card and support individual, family and community wellbeing. Some ambiguity existed as to whether these wrap-around services were directly related to the CDC implementation (and were therefore the responsibility of the Commonwealth) or were general support services (often funded by the state government) which needed to be provided to improve support for CDC participants in the Goldfields. Moreover, some respondents suggested that federal government funding currently used to operate the CDC would be more effectively used to increase support services for all working age income support recipients.

We spoke briefly about the wrap-around services because the card is not the golden answer. It's not. It's just something to help people modify their behaviours...And then to help them to work on themselves, you know, have those services around to work on themselves so they can develop in ways that are more conducive to well-being for themselves and for their children. SH33

From a community perspective now I think what of those wrap-around services does the community need and what are some of those ideas or activities, programs, that we need to start generating for the community and I think this is a great opportune time to start planning. SH45

I read a story saying that apparently there was 300-odd people out of this 3,600 that got put on the card who had problems. Well, wouldn't it have been easier to help those 300 families? Put funding into helping them, and supporting them, instead of punishing 3,000 people along with them? But it just doesn't really make a lot of sense to me. P17

Yeah I'd rather see the money spent on proper, thought out, well implemented programs to help every, the people that have the problems, than punitive measures that punish everybody. P10

Suggested improvements to wrap-around services included addressing service gaps and funding issues in drug and alcohol services, health and mental health services, and preventative and crisis services and ensuring the availability of financial management and counselling services. Respondents also proposed that services be set up locally within the communities rather than having organisations service the community remotely. The need for these services to be staffed by local people (including Indigenous workers) was also suggested by respondents.

If you're going to be rolling something out like that there needs to be an overflow for services, there needs to be improved funding for services to help. It's not just we're going to put your money on this Indue card so you can't do this stuff, we're actually going to help you so that

you don't want to do it and you don't need to. That sort of stuff. I think it needs to be a broader roll out...You can't just roll something out and just go yep it's out and leave it. There's got to be that continuity of care. There's got to be more money and effort put into things to still help people. SH19

I'd like to see mental health come in here, I'd like to see mental health based here. I'd like to see them other services based here, not driving in and out...And more local people doing those roles, you know? We need one of our Indigenous mobs down, couple of them, from this community, not from Kalgoorlie, not from anywhere but from this community, they need to have their own mental health workers here on a daily basis. P43

Stakeholders noted the importance of sustaining services that had been set up to support the CDC implementation (i.e. CDC shopfronts and financial capabilities services) to ensure the policy was effective and participants were adequately supported.

I just think that we need to continue to work with people. I hope that the card doesn't just get implemented and then boom, it's done and everyone just moves out and leaves it alone. I think we need to maintain some level of support around how we manage the card and make sure that, I know that there are systems in place for people when they lose their card or it's not working properly, but particularly people that are on that card, they are ones that need extra support with managing that kind of thing. So I hope it continues...just basic education around managing finances and cash and the counselling around reducing alcohol consumption and drug use and stuff like that. SH58

Like as long as...government still supports what's in place. You know it's no point, you know, having implemented a program then walk away from it. SH45

In addition, many participants also suggested that more funding was required for activities for children and young people to keep them engaged during school holiday periods and less likely to engage in anti-social behaviour.

More activity for the kids because especially around school holidays. That's when the kids are more active and want to do stuff and that's when houses get broken into and things get stolen because they're bored, they need to do stuff and I think they need to do more things here, like there's a swimming pool that opens during the summer. They've got the oval which has, you know got nothing on it apart from poles and stuff so yeah, they might go down and kick a footy or you know but they need more things for the kids like activities or camps or something out here. P51

Activities, take them up bush or do something with them. 'Cause all they're doing is sitting around smoking dope and drinking. You know, sniffing and all that. P57

Well I reckon there's, more stuff they need here, they have got nothing for young children, you know, nothing at all. P49

10.2 Policy targeting

Many CDC participants and some stakeholders suggested that the CDC be better targeted at those with alcohol and drug issues and/or whom neglected their children. The CDC was especially considered to be not suitable for people with disability and their carers, as their disability often prevented them from being able to successfully engage with the CDC system. The card was also felt to be unsuitable for people with mental health issues as a result of the stress created by CDC processes or the stigma

associated with being on the card was reported to be adversely exacerbating their condition.

People with disability they're having what little independence they had taken away from them. So perhaps not include those people. P10

It's a bit ridiculous. It's for people to reduce drugs and alcohol, why don't they give the people that's doing drugs and alcohol them, you know, instead of the people that's not? You know, they just painted us all with the same brush. P23

I just find it kind of patronising, racist...I think perhaps it could work if it was prescribed to people who had come to the attention of the justice system, or the Department of Child Protection. Then they could be prescribed the card but to give it to everyone is really villainising a whole group, like 10% of our population...I'm saying that, 10%, roughly 10%, like we've got three and a half thousand people on the card, our population is 33,000...I think it should just be prescribed to people who demonstrated a need to have it. SH15

Having the disability people excluded from the cashless card would probably be a good step in the right direction. P36

If they're mental health I think they should be exempt because, you know, it's actually caused further depression in some people and further anxiety in others. And, you know, obviously they can access their money by cash but if a cup of coffee costs \$4.50 and the limit on the shop is \$5.00 they can't buy a cup of coffee with their friends without spending more than they want to...They've become a lot more socially isolated because they feel they can't go out and they're never quite sure if they can use their card or not. SH53

10.3 Consultation and information provision

Both stakeholders and CDC participants proposed that improvements were needed in the way information about the CDC was conveyed to the community and participants. Some stakeholders suggested more information be provided to the broader community and to CDC participants through different mediums such as television and radio to ensure simple information about common issues could be easily accessed.

The TV and the radio I think would probably be a better medium or a platform to advertise through there...Maybe even run ads on the TV to say you're on a cashless debit card because it's a big region, run ads on there to say go to or see whatever hub because, you know, like drink driving, drug awareness, all of those services, they do all of that so why can't they do a cashless debit card, here's the hub, if you've got any questions whatever...Or even if there was a page where you type in your question and you get the answer...that type of thing there would probably be a better option, or posters, little books, whatever 'cause most of the questions are repetitive. So, I've come in with a question, seven other people have come in with the same question today. So, if they sort of had an idea about what are the main issues like the Facebook thing, how do I buy off Facebook, how do I buy at a garage sale, how do I pay my loans off...how do I do those things, 'cause that's what people want to know. They don't want to go through 50 pages of nothing...even after the first page, oh no I've had enough of this, I can't read anymore. SH11

In addition, some respondents suggested that improvements could be made to the type of language used to inform people about the CDC, for example through the use of simpler language and more culturally appropriate material.

But one thing I have found, speaking with other welfare cashless card recipients is that they don't have the reading skills or the comprehension to read the technical side of those documents. I understood and I skim-read most of it...They could have placated the community by having a letter drop-out to all Cashless Card recipients and in grade eight language, illustrated. It's got to be comprehensible to all demographics and reading skills, intelligence skills and they didn't do that. P35

10.4 Changing the appearance of the card

A final suggestion for improvement raised by both CDC participants and stakeholders, was that the distinctive appearance of the card be changed so that the stigma and embarrassment felt by some using the card was reduced. Suggestions for card changes included changing the colour of the cards, and using one of the four big Australian banks (such as Westpac or ANZ) so that people could not differentiate between a card linked to income support payments and a card linked to personal banking.

I don't know. Anything. Pick a colour, a different colour. I don't know, something along those lines, just so it's just not an identifier. You know, as soon as you see that grey square card you know exactly that they're on a job seeking allowance. So, if I could change anything that would be the one thing that I would change is, yeah, the appearance of the card and the fact that it's an identifier. SH17

11. References

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12. Interview Topic Guides

12.1 Stakeholder Topic Guide

1. About the person and their organisation

Thank you for agreeing to take part in the research. We are interested in talking with you as a representative of [organisation name]. Let's start by you telling me a little bit about yourself and the organisation you work for:

- 1.1. Could you tell me a little about the organisation you work for?
- 1.2. What is your role in the organisation? Probe - Knowledge/ involvement with the cashless debit card? Organisations involvement with people who may transition to the cashless debit card? (Probe here on types of involvement with CDC participants, frequency of contact, numbers etc).

2. About the Goldfields region

- 2.1. Can you tell me a little about what it is like to live in the Goldfields [or insert location name]? (Probe for what are the good things about [location name] and what are the bad things about [location name]?) (Probe levels of social harm, perceptions of safety and labour market conditions).
- 2.2. The Cashless debit card has been introduced to try and reduce the harm caused by alcohol, drugs, and gambling.
- 2.3. Do you think alcohol, drugs or gambling is a problem for [insert location name]? (Probe if yes, how is it a problem? How big is the problem? Has the problems changed, got worse overtime? Has it caused legal or social problems? Does it contribute to social harm, community safety?)

3. CDC Experience

- 3.1. In general, what is the level of knowledge/understanding of the cashless debit card within your organisation? How do you find about this sort of information? (DSS shop fronts/CDC local partners, social media, family, friends, local partners)
- 3.2. Process of entering the CDC (Probe for do participants feel well informed/consulted, do participants understand why the CDC is occurring, are they supported by family or broader community)?
- 3.3. What is working well so far with the CDC?
- 3.4. Are there any aspects of the CDC that are not working well? Why? (Probe for whether the problems are teething or persistent; whether problems were expected or not)
- 3.5. Have you heard of anyone working out ways to get more cash? (Probe for strategies to circumvent card restrictions; CDC participants, family and friends of participants, non-participants including people living outside the Goldfields region, people delivering services to participants)
- 3.6. Have you heard of anyone trying to get an exemption to opt out of the CDC? (Probe: If yes, on what grounds? Were they successful?)
- 3.7. Have you heard of people seeking to voluntarily opt into the CDC?
- 3.8. Is there anything about the CDC that is unclear or needs explaining more?

4. Expectations about the CDC

4.1. When you first heard about the cashless debit card, how did you think it would impact on:

- 4.1 Your Organisation?
- 4.2 Other organisations?
- 4.3 CDC participants and their families?
- 4.4 The broader Goldfields region?

(For each of above probe for positive/negative impacts? Why? Impact on health and wellbeing including use of alcohol/drugs/gambling, management of money, employment/training/education, community health and wellbeing - safety/pride/violence/crime)

4.2. Are there groups of people for whom it is working better/worse than others? Why

4.3. There have obviously been a number of other interventions in the past aimed at minimising the problems caused by alcohol/drugs/gambling (e.g. TAMS - Takeaway Alcohol Management System)

- Are you aware of any other interventions that have been put in place in the Goldfields in the past?
- If so, what have they been?
- What were the effects?
- How do you think this compares with the expected impacts of the CDC?

5 Support services (family, financial, drug, alcohol, gambling etc.)

5.1 What family and financial support services are available in the local community? [Probe for other services like drug and alcohol, gambling, etc.]

5.2 Do you expect the cashless debit card will impact on awareness and usage of these services? Why / why not? What makes you think / say that?

5.3 How effective do you think formal services are at helping? Why? (Probe on effectiveness of service coordination practices and processes)

5.4 How effective do you think informal supports are such as family members? Why?

6 Adverse or Unintended changes due to the CDC

6.1 Do you think there has been/ or will be any unintended consequences of the cashless debit card? (Probe for more or less of: humbugging, harassment, more stealing, begging, abuse or intimidation, stigmatisation/marginalisation/acceptance).

7 Wrapping up

7.1 Overall what are some of the things that your organisation considers to be best about the cashless debit card?

7.2 What aspect of the cashless debit card does your organisation like least? Why?

7.3 Is there anything about the cashless debit card that your organisation think could be improved? (Probe for whether the problems are teething or systemic)

7.4 Any other comments/things that have been missed?

12.2 CDC Participant Topic Guide

1. About you and where you live

You have agreed to take part in this research because you are a participant of the Cashless Debit Card. Can we start by you telling me a little about yourself?

- 1.1. How old are you? Where do you live? (Probe for town, suburb usually live, children under 18 years)
- 1.2. What is it like to live in [insert location name]? What are the good things about [location name]? What are the bad things about [location name]? (Probe humbugging, harassment, stealing, begging, abuse or intimidation, violence, drug or alcohol use, stigmatisation/marginalisation).
- 1.3. Can you tell me a little about how you spend your time? (Probe for what do you do in a usual day: care provision, education, work, looking for work, community involvement)
- 1.4. What benefit do you currently receive? (Probe on length of time in receipt of benefits) Before going on the cashless debit card, have you previously been on any form of income management? (Probe for what type, how long and reason why)

2. Alcohol, Drug and gambling

The Cashless debit card has been introduced to try and reduce the harm caused by alcohol, drugs, and gambling.

- 2.1. Do you think alcohol, drugs or gambling is a problem for [insert location name]? (Probe if yes, how is it a problem? Has it caused legal or social problems?)
- 2.2. What about for you or your family? (Probe if yes, how has it been a problem? Has it caused legal or social problems?)

3. Household spending patterns

- 3.1. Who do you live with?
- 3.2. Do you live with anyone else who has a cashless debit card? What is your relationship to them?
- 3.3. How do you share the purchase of items with other people in your house/family/community? (Probe does one person normally buy food, while someone else will buy alcohol/smokes for example?).

4. Expectations about the CDC

- 4.1. When you first heard about the cashless debit card, how did you think it would impact on:
 - 4.1.1 You?
 - 4.1.2 Your family?
 - 4.1.3 Other cashless debit card participants and their families?
 - 4.1.4 The broader Goldfields region?

(For all of above probe for positive/negative impacts? Why? Impact on health and wellbeing including use of alcohol/drugs/gambling, management of money, employment/training/education, community health and wellbeing - safety/pride/violence/crime)

- 4.2. What do you feel is good or bad about the Cashless Debit Card? Why?

- 4.3. What are the differences between having a cashless debit card) compared to a key card (like an Eftpos card)?
- 4.4. Are there groups of people for whom it is working better/worse than others?

5. The CDC Experience

- 5.1. How did you find out about the cashless debit card? (probe letter from DSS, social media, news media)
- 5.2. Process of entering the (Probe for did they feel well informed/consulted, do they understand why the CDC is occurring)?
- 5.3. Do you know what you can and cannot buy with the card? The types of places or where you can and can't use the card? What to do if the card is lost or stolen? How do you find about these sorts of things? (DSS shop fronts/CDC local partners, social media, family, friends, local partners)
- 5.4. Have you received the card, have you activated the card? How did you activate the card? (probe did it themselves, family friend did it, received help from DSS shop front)
- 5.5. Have you experienced any problems using the card? (Probe for inability to pay for something, whether problems have been overcome/resolved)
- 5.6. Have you heard of anyone working out ways to get more cash? (Probe for strategies to circumvent card restrictions; people involved including participants, family and friends of participants, non-participants including people living outside the site, people delivering services to participants)
- 5.7. How does being on the cashless debit card make you feel? (Probe for discriminated against, embarrassed, more in control of money, feel safer)
- 5.8. If you had a choice would you like to opt out of the CDC? If yes, why? If no, why not?

6. Interactions with CDC local partners

- 6.1. How have you experienced DSS shop fronts/CDC local partners in the transition to a cashless debit card?
 - (Probe for do you feel treated with respect? Feel that needs are meet? Privacy respected? They explain things well? Understand your circumstances?)
- 6.2. Have you received assistance from DSS shop fronts/CDC local partners?
- 6.3. What types of assistance have you received (i.e. card activation, accessing extra cash)?
- 6.4. How many times have you sought assistance?
- 6.5. Were you satisfied with the assistance you received from DSS shop fronts/CDC local partners?

7. Support services (family, financial, drug, alcohol, gambling etc.)

- 7.1. What family and financial support services are available in your local community? [Probe for other services like drug and alcohol, gambling, etc.] Have you or your family used any of these services?
- 7.2. Do you expect the cashless debit card will impact on usage of these services?
 - Why/why not? What makes you think/say that?

8. Adverse or Unintended changes due to the CDC

Do you think there has been/or will be any unintended consequences of the cashless debit card? (Probe for more or less of: humbugging, harassment, stealing, begging, abuse or intimidation, violence, drug or alcohol use, stigmatisation/marginalisation/acceptance)

9. Wrapping up

- 9.1. Overall what are some of the things that you consider to be best about the cashless debit card?
- 9.2. What aspects of the cashless debit card do you like least?
- 9.3. Is there anything about the cashless debit card that you think could be improved?

Any other comments/things that have been missed?