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# Cashless Debit Card Baseline Data Collection in the Bundaberg and Hervey Bay Region: Qualitative Findings

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(FES)

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## Glossary

<b>Basics Card</b>	Income management delivery mechanism operating in selected locations across Australia
<b>CDC</b>	Cashless Debit Card
<b>CDC Shopfront/Local Partners</b>	Provides support to those participating in the CDC program
<b>DSS</b>	Department of Social Services
<b>Indue</b>	Financial Institution that is currently contracted as the CDC provider
<b>ISP</b>	Income Support Payments
<b>NVivo</b>	Qualitative data analysis computer software package
<b>SES</b>	Stakeholder Engagement Strategy

# 1. Executive Summary

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Developed in close consultation with local community and Indigenous leaders and 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. Among the core aims of the CDC is the reduction of the levels of harm associated with alcohol consumption, illicit drug use and gambling by limiting CDC participants' access to cash and by restricting the use of ISPs to purchase alcohol or gambling products.

In early 2016, the CDC commenced in two regions across Australia – the Ceduna region in South Australia and East Kimberley region in Western Australia. In March 2018, the CDC was expanded to include the Goldfields region in Western Australia, following support for the card in the region.

On 11 September 2018, the *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Act 2018* was passed by Parliament. The Act further expanded the CDC to include individuals aged 35 years and under who receive Newstart Allowance, Youth Allowance (Job Seeker), Parenting Payment (Single) or Parenting Payment (Partnered) in the Bundaberg and Hervey Bay (BHB) region. The roll-out of the CDC in Bundaberg and Hervey Bay commenced on the 29th of January 2019 and was completed in mid-May 2019. The implementation was staggered with participants being 'switched on' progressively over a few months. The first area to transition to the CDC was Bundaberg, followed by Childers, Hervey Bay and Howard. 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 from CDC participants or potential participants (referred to collectively as 'CDC participants') and other relevant stakeholders. The purpose of this baseline data collection was to allow an assessment of the conditions within the BHB region just before, and at the time of, the introduction of the CDC.

This report details the findings arising from the baseline data collection activity in the BHB region. Following a comprehensive stakeholder engagement strategy, in-depth qualitative interviews were conducted with 74 stakeholder representatives and 66 CDC participants across the BHB region.

The baseline data collection aimed to increase understanding of the conditions within the region just before the introduction of the CDC. Interviews were therefore sought (where possible) with people prior to them transitioning formally onto the CDC. Despite this aim, a proportion of CDC participant respondents had already transitioned onto the card by the time they were interviewed, albeit in some instances only one or two days beforehand. Very few of the CDC participant respondents had been on the CDC for any length of time. As such, the report mainly captures perceptions around what the anticipated impact of the CDC would be of stakeholder representatives and also people who had either very recently become CDC participants or were waiting to be placed on the card.

As the findings presented in this report arise from qualitative research, they are subject to limited generalisability to broader population groups or other geographic locations. Although the findings should not be interpreted statistically as statements of how frequently perceptions and issues are raised<sup>1</sup>, the strength of these results derives from the deep and wide coverage of the views, circumstances, expectations and opinions present in the area where the CDC is being implemented.

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 CDC participants further, the reader should assume that both stakeholders and CDC participants raised the

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<sup>1</sup>Quantifying the impact of the CDC would require the use of appropriate statistical methodologies and lies beyond the scope of this baseline data collection.

issues as frequently as each other.

## **1.1 Socio-economic conditions**

Our research identified entrenched social, welfare and economic issues that were evident in the BHB region. The most frequently mentioned problems related to the labour market and the lack of employment opportunities. Other concerns that were raised related to drug and alcohol use, and associated crime, violence and impacts on children's health and well-being. The social, welfare and economic issues facing the region were considered by respondents to be 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.

## **1.2 Tackling the social harm evidenced in the Bundaberg and Hervey Bay region**

The CDC was seen as being a potentially appropriate and positive option to address the social, welfare and economic issues evident within the BHB region. In particular, those who were in favour of the CDC saw it 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. However, reactions to the introduction of the CDC were mixed. Some key stakeholders and CDC participants expressed their support for the CDC trial. Support for the CDC centred upon perceptions of the need to introduce new measures to address social issues within the region and the potential for positive outcomes. On the other hand, many respondents reported that they were opposed to the trial of the CDC. In addition, even those in favour of the card described the presence of opposition towards the card from some members of the local and broader community. This opposition was primarily because the policy was seen as being a breach of human rights via its mechanisms of controlling the finances of CDC participants. Further criticisms from respondents included a perceived lack of community consultation prior to the decision to introduce the CDC into the region and an expectation that the actual outcomes of the CDC were unlikely to realise its proposed aims.

## **1.3 Expectations of the CDC**

Many respondents believed that the CDC had the potential to have positive impacts on conditions within their local communities. The expected impacts of the 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 by both stakeholders and CDC participants to be particularly problematic within the BHB region, few respondents raised expectations of change in relation to this issue.

## **1.4 Aspects of the CDC that are perceived to be working well**

Our research uncovered elements of the implementation of the CDC which respondents considered were either currently working well or had the potential to work well. Aspects of the CDC which were described as currently or potentially working well included the anticipated outcomes of the policy, the cohort selected to participate in the trial, several practical aspects of the card, the establishment of the CDC shopfronts, and the overall premise of the CDC policy.



## **1.5 Aspects of the CDC that are perceived to be not working well**

Our research also uncovered aspects of the implementation of the CDC which respondents considered to be not working well or that they anticipated would not work well in the future. These factors included inadequate communication and information, financial concerns, practical issues with the card, the cohort chosen to take part in the BHB trial, the principles underlying the CDC, and the perceived effectiveness of the policy itself.

## 2. Introduction

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### 2.1 The Cashless Debit Card

Developed in close consultation with local community and Indigenous leaders and 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.

Originally envisaged in *Creating Parity – The Forrest Review* (Forrest 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 CDC participants’ access to cash and by restricting the use of ISPs to purchase alcohol or gambling products. Those on the CDC receive:

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

The CDC cannot be used at merchants that primarily sell restricted goods, even if that merchant does have 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 to assist those with drug and alcohol issues. The support services include access to drug and alcohol rehabilitation services, financial management services and family violence services.

In early 2016, the CDC commenced in two regions across Australia - Ceduna region<sup>2</sup> in South Australia on 15 March 2016, and East Kimberley region in Western Australia on 26 April 2016. In the 2017-18 Budget, the Government announced its intention to expand the CDC. The Goldfields region<sup>3</sup> in Western Australia was selected following support for the card in the region. The CDC was progressively rolled out in the Goldfields region from March 2018.

On 11 September 2018, the *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Act 2018* was passed by Parliament. The Act further expanded the CDC to include individuals aged 35 years and under who receive Newstart Allowance, Youth Allowance (Job Seeker), Parenting Payment (Single) or Parenting Payment (Partnered) in the Bundaberg and Hervey Bay (BHB) region. The roll-out of the CDC in Bundaberg and Hervey Bay commenced on the 29<sup>th</sup> of January 2019 and was completed in mid-May 2019. The implementation was staggered with participants being ‘switched on’ progressively over a few months. The first area to transition to the CDC was Bundaberg, followed by Childers, Hervey Bay and Howard.

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<sup>2</sup> Including the Aboriginal Communities of Yalata, Koonibba, Scotdesco and Oak Valley.

<sup>3</sup> 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.

As at 27<sup>th</sup> September 2019, there were 11,628 CDC participants from the following regions<sup>4</sup>:

- 939 Ceduna region participants
- 1,523 East Kimberley region participants
- 3,371 Goldfields region participants
- 5,795 Bundaberg and Hervey Bay region participants.

The CDC was introduced in the BHB region (as in the other trial sites around Australia) with the aim of addressing the social harm caused by the problematic use of alcohol, drugs and gambling. In addition, a further aim of the CDC within the BHB trial site, mainly due to its specific economic circumstances, was to assist with reducing pre-existing high levels of unemployment (particularly youth unemployment) and intergenerational welfare dependence. People living in the BHB region who are aged 35 years and under and in receipt of Newstart Allowance, Youth Allowance (Job Seeker), Parenting Payment (Single) or Parenting Payment (Partnered) were transitioned onto the CDC. The number of CDC participants in the area upon full roll-out is expected to be approximately 6,000 people.

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 CDC participants and other relevant stakeholders in the BHB region.

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<sup>4</sup> The reader should note that the following sections, including subsection 4.3 “Socio-demographics of CDC participants in the BHB region”, utilise relevant Australian Government administrative data. This data provides information based on the population of active CDC participants in specific areas.

## 3. Methodology for establishing a baseline

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The BHB baseline data collection had two main purposes:

- 1) To allow an assessment of the conditions within the BHB region just before, and at the time of, the introduction of the CDC;
- 2) To develop a design and framework for conducting a potential future impact evaluation of the CDC in the region.

The baseline data collection in BHB was aligned with the methodology of the baseline data collection undertaken by FES in the Goldfields region, adapted where appropriate to local conditions in the BHB area. The BHB baseline data collection was also aligned with the framework established for the impact evaluation of the CDC in the three other CDC locations of Ceduna, East Kimberley and the Goldfields (which is currently underway).

The research utilised a mixed methods approach. Most of the baseline primary evidence collection was carried out through in-depth qualitative interviews. The qualitative data collection was augmented by an investigation of existing administrative data, in order to help build the big picture of the new CDC trial area and help develop a design and framework for conducting a potential future impact evaluation of the CDC in BHB. We also undertook cognitive testing of a draft quantitative survey instrument, which could be used to survey CDC participants, that was developed for this baseline research and the CDC impact evaluation in the Goldfields, East Kimberley and Ceduna regions.

The project design comprised the following elements:

- Stakeholder engagement
- Collection and analysis of baseline qualitative data
  - In-depth interviews with stakeholders
  - In-depth interviews with potential or current CDC participants (hereafter referred to collectively as 'CDC participants')
- Analysis of Australian Government administrative data, including DHS data on individuals triggered onto the card and ABS Census Data
- Adaptation and cognitive testing of an existing draft quantitative survey instrument that could be used to survey CDC participants.

### 3.1 Stakeholder engagement

A stakeholder engagement strategy (SES) was essential for the adequate and timely collection of baseline data in the BHB region. The SES 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<sup>5</sup>.

Initial stakeholder engagement involved a visit to each location<sup>6</sup> to meet stakeholders at implementation working group meetings and to introduce the project and initiate interview recruitment processes. This included 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 BHB region; 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, the 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 four main locations in the BHB region (Bundaberg, Hervey Bay, Childers and Howard).

### 3.2.1 Interviews with stakeholders

Fifty-eight semi-structured, in-depth interviews were conducted with 74 representatives from various stakeholder organisations operating in the BHB region. These interviews collected evidence of the socio-economic conditions present in the BHB region *prior to the introduction of the CDC and perceptions of the reasons why the CDC had been introduced in the region*. They also sought to explore aspects of the implementation of the CDC and the expected impacts of the trial and other support service measures.

The selection of stakeholders was informed by pre-fieldwork site visits and informal consultations undertaken at that time as a part of the FES research team's stakeholder engagement activities, along with advice provided by DSS about relevant stakeholder groups that could also be included in the engagement.

Figure 3-1 shows the spread of stakeholder organisations who participated in interviews, by location. Thirty organisations were principally located in the Hervey Bay region. Twenty one organisations were principally located in Bundaberg. Four organisations were located in Childers, while three were located in Howard. Organisations based in Bundaberg and Hervey Bay were likely to have also serviced the surrounding communities, including Childers and Howard.

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<sup>5</sup> The response of local stakeholders in terms of taking part in our interviews, facilitating our networking, and supporting our recruitment of CDC participants in line with our methodology, was enthusiastic and generous and exceeded our initial expectations. Our baseline research would be much poorer without the support local stakeholders provided.

<sup>6</sup> Visits were made to Bundaberg, Hervey Bay, Howard and Childers.

**Figure 3-1: Stakeholder organisations who participated in interviews by location**

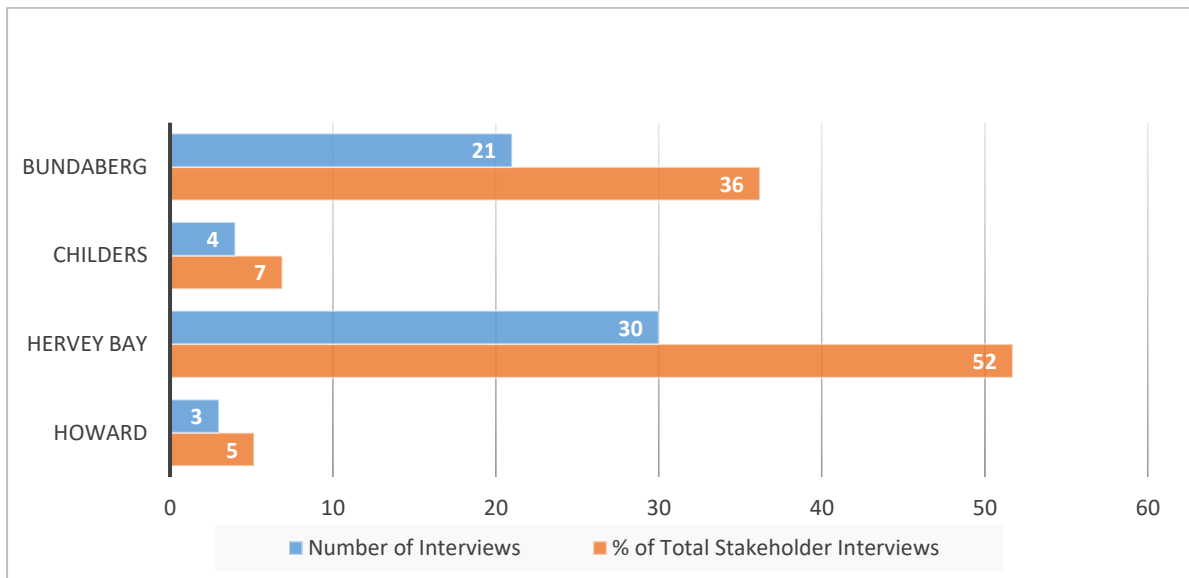
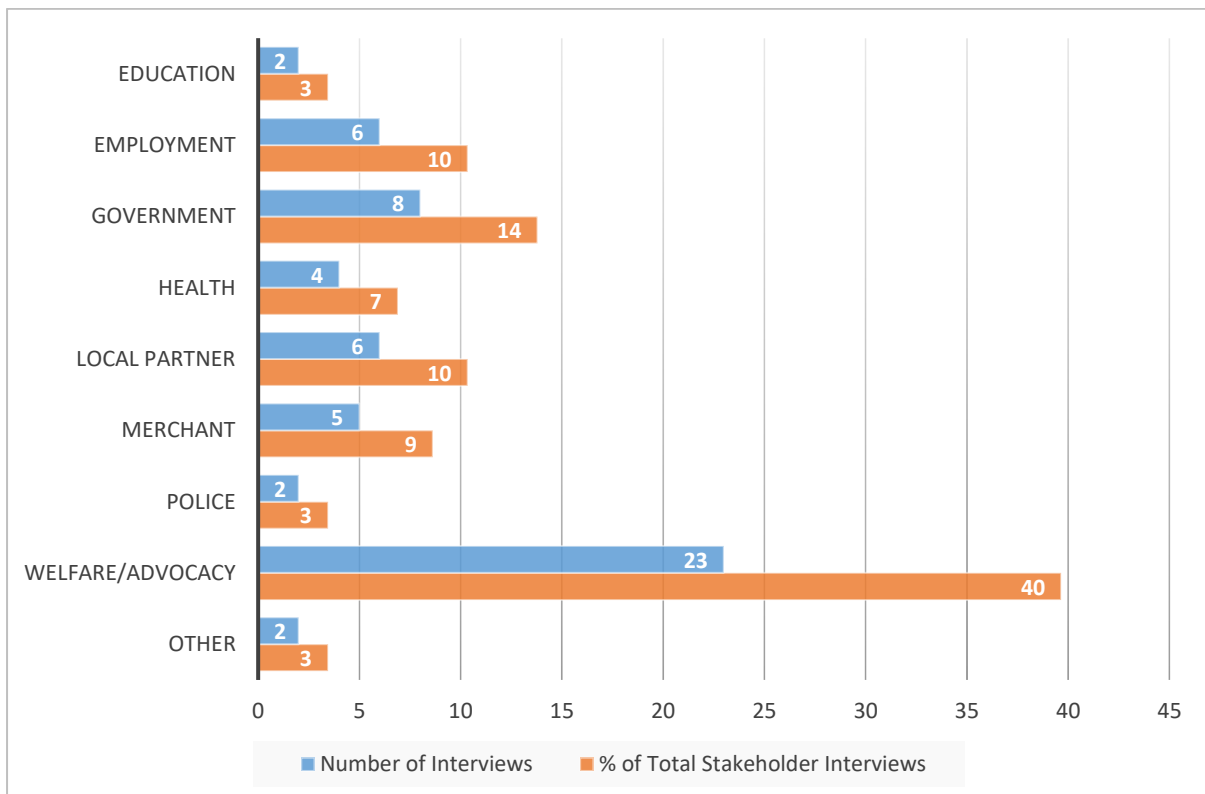


Figure 3-2 shows the spread of stakeholder organisations who participated in interviews by service type. The stakeholder organisations interviewed included representatives from local, state and federal government (n=8); local partners (n=6); welfare and advocacy organisations (n=23); employment services (n=6), merchants (n=5); and the police, education and health sectors (n=8).

**Figure 3-2: Stakeholder organisations who participated in interviews by service type**



### 3.2.2 Interviews with CDC participants

In-depth interviews were conducted with 66 potential or current CDC participants (referred to collectively as ‘CDC participants’). The interviews sought to obtain information on people’s views about the CDC and its expected impact on their own lives and the communities in which they live. Similar to the stakeholder interviews, CDC participant interviews also sought to collect evidence of the socio-economic conditions present in the BHB region prior to the introduction of the CDC. An overview of the profile of the CDC participants who informed the research is outlined in **Error! Reference source not found.**

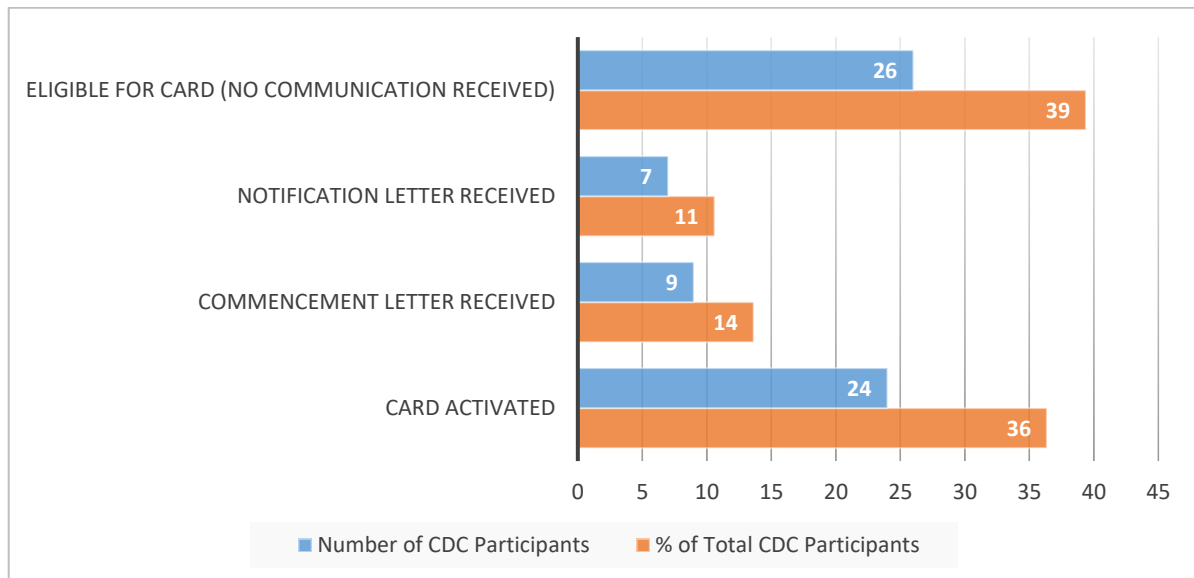
**Table 3-1: Profile of CDC participants who were interviewed**

Attribute	Number = 66	Percentage = %
<b>Location:</b>		
Bundaberg	25	38
Hervey Bay	32	48
Childers	6	9
Other	3	5
<b>Gender:</b>		
Male	25	38
Female	41	62
<b>Identified as Indigenous:</b>		
Yes	11	17
No	55	83
<b>Income support payment type</b>		
Youth Allowance	25	38
Newstart Allowance	15	23
Parenting Payment	26	39

Most CDC participant respondents resided in either Bundaberg (38%) or Hervey Bay (48%). A small number lived in Childers (9%) or other surrounding communities (5%). Seventeen percent of CDC participant respondents identified as being Indigenous, while 38 percent of CDC participant interviewees were male and 62 percent were female. These proportions nearly mirror those of the total CDC participant population in the BHB region as shown by the administrative data (see section 4.3). Almost 40 percent of CDC participant respondents received Parenting Payment (partnered or single) with another 38 percent reporting that they received Youth Allowance. Around a quarter (23%) received Newstart Allowance.

As the baseline research aimed to understand conditions within the region just before the introduction of the CDC, the research team sought to undertake interviews (where possible) with people prior to them transitioning formally onto the CDC. Figure 3-3 summarises the stage of transition for the CDC participants at the time they were interviewed.

**Figure 3-3: CDC participant transition status (at the time they were interviewed)**



Around 39% of CDC participant respondents were identified as being eligible for the CDC trial (i.e. were within the target age range, were receiving the target welfare payments, and resided in the BHB trial area) but said they had not yet received any communication material about the CDC trial. However, letters had been sent to all CDC participants by the time the research team commenced fieldwork. This could be attributed to a number of reasons, including CDC participants not having picked up their mail from wherever it was delivered. Some CDC participants also observed that they had trouble accessing their Centrelink accounts to receive electronic mail due to difficulties with the site or with accessing the internet or, as some CDC participants acknowledged, because they simply did not read their mail.

Eleven percent of CDC participant respondents reported that they had received notification that they would be taking part in the CDC trial, however they had not yet received any communication about their commencement date. Some of these CDC participant respondents expressed hope that they would not be on the trial, because they had received these initial letters months before their interview but had not received any communication since.

Fourteen percent of CDC participant respondents had received a letter communicating their start date for the CDC trial, but reported that they had not yet received their Indue card. For some of these CDC participant respondents, their start date was within a week and they expressed concerns about a lack of preparedness and that they would not have any way to access their money.

Thirty six percent of CDC participant respondents had received and activated their Indue cards. Of this group, some had been using their card for several weeks, while others had only recently activated their cards and were yet to actually use them.

In the main, recruitment of CDC participant respondents occurred via stakeholder organisations. A flyer advertising the opportunity to inform the research was developed and provided to stakeholders to distribute and/or display. People interested in participating in an interview either contacted the research team directly or consented to have their contact information provided to the research team by the stakeholder organisation. The interview sample is therefore somewhat skewed towards those CDC participants who are currently engaged with services. However, the opportunity to participate in the research was also advertised more broadly via flyers and social media to ensure that people not currently engaging with services also had the opportunity to inform the research.



### 3.2.3 Further detail on qualitative interviews

Qualitative research is a form of scientific inquiry to gather non-numerical data. Qualitative research is used to gain an in-depth understanding of behaviour, experience, attitudes, intentions, and motivations, on the basis of observation and interpretation, to find out the way people think and feel.

Interview recruitment was conducted in accordance with an ethics approval by the University of Adelaide Human Research Ethics Committee and interviews were conducted between January and April 2019.

Given the aim of the baseline data collection was to provide an understanding of conditions in the BHB region prior to the introduction of the CDC, interviews were scheduled to occur 1-2 weeks prior to DSS triggering people onto the card. Fieldwork commenced in Bundaberg on the 21<sup>st</sup> of January and sought to stay ahead of the staggered CDC roll-out schedule provided by DSS. Despite this aim, a proportion of respondents had already transitioned onto the card by the time they were interviewed, albeit in some instances only one or two days beforehand. As described above, very few of the CDC participants interviewed had been on the CDC for any length of time.

The qualitative interview guides were modelled on those developed by FES for the previous baseline data collection in the Goldfields region and also incorporated (where appropriate) questions used in the first impact evaluation of the CDC in East Kimberley and Ceduna. This allows for the comparison of data collected in this CDC baseline project with data collections from other CDC areas. The interview guides also judiciously introduced additional questions in order to answer the core policy questions, namely expectations as to whether the CDC would be successful in achieving its aims or not. Interview guides incorporated culturally appropriate content and protocols developed collaboratively between senior researchers from FES and local stakeholders.

CDC participant interviews ranged in duration from 17 to 59 minutes, while stakeholder interviews ranged from 33 to 90 minutes. Interviews were primarily conducted face-to-face although some interviews, mostly with stakeholders, were conducted by phone if it better suited the respondent. For stakeholders, face-to-face interviews were typically conducted in a quiet location at their place of work, although several respondents instead opted to be interviewed in a quiet public space. CDC participant interviews were principally conducted on the premises of key service provider organisations, although again several respondents instead chose for their interview to be conducted in a quiet public space. All respondents, both stakeholders and CDC participants, were offered a \$50 supermarket voucher (which could not be used to purchase alcohol) to compensate for their time.

With the consent of respondents, 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 also 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.

Given that these findings arise from qualitative research, they are subject to limited generalisability to broader population groups or other geographic locations. The strength of this research approach is that findings are derived from the deep and wide coverage of the views, circumstances, expectations and opinions present in the area where the CDC is being implemented. However, the findings presented in this report are not intended to be interpreted statistically as statements of how frequently perceptions and issues are raised. Readers should note that, like other findings from in-depth qualitative interviews, the views of respondents that are included in this report are respondents' perceptions. The accuracy of statements made by respondents has therefore not been independently verified by the FES research team because the in-depth interviews sought to gain an understanding of respondents' perceptions.

***The use of the term "respondents" and quotes***

In the report we distinguish between the views of "stakeholders" who were interviewed and the views of "CDC participants" who were interviewed. Where the report mentions "respondents", and does not differentiate between stakeholders and CDC participants further, the reader should assume that both stakeholders and CDC participants raised the issues as frequently as each other. In the report we do not identify respondents who are quoted but denote "SH" for a stakeholder interview and "P" for a CDC participant interview so the reader can follow the individuals' views but without any identification.



sites with only 4.1% of the total population identifying as being Aboriginal and Torres Strait Islander. This compares to 32.7% in Wyndham and Kununurra, 21.7% in Ceduna and 12.3 % in the Goldfields region.

The BHB region has a high unemployment rate (11% compared to the national average of 7%) and also has one of the lowest weekly median household incomes in the country (\$947 compared to the national weekly median of \$1,438).

The Hinkler electorate covers an area of 3,818 km<sup>2</sup>, running along the Queensland coast from Hervey Bay to Bundaberg, and also including the inland townships of Howard and Childers. Many respondents noted that the two main centres of Bundaberg and Hervey Bay were very different from each other and questioned whether the BHB trial site should have been defined by the electoral division.

*Hinkler is a funny electorate because it really comprises these two fairly major centres; Bundaberg and Hervey Bay, which would be roughly, these days, the same size, I suppose, now. And yet they're divided geographically partly by the river which doesn't have a bridge within 20km of the mouth. So to get to Bundaberg from Hervey Bay, you've got to drive out to the Bruce Highway and then go up the Bruce Highway and then go back towards the coast. It's a distance of 125km or thereabouts; hour-and-a-half drive. And in that sense, notwithstanding that it's the one federal electorate, it's not really the same community. SH44<sup>7</sup>*

*You know it's odd that it's in an electorate. So you shouldn't really base social policy on a federal electorate, federal electorates are based on however many voters, 80,000 voters, and it's – so the community in Bundaberg and Hervey Bay is non-existent. The only thing that combines us is the electorate of Hinkler. SH31*

The following sections provide a brief overview of the two primary centres of the BHB region - Bundaberg and Hervey Bay.

## 4.1 Bundaberg

Bundaberg is about 385 kilometres north of Brisbane. It is the business centre for a major sugar cane growing area, and is well known for its namesake export, Bundaberg Rum. The city is also an important tourism gateway for inland national parks and the southern end of the Great Barrier Reef and resort islands (“Bundaberg” 2019).

At the 2016 Census the population of Bundaberg was 69,061. Aboriginal and Torres Strait Islander people made up 4.3% of the population.

Many respondents noted the significance of the 2010 and 2013 floods to the identity of Bundaberg, noting the detrimental impact the floods had on industry and employment in the region. Most indicated that the city was still in the process of recovery.

*Bundaberg itself is obviously a larger regional town, but we've had some challenges of late with a lot of businesses closing down, and not a lot of new businesses coming to the region, so that can be quite a challenge. Bundaberg was quite a busy town – before the flood, and now, this is my personal opinion, and it's only an opinion, is the town hasn't really bounced back since then. SH05*

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<sup>7</sup> Respondent ID label: SH denotes that the respondent was a stakeholder while P signifies that the respondent was a CDC participant.

## 4.2 Hervey Bay

Located approximately 290 kilometres north of Brisbane, Hervey Bay is a natural bay between the Queensland mainland and nearby Fraser Island. The local economy relies on tourism, which is based primarily around whale watching and ferry access to Fraser Island. Indeed, Hervey Bay has been described as “the whale watching capital of the world” (“Hervey Bay” 2019).

At the 2016 census, there were 52,073 people living in Hervey Bay. Aboriginal and Torres Strait Islander people made up 4.0% of the population.

Hervey Bay was identified by respondents to be a relatively new city, historically being the seaside holiday destination for the residents of the nearby inland city of Maryborough (approximately 30 kilometres southwest from Hervey Bay). It was often described in the interviews as having experienced the same dramatic growth as the Gold and Sunshine Coasts.

*Look the area has changed, it's grown a lot since I've moved here. So our region now, like the Fraser coast is around 105,000 people. Hervey Bay is now the bigger city, the big brother I guess to Maryborough. Hervey Bay is...a younger city, there's not much history and all that sort of stuff. Hervey Bay is now a town that's changing very fast. SH45*

*So, Maryborough used to be the major centre like Bundaberg up the road and Hervey Bay was just a little sort of fishing shack and beach houses of farmers, from inland and that sort of thing. Then it sort of started to grow and people started building here and so what's happened is when I first moved to Maryborough in 1983 there were 37 and a half, maybe 40,000 people in Maryborough and about 15 in Hervey Bay. Now there's about 25,000 people in Maryborough and about 60,000 people in Hervey Bay. So it's massive growth that's happened in those years. There is an attraction for people who want to live by the beach. SH04*

In regards to the CDC, Hervey Bay's proximity and relationship with Maryborough was reported as being problematic. The two cities are a part of the same regional council and make up the broader Fraser Coast region. Many respondents identified that Maryborough experienced many (and maybe more) of the social issues aiming to be addressed by the CDC than Hervey Bay. However, Maryborough does not fall within the Hinkler Electoral boundaries and therefore is not included in the CDC trial.

*The interesting thing of course, it was one of the things that was raised ... right at the very beginning was the fact that Maryborough which is only 25 minutes up the road is not part of the Hinkler electorate therefore nobody who lives in Maryborough will actually receive this card. But Hervey Bay, Maryborough are pretty much like sister cities you know as I say. A lot of people live here work there or work there and live here. SH04*

There was a clear view among respondents that the Cashless Debit Card should have also been rolled out in Maryborough and that the community would have benefited.

*Honestly, what gets me is I can't believe Maryborough didn't get the cashless card. That's where most of the people come from ... I cannot believe that people there are not on it and 6,000 of us are.... Do you know what I mean? I just can't believe they got overlooked with the card. Bundaberg to Hervey Bay, they should have definitely targeted Maryborough. P63*

### 4.3 Socio-demographics of CDC participants in the BHB region

Utilising a sample drawn from relevant Australian Government administrative data which included 5,031 active CDC participants, we explored the socio-demographic characteristics of those participating in the CDC trial in BHB<sup>8</sup>. Given the very specific demographics of this group, comparisons with broader national statistics would not be meaningful. Hence, where possible, we compared BHB CDC participants' demographics with that of the broader local population of Hinkler using ABS Census data.

We found that the composition of CDC participants in the BHB region is 39 percent male and 61 percent female (See Table 4-1). This differs slightly from the broader population in the Hinkler electoral division which includes 48.5 percent males and 51.5 percent females (ABS Census data, 2016).

**Table 4-1: CDC Participant Profile by Gender in BHB**

	Gender					
	Male		Female		Total	
Location	Frequency	%	Frequency	%	Frequency	%
Bundaberg	1,112	39%	1,739	61%	2,851	57%
Hervey-Bay	719	38%	1,157	62%	1,876	37%
Maryborough-(see-footnote-8)	109	36%	195	64%	304	6%
<b>Total</b>	<b>1,940</b>	<b>39%</b>	<b>3,091</b>	<b>61%</b>	<b>5,031</b>	<b>100%</b>

Note: Due to rounding, some column totals may not add up to 100%.

Table 4-2 looks at the distribution of BHB CDC participants according to whether they identify as being Indigenous or not. Overall, about 16 percent of the CDC participants in the BHB region identify as being Indigenous. There is no significant difference between Bundaberg and Hervey Bay with regards to the proportion of active CDC participants who are Indigenous. However, the proportion of CDC participants who identify as Indigenous is much larger than the overall proportion of people living in the Hinkler electoral division who identify as Indigenous, i.e. 4.1 percent (ABS Census data, 2016).

<sup>8</sup> We used the geographical information of CDC participants in the Hinkler area in order to provide descriptive statistics according to the ASGS\_SA3 level. The descriptive statistics for the Hinkler area distinguish between Bundaberg, Hervey Bay and Maryborough. While Maryborough is not within the BHB CDC trial area, it appears that around 300 CDC participants who were triggered in the BHB CDC trial area are now living there (noting that CDC participants remain on the CDC even if they move out of a CDC trial area). As a result, we have chosen to include these Maryborough 'out of area' CDC participants in the descriptive statistics as a separate category.

**Table 4-2: CDC Participant Profile by Aboriginal & Torres Strait Islander Status in BHB**

¶

¶	Indigenous-status¶					
	Non-Indigenous¶		Indigenous¶		All¶	
Location¶	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶
Bundaberg¶	2,230¶	78%¶	481¶	17%¶	2,851¶	57%¶
Hervey-Bay¶	1,516¶	81%¶	272¶	14%¶	1,876¶	37%¶
Maryborough-(see-footnote-8)¶	246¶	81%¶	36¶	12%¶	304¶	6%¶
<b>Total¶</b>	<b>3,992¶</b>	<b>79%¶</b>	<b>789¶</b>	<b>16%¶</b>	<b>5,031¶</b>	<b>100%¶</b>

Note:-Due-to-rounding,-some-column-totals-may-not-add-up-to-100%.¶

The majority of BHB CDC participants are single (51%) and a third (33%) are separated or divorced (Table 4-3). The remaining 16 percent of BHB CDC participants in the BHB area are married or in a de facto relationship. While this distribution is similar between Bundaberg and Hervey Bay, it differs somewhat for the small number of BHB CDC participants currently living in Maryborough (see footnote 8). There we observe a larger proportion (24%) of people who are married or in a de facto relationship. By comparison, 43.1 percent of the total population in the Hinkler area is identified as being married or in a de facto relationship.

**Table 4-3: CDC Participant Profile by Marital Status in BHB**

¶¶

¶	Marital-Status¶							
	Bundaberg¶		Hervey-Bay¶		Maryborough¶		Total¶	
¶	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶
De-facto/Married¶	432¶	15%¶	285¶	15%¶	72¶	24%¶	789¶	16%¶
Divorced/Separated/¶	946¶	33%¶	633¶	34%¶	88¶	29%¶	1,667¶	33%¶
Widowed¶								
Single¶	1,460¶	51%¶	953¶	51%¶	141¶	46%¶	2,554¶	51%¶
Other¶	13¶	0%¶	5¶	0%¶	3¶	1%¶	21¶	0%¶
<b>Total¶</b>	<b>2,851¶</b>	<b>100%¶</b>	<b>1,876¶</b>	<b>100%¶</b>	<b>304¶</b>	<b>100%¶</b>	<b>5,031¶</b>	<b>100%¶</b>

Note:-Due-to-rounding,-some-column-totals-may-not-add-up-to-100%.¶

With regards to BHB CDC participants' living arrangements (Table 4-4), about half are renting their dwelling privately (through an agency or through a third party) and approximately one fifth (22%) receive free board or lodging. Within this last group, we have a number of people who may have unstable or temporary living arrangements, including 'couch surfing'. There is a small minority of CDC participants who are in public housing. Note that there is a small number of CDC participants who report owning their own home or are currently purchasing their home. This information is elicited through analysis of Australian Government administrative data whereby we observe that 175 active CDC participants have reported owning (or currently purchasing) their own home, which is about 3.5% of the total number of active CDC participants<sup>9</sup>.

<sup>9</sup> The field recording whether CDC participants own their own home or are currently purchasing their own home includes 175 active participants who answer this question affirmatively. However, among these 175, 62 of them still answered the

**Table 4-4: CDC Participant Profile by Living Arrangements in BHB**

¶

¶	Rental-type¶							
	Bundaberg¶		Hervey-Bay¶		Maryborough¶		Total¶	
	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶
Board-and/or-lodging¶	396¶	14%¶	314¶	17%¶	53¶	17%¶	763¶	15%¶
Free-board/lodging¶ /no-rent¶	608¶	21%¶	412¶	22%¶	78¶	26%¶	1,098¶	22%¶
Government-rent-¶ (public-housing)¶	155¶	5%¶	50¶	3%¶	5¶	2%¶	210¶	4%¶
Private-rent¶	1,450¶	51%¶	910¶	49%¶	138¶	45%¶	2,498¶	50%¶
Other¶	46¶	2%¶	33¶	2%¶	4¶	1%¶	83¶	2%¶
Information-missing¶ (see-note-2)¶	196¶	7%¶	157¶	8%¶	26¶	9%¶	379¶	8%¶
<b>Total¶</b>	<b>2,851¶</b>	<b>100%¶</b>	<b>1,876¶</b>	<b>100%¶</b>	<b>304¶</b>	<b>100%¶</b>	<b>5,031¶</b>	<b>100%¶</b>

Note: Due to rounding, some column totals may not add up to 100%. ¶

Note 2: 'information missing' for this field includes 112 active participants who recorded that they own their house or are currently purchasing a house, and, hence, did not answer this question. ¶

¶

Table 4-5 shows the distribution of BHB CDC participants according to the type of government payment they currently receive (as of the first week of September 2019). In all three areas (for the inclusion of Maryborough see footnote 8), Newstart represents the highest proportion of government payments received by BHB CDC participants. The second largest proportion is observed for Parenting Payment (Single) which represents a third of the payments received by BHB CDC participants; a further 9 percent receive Parenting Payment (Partnered). About one fifth of the BHB CDC participants are in receipt of Youth Allowance.

**Table 4-5: CDC Participant Profile by Benefit Type in BHB**

¶

¶	Payment-benefit-code¶							
	Bundaberg¶		Hervey-Bay¶		Maryborough-(Note-2)¶		Total¶	
	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶	Frequency¶	%¶
Newstart-Allowance¶	1,038¶	36%¶	737¶	39%¶	118¶	39%¶	1,893¶	38%¶
Parenting-Payment¶ Partnered¶	251¶	9%¶	168¶	9%¶	42¶	14%¶	461¶	9%¶
Parenting-Payment¶ Single¶	902¶	32%¶	600¶	32%¶	87¶	29%¶	1,589¶	32%¶
Youth-Allowance¶	660¶	23%¶	371¶	20%¶	57¶	19%¶	1,088¶	22%¶
<b>Total¶</b>	<b>2,851¶</b>	<b>100%¶</b>	<b>1,876¶</b>	<b>100%¶</b>	<b>304¶</b>	<b>100%¶</b>	<b>5,031¶</b>	<b>100%¶</b>

Note: Due to rounding, some column totals may not add up to 100%. ¶

Note 2: Footnote 8 explains why Maryborough is included among the areas with CDC participants. ¶

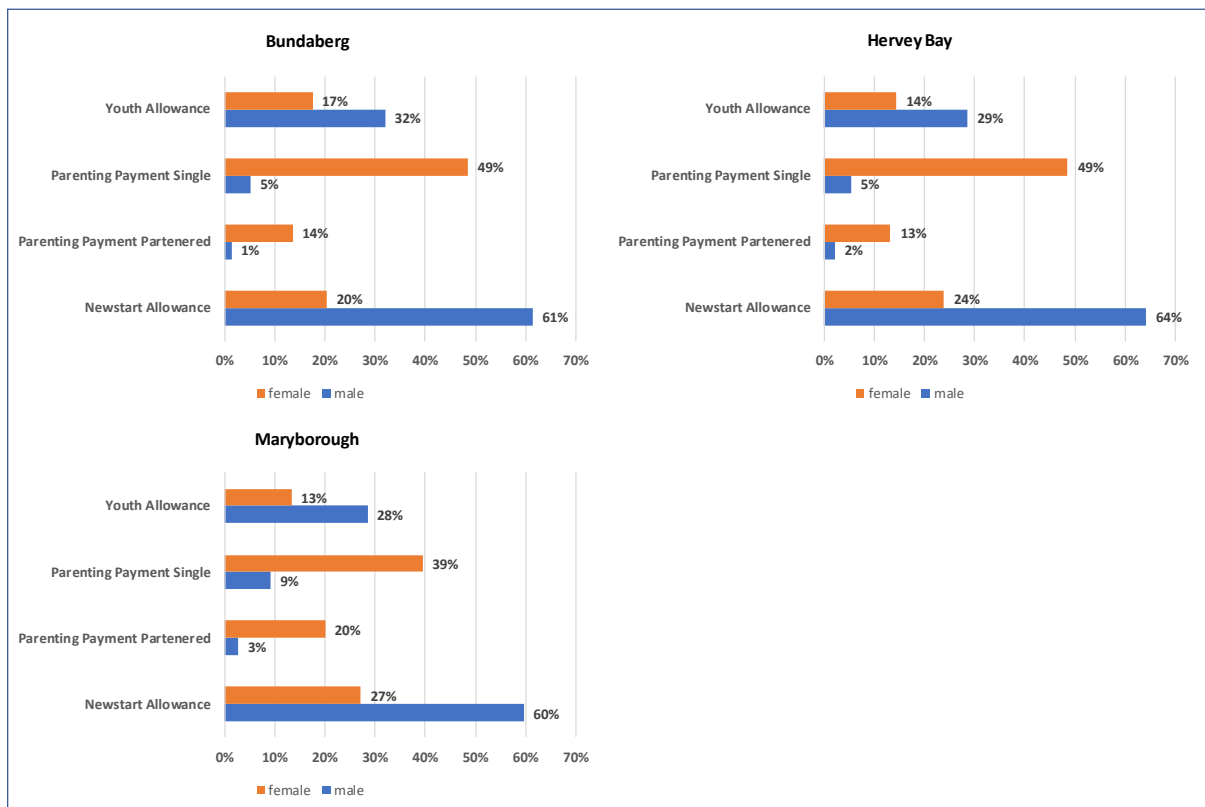
The distribution of government payments reported above for all active CDC participants in the BHB area hides some important differences by gender. The following set of figures illustrate these gender differences for each area within the BHB CDC trial area. In all areas, between 60% and 64% of the total

'rent type' question, 61 of them reporting that they pay no rent and 1 of them reporting that he/she is a boarder. 112 active participants who own a home did not answer the 'rent type' question and find themselves in the 'information missing' category.



number of male BHB CDC participants are on Newstart Allowance. Only 20% to 27% of the total number of female BHB CDC participants are on this welfare payment. Likewise, male BHB CDC participants are overrepresented compared to female BHB CDC participants in relation to receiving Youth Allowance. The proportion of male BHB CDC participants receiving this type of welfare payment varies between 28% and 32% depending on the area. The proportions are significantly lower for female BHB CDC participants receiving Youth Allowance, between 13% and 17%. In contrast, female BHB CDC participants are significantly overrepresented in relation to both types of parenting payments (partnered and single). Almost 50% of the active female BHB CDC participants are on parenting payments (single) while only 5% of male BHB CDC participants receive that type of welfare payment<sup>10</sup>. Between 13% and 14% of female BHB CDC participants receive parenting payments (partnered). 1% to 2% of male BHB CDC participants receive that type of welfare payment.

**Figure 4-2: CDC Participant Profile by Benefit Type and by Gender in BHB (in percent of the total population of active CDC participants by gender and by area)**



<sup>10</sup> We do not discuss the percentages for the Maryborough area whenever the total number of observations is so small (typically less than 10) that the associated percentages do not provide meaningful information. It is the case for the percentage of male CDC participants receiving parenting payments (single and partnered) in Maryborough with percentages being respectively 9% and 3%.

## 5. Socio-economic Conditions

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One of the main aims of the baseline data collection was to assess the conditions that existed within the BHB region prior to the introduction of the CDC, including the perceived social challenges and alcohol, drug and gambling activities (at both a community and personal level). In the qualitative interviews, both CDC participants and stakeholders were asked to contribute to this understanding. Below we detail the main socio-economic conditions as these were perceived by the interview respondents<sup>11</sup>.

### 5.1 Positive aspects of the BHB region

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

*One of the good things about our area is it's an awesome place to live. The climate's fantastic, and the cost of living is low. The other good thing is that we have a reasonably good sense of community. SH09*

*Good things about the region, that we have a great lifestyle, we've got great climate, we've got just about everything that you would want here, other than some of the major exclusive stores, and that's not necessarily a bad thing. We have really friendly people that by and large are happy in what they're doing. It's a great community atmosphere, and it's somewhere between a small town and a thriving regional city. SH20*

Six main factors were viewed as being particularly favourable about the BHB region: affordability, community, geography, location, activities and lifestyle. Each of these is briefly discussed below.

#### 5.1.1 Affordability

Respondents described the affordability of the region as being a positive factor that contributed to decisions to move to the region and to stay. Many respondents identified the relatively affordable housing options (both rental and owning) available, the reasonable fuel prices and the low cost of food. Respondents also indicated that the climate contributed to low living costs as a result of typically not needing heating or cooling and also provided the perfect conditions to grow produce. Additional food could be sourced relatively cheaply by local fishing opportunities and buying fruit and vegetables direct from producers.

*We have affordability, I guess, in general, from a family perspective, affordability. I think the cost of living here is reasonable, whether you rent, mortgage. Groceries, things like that are quite reasonable. Fuel is quite reasonable here compared to a cycle, say in Brisbane, where it goes through the roof and comes back down through the floor. I think those things impact people's choices. SH12*

*People like to live here, they come here, they can live cheaply here because they refer to it as the salad bowl here because you can grow most fruit and vegetables...They can fish, they can get crabs, prawns, lots of fresh seafood and then grow their own fruit and vegetables or get*

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<sup>11</sup> The quotations provided in this section and throughout the report to illustrate the qualitative data collected are provided verbatim including grammatical inconsistencies (unless otherwise indicated) to retain the true voice of those informing the research.

*them cheaply from markets and that type of place. So I think that's what attracts a lot of the population here. SH11*

The low cost of living characteristic of the region was said by respondents to contribute to the higher than average proportion of the population that received income support payments. Respondents suggested that people who were on income support were attracted to the region due to the low living costs and relocated there from other areas.

*When I say it's an easy and affordable place to live, it's an easy place to be homeless, it's an easy place to be unemployed because food, fuel, rent, all your general living costs tend to be considerably lower, and the climate means that you can live here without an air-conditioner or a heater. So, people tend to be attracted to this area, and I've worked in the homelessness sector for a lot of years and often people will land here because they can stay here whether they're homeless or they're couch surfing and just afford to be here. It's also a difficult place to escape. SH36*

*Because our rental and housing costs are generally cheaper than the bigger cities, so people that are in lower socioeconomic, which means they may not have a full-time job, may have casual work or be on welfare of various forms, a higher percentage of them move here. SH27*

However, the relative affordability of the area did not discount that many CDC participants were finding it difficult to make ends meet on the payments they received from Centrelink. Indeed, many indicated that they were struggling financially and that they felt constrained about the activities they could be involved in, primarily due to their limited financial resources and the cost of undertaking these activities.

*Well you can't whinge what you don't have, you can't crave what you don't have, or you can't get, so you try and deal with it. You do suffer. Food can get really low...for the last three, four days before pay day to get my food. Bills, you got to separate them all down to small instalments. Car rego is a pain in the arse, because you can only get an advanced loan once a year, and that usually just covers your rego. You can't fix your car, you can't do anything, ... You barter, trade, or you go and see someone that you know that could help you out 'till you get fixed up.... And it comes to be a big burden. I've never had to go for a food bank from any charities or anything, it's not that I'm embarrassed to, it's just I know there's a lot more people out there worse off than me that do. P29*

### **5.1.2 Community**

Many respondents, both stakeholders and CDC participants, spoke positively about the strong sense of community evident in the BHB region and the sense of belonging this fostered. People felt well connected, supported and welcomed by others living in the region. Many likened this to the sense of community present in small country towns, including the safety of children in public spaces and the neighbourliness of residents. In Bundaberg, the community's reaction to the flood was often referenced as a demonstration of the closeness and effectiveness of the community working together.

*The good part about the Bundaberg region, and I tend to think Wide Bay as well, is it's very community-focused: there's a lot of people willing to help and come together as services, as individuals, to help good causes. You get that everywhere, but it seems more prominent in the Wide Bay and certainly in Bundaberg. We all know that...if we don't come together to try and solve some of the issues in the community, well there's not a lot of other people that are going to do it for us. There's quite a lot of groups in Bundaberg who are all passionate about working together to solve issues. SH03*

*In a disaster situation where we had all the floods, everyone pulls together and helps everyone out, and that's nice to see. And I think you do get that it's more country towns rather than in a city environment, certainly. Which is why I choose to live in the country. SH32*

*It's kind of just a small country town. And, it's actually good, it's really good here. Everyone's just so nice. P62*

### 5.1.3 Geography/Climate

Nearly all respondents described the natural beauty of the region, highlighting the numerous tourist attractions located nearby. In particular the picturesque beaches, the heritage listed islands (including Fraser Island), the turtle rookery at Mon Repos, the marine parks and the national parks located further inland. The beauty of the region was often identified as one of the main reasons for why people chose to live in the area.

*The region's naturally gorgeous. It's on the doorstep of Fraser Island. There's incredible tourism facilities, we're a short flight from the Great Barrier Reef. There's just so many reasons why this is a naturally gorgeous region. SH48*

*It's a bit different, hey. You don't get to see natural things like I guess anywhere else. It's just beautiful, in itself, Bundy. Especially the water. I love the beaches here...there's not many other places that have this many patrolled beaches. So we're pretty lucky here. P18*

In addition to the natural beauty of the region, many respondents also spoke favourably about the sub-tropical climate. The stability of climatic conditions was viewed favourably by respondents and was also identified as a draw card to the region.

*The other good thing of course is it's arguably one of the best climates in the world in terms of winter and summer. In Bundaberg itself, we tend to miss on [sic] a lot of the bad weather. We do get the odd storms and that, but we really steer clear of a lot of that as well during the year. SH03*

*I think it's just the weather, the weather and the beach, yeah. It's always pretty good. P43*

### 5.1.4 Location

Closely related to the geography of the region, many respondents also viewed the location of the region favourably, noting its close proximity to the state's capital centre as well as other destination points such as the Gold Coast and North Queensland. Commuting into Brisbane for work commitments or medical appointments was also possible, increasing the attractiveness of the area.

*And the other thing is that's very good about this region is it's only three hours from here to Brisbane, so you can leave early in the morning, go to Brisbane, do whatever work you want to do in Brisbane, have lunch or whatever, and then if there's anything you had to finish off or whatever, then come home and you're home in your house the next night, the same night. SH46*

*It's only three and a half hours to Brisbane. So, if your medical situation is requiring additional support, that is either a 45-minute plane trip or a three-and-a-half-hour car drive and you're in Brisbane, so it's close to Brisbane. SH18*

### 5.1.5 Activities

Respondents reported that their local facilities were a positive aspect of their location. Various recreational activities were said to be available, including playgrounds, sporting clubs and also community groups and social activities.

*There's the river and the water to fish if they want. There's Sandy Hill where they can kayak and ski and whatnot. There's heaps of water activities here. Every sport, actually for the good kids, it's a major sporting town. There's massive netball here, rugby league, heaps of big sporting clubs, so yeah, there's heaps to do here if they want to do it. SH13*

*Like they recently had one at the Moncrieff Theatre where they had in the park across the road, they had a little event and all the kids could hang on, and then you go over to the Moncrieff Theatre and they played, I think it was Finding Nemo or something, for free, so all the kids could go and watch it for free. They do things like that. Reading groups at the library and stuff like that. So that's really good. P02*

Facilities and activities were said to be targeted at young families and older people. It was therefore noted that there was a limited amount of options catering for teenagers and young people.

*We have a lot of family events that are free. Every other weekend, it seems like there's something at the oval or a carnival. And yeah, they don't cost and things like that. So I think, for young families, I think it is good when you've got young children. But as I say, I think when those children grow up to teenagers [sic], that it becomes really limited. SH53*

*It's got its up and downs, for younger people it's not the best place. There's not much to do for us but it's a good retirement place I guess. P58*

### 5.1.6 Lifestyle

Closely related to activities, respondents also celebrated the lifestyle the region afforded them. Respondents highlighted the laidback atmosphere of the location, the ability to get outdoors and to the beach and the benefits of being away from the stresses of a big city, including improved work-life balance.

*I did 12 years in Sydney and I didn't like that I started work ... I had to leave at 6 o'clock in the morning and I wasn't home until 6 o'clock at night whereas here, I've finished work and I'm home three minutes later. So, that was a huge thing. That family, work-life balance is what I think can be promoted in this area. SH33*

*The lifestyle compared to where I used to live is a lot better. The beach [laughing], never had a beach. P66*

Many indicated that their lifestyle was benefited by having services and facilities comparable to those available in the city, while the region also afforded people the benefits of living in a small close-knit community.

*We're big enough that you've got access to city services, whether it's some of our retail precincts, restaurants and cafes, while being small enough that you can know who you're talking to when you meet someone on the esplanade or at the beach and things like that. So, it really strikes a balance between having a region with high liveability, access to city services, but being a friendly, welcoming country town in many respects as well. SH48*

A few respondents also linked the positive lifestyle to the affordability of the region, often in contrast to other locations that offered a similar lifestyle.

*So, if you wanted all of those lifestyle choices in other destinations in the country, for instance the Sunshine Coast, the Gold Coast, even out of Sydney, out of Melbourne, you're paying a lot more for property and a lot more for your energy and a lot more for your other day-to-day costs. SH18*

## 5.2 Negative aspects of the BHB region

While all respondents discussed positive aspects of the BHB region, they also indicated the presence of entrenched social, welfare and economic issues that were evident in the region. The most frequently mentioned problems related to the labour market and the lack of employment opportunities. Other concerns that were raised related to drug and alcohol use, and associated crime, violence and impacts on children's health and well-being. The social, welfare and economic issues facing the region were considered to be 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.

### 5.2.1 Unemployment

Overwhelmingly, respondents identified that the most negative aspect of the region was the high levels of unemployment, and particularly for younger people. The ABS 2016 Census data indicated that the Hinkler electorate had an unemployment rate of 11 percent; compared to the national average of 7 percent and the Queensland state average of 7.6 percent. The Hinkler electorate youth unemployment rate in 2016 was 21.3 percent, nearly 5 percentage points higher than both the national and state average (14.9% and 15.8% respectively).

*But the bad things are...there's not really anything going on here. There's not really any work. Jobs are pretty scarce. If I just go on the internet and look up jobs in Hervey Bay, you get like two uploaded every four days or something. You look it up in Brisbane, there's 250 every hour and it's just like pretty crazy. P56*

*Well it's a really good area and that, there's just so much unemployment, that's the bad part about it, not enough jobs to go around. SH16*

Most respondents considered that the main reason for the high unemployment rate was the lack of industry in the region resulting in depressed labour market opportunities.

*We don't have large industry anymore. We used to back in the eighties but, there was quite a few large manufacturing positions, agricultural machineries place. Now none of those exist so we don't have a lot of big employers, and youth unemployment is exceptionally high. SH09*

*Bundaberg's not very big. So there's no huge employers here which makes it hard. They are always talking on the news about trying to get infrastructure started here to increase jobs and things like that but they have a hard time doing that. SH15*

The predominant industry in Bundaberg was considered to be agriculture, while in Hervey Bay it was considered to be tourism. Both were viewed to be seasonal in nature and not able to provide enough jobs, particularly full-time jobs, to the local population. Many respondents indicated that this resulted

not only in widespread unemployment but also under-employment and more precarious forms of employment such as casual work. While some viewed the health and community services industries as being emerging job providers, it was noted that the skills sets required by workers in those industries were quite different from those held by the large proportion of the population who were seeking work.

*We don't have any industry in this town. Tourism is not an industry. It's too much of a transient thing to be an industry. So yes, we'll have a whole lot of people in employment over Christmas, but the rest of the year, they might get one or two days a week or nothing. And it's seasonal work. SH24*

*There's a lot of casual employment so you'll probably find there's, even in the employed demographic, there's a lot of under-employed people. It's a very casual labour force so farm work, things like that. There's construction starting to rise. There's obviously a bit of a tourism market there that, I think, still competes a lot with places like Hervey Bay...it's an under-employed and casual sort of labour market. SH12*

*There is none. Everyone keeps saying there's tons of work here, it's nurses, it's dentists, and if you look at most of what's available it's not much work for the average Joe. P29*

A few respondents suggested that the high levels of unemployment in the region were not merely due to a lack of job availability, but were also a result of people not wanting to work.

*Younger generations these days just don't have the work ethic, you know, that we used to have. SH56*

Apart from the lack of industries and depressed labour market opportunities, respondents also identified a number of other factors that they considered to account for the high rates of unemployment experienced in the region. The most commonly identified factor was the observation that jobs that were available to people with the skill sets characteristic of most local jobseekers, were not being provided to locals but were instead offered to backpackers who were said to be a cheaper source of labour, more reliable and harder working. This issue was reported to take away job opportunities for the local population, particularly in the agricultural industry.

*Well, again, the farmhand work around here is, I would say, 80% easily taken up with the 357 Visa. Farmers just go straight to backpackers straightaway; they won't even look at local, let alone local young. SH41*

*I think there's a problem, like there is a lot of farming industry here and there's a lot of work that could be available but it's not due to backpackers. I'm sure you've probably heard that; a lot of the backpackers get the farming work, like the hostels get the contracts. So there might be 150 jobs available at one, this is one farm, and a backpacker hostel will get that; the locals don't get that. And I think that's a bit rough. And I know the government are aware that this is going on; they approve it, but then they tell us that we don't get out, we don't work. So it's kind of like a double-edged sword with that. P14*

A few stakeholders suggested that local jobseekers did not want to undertake physically demanding agricultural work, so farmers were forced to source alternative labour. This view was also expressed by a small number of CDC participants.

*There's always sort of that seasonal work happening in our region. I guess my experience, with that is that they're sort of the jobs that not a lot of locals want...The people that come in and fill those jobs are normally backpackers or transient workers that just follow the, the crops*

*whatever the season are. Local people don't tend to want to do that sort of work would be the anecdotal observation that I've made...Yeah they don't pay enough I guess for locals where backpackers are hard workers for less income. That's what I've heard and known of. SH10*

*It just don't work here unless you are going out to the farm or something and then that's hard work for shit money. Who wants to do that? P09*

As already indicated, another factor said to contribute to the high unemployment rates was the mismatch between the skills and experience required by the jobs which were on offer and the skills and experience of those seeking work. Respondents indicated that the available jobs often required university level qualifications which many jobseekers did not have.

*There are jobs here. I guess the issue is that the type of jobs that are here, you need some type of tertiary qualification for. Like I mean there's a small percentage of retail jobs, and obviously some hospitality and tourism type jobs that are going, but again they're looking for a certain type of candidate, and within a certain age bracket... So there are jobs here, just they only cater to a certain percentage of the population. SH47*

*A lot of them are admin and nursing jobs. And you need like a good qualification, or so many years' experience, which it's hard to come across...if you don't have that knowledge. So it's not easy finding a job. P08*

The formal education system is not the only avenue through which an individual acquires skills. Skills are also learned by formal and informal instruction on the job. People learn to be more efficient and productive in the process of actually doing their jobs. They also incrementally learn new skills, either informally or formally, thus increasing the productivity of workplaces. The length of time spent out of the workplace therefore was also seen to be creating a major barrier to obtaining employment, as many applicants did not have recent workplace experience which employers desired.

*A lot of the jobs nowadays, even with café work, they want at least three years' experience, which is ridiculous. P15*

*So five years I've been looking for a job and it's just not there, and everyone wants the experience but no one's happy to give you the experience to be able to learn how to do it, kind of a thing. P54*

Discussion around the need for training, skills and experience in order to obtain employment also yielded additional information about the barriers which CDC participants experienced, both in the past and at present, in obtaining the necessary qualifications to find work. Overwhelmingly it was the cost associated with further education and training that restricted people from undertaking these qualifications.

*It's hard to get qualifications too, because when you don't have the money and the government don't fund the courses. P10*

Education and training opportunities were also considered to be limited by the types of courses provided by local educational institutions. In some areas, it was suggested that training was not available and if young people wanted to pursue training they were required to travel. This was made even harder for those who did not have access to public transport or hold a driver's licence themselves.

*No training is available in Childers, if someone wants to pursue training they've either got to look at online services or be travelling in to Bundaberg. And that can be a big barrier, because*



*if you don't have a licence, there's no public transport in Childers. So you can't even just jump on a bus...and head in to Bundy. So you really have to have a licence and transport, or rely on friends, so that is a big barrier. SH32*

*The university didn't have the wider range. The last couple of years it's really developed its programs in, like in the Bundaberg campus, so at that stage the kids really didn't have a lot of options. SH37*

Some respondents, while acknowledging that training was beneficial for jobseekers, observed that unemployed people were at times undertaking training that was not linked to local labour market opportunities and were subsequently unsuccessful in securing work. They considered that in these instances training was being undertaken primarily to provide unemployed people with something to do.

*People are always coming to me saying I'm doing this course and I'm doing that course, and often I don't see a lot of these people then going on and having employment. They just sort of shift around within a little system to put them on different sorts of, under government umbrellas, that still provide them with money. SH49*

*But it's all well and good if they've got a degree, but there's got to be the jobs that go with it. SH52*

Another factor that respondents consistently identified as a barrier to employment related to transportation. Respondents indicated that limited public transport was a major obstacle preventing people from getting and keeping a job. Lack of a driving license or no access to a car were additionally identified as reducing a person's prospects of gaining and maintaining employment.

*The public transport system is not the greatest...buses don't really run over the weekend. They're sort of only Monday to Friday type of thing. SH02*

*Being a really, really small town, no car, no licence makes it harder to get out and around to find more job opportunities. P32*

Finally, respondents, particularly CDC participants, identified age as being a barrier to successfully gaining employment in the region. Overwhelmingly respondents considered that employers sought to employ younger job applicants in order to pay lower wages or obtain subsidies from government to support their employment.

*They want people between 16 and 18, juniors that they can pay less, easier hours after school. And then, there's jobs where you just need to be fully qualified so that's sort of for the older people. So it's sort of like my age, where you're sort of stuffed, where you haven't got anything yet but people think you're too old. P44*

*A lot of people looking for work, and if you're younger, under 25 scheme or something, well they get help assistance for wages and everything. Anyone over the age of 25 is pretty well screwed, you can't get a job. 'Cause no-one wants to hire them 'cause they've got no assistance to help. P29*

The high levels of unemployment in the region were said to result in huge competition for available jobs, with a large number of job applications being received for each vacancy. With huge numbers of applicants vying for the same job, competition was fierce and for those who did not have the relevant qualifications and experiences the possibility of successfully securing work was considered to be slim.

*The level of qualifications people are looking for seems to have crept up. I know with jobs that I've been involved with lately on a panel, you look at an application process for an administration position: not only do you get 30 to 40 applications, but a lot of them are up in diploma level now...So that means when you're competing for jobs, you've got a lot of people in the application process that are more competitive because they've got a higher level of qualifications...So if someone comes out and they've only got a school certificate or they've only got a Certificate II, they haven't got a good chance at all of getting a job that's just widely advertised in the media. That's one of the problems there. SH03*

*I just know that job prospects are a bit harder here ... there's 500 people applying for every one job, and it's just so much that it's a real slim chance to get in, and there's not much entry level work, or traineeships or anything that gets no experience. And that's where I'm at, I don't have that much experience. And if I were to learn I need to be trained and stuff, so there's not much opportunity for that, which is a bit worrying. P15*

Having a large reserve labour supply was also said to result in employers having limited incentive to offer favourable employment conditions and benefits. Many noted that employers in the area provided sub-optimal working conditions and arrangements due to the ample supply of workers.

*Hervey Bay's really known for crappy wages, to be honest. And everyone that knows anything knows that they don't pay well here. SH53*

The high levels of unemployment and the depressed labour market conditions also resulted in people needing to leave the region in order to obtain work.

*The majority of families and even my own children have had to do this, they grow up in this community and then they have to leave the region to get employment. SH36*

Some CDC participants themselves indicated that they were looking to relocate to another area to improve their job prospects. However, it was also noted that many jobseekers did not have the financial resources to be able to do this.

*It's really hard for young people to get jobs here. A lot of people I know apply and apply and just never get anything. So that's kind of why I want to move away as well. P43*

*We couldn't afford to pack up and move again. P60*

Finally, unemployment was also sometimes considered by respondents to result in an increased propensity to engage with risky lifestyle choices including drug and alcohol use and abuse.

*And so, you lose self-esteem, self-respect, and in my opinion, you know, if you lose those things you tend to engage then in behaviours that might not necessarily be good for your body or good for your mind. SH36*

*He was plastering, he was doing all different things when we were living in Brisbane. And then, we came back to Maryborough and he couldn't find anything. So, then it was easier for him to get into dealing and he was making that bit of extra cash and the next thing he's just gotten worse and worse and now he's just gone. And it happens to so many people. You see so many people do it. It's just really bad here. P37*

The findings above highlight the fact that unemployment can reflect the particular circumstances of people, the opportunities open to them and the incentives and barriers they face. These include the structure of the local labour market and the corresponding job opportunities available, as well as the

availability and affordability of public and private infrastructure such as transport, education and training.

## 5.2.2 Intergenerational welfare dependence and unemployment

High levels of unemployment were indicated by respondents to not be a new phenomenon in the region. Many indicated that unemployment had historically been a problem and resulted in some households experiencing generations of unemployment.

*We've always had high youth unemployment, from my recollection. SH20*

*You're coming back to the generational unemployment. We're looking at three and four generations of unemployment now, within households. SH51*

Growing up in a household where parents were unemployed and dependent on welfare was said to limit the opportunities of children, contributing to poor education and labour market outcomes. It was also said to condition the child to have lower expectations for the future and a poorer work ethic. Many stakeholders indicated that integrational welfare dependency was common in the region.

*We have people that are you know third, sometimes fourth generation recipients of welfare and benefits...so there is a high unemployment rate and it is multi-generational in a lot of cases. There's no role model for kids to get up and go to work every day because mum and dad don't, and grandma and granddad don't, you know. So they don't see that example of anybody going to work. SH04*

*Yes, I have a fair few friends who have fallen into that category, their parents have been welfare dependent, so then they don't have the drive or the support from their families to go, "Okay, get off your arse and go get a job". It's more, oh, okay, you know, I lived off welfare for so long, you might as well do it too. So, yeah, I do find that it's a big problem. P11*

Of concern was the observation that many young people in the region lacked goals or ambition for future employment. Indeed, it was often remarked that young people were leaving school with an expectation of seeking government welfare payments.

*When they first come, "What are you going to do when you grow up? You're not at school. What are you going to do?" "I'm going on Housing Commission. I'm going on the dole". That's the first, yep, it's very, very common. They don't know that there are other opportunities out there because they've seen their mum and dad do that, they've seen grandma and grandpa do that. I think some of our families are on six generations nearly of unemployment and welfare. Their parents have always been on a disability pension from way, way back and that's the way it's always been... but there's other ways. And until they see that and they know that it's possible it's very hard to show them that there are other ways. SH21*

Views as to whether or not intergenerational unemployment was increasing or decreasing were divergent. While some suggested that in recent months there was evidence that people were starting to break the cycle, others thought that there was no evidence of change.

*It's now third or even maybe fourth generational in some cases. So no I don't think it's getting any better. SH10*

*We're up to four generations that aren't working. I do see a shift in the last three months of changing roles. There is a shift in people wanting to break the cycle but they don't know how.*

*That's what I think the issue is. SH33*

It was made clear though that not all children or young people who had parents who were receiving income support aspired to be like them. Some stakeholders pointed out that many did not want to follow in their parents' footsteps and had aspirations for a different future.

*Some of these kids who I'm working with at the moment, they don't want to be like their parents. They don't want to be like their parents and they want to be something...it's good when you get the kids motivated to better themselves, and I think that's important. SH45*

### 5.2.3 Socio-economic disadvantage

When unemployment is entrenched within specific geographical areas, its social consequences are serious, contributing to poor lifetime labour market outcomes and increased and multiple disadvantages. The BHB region was said to be strongly over-represented in the factors that cause or demonstrate disadvantage (low income, early school leaving and low educational attainment). The low socio-economic status of the area was identified as being of particular concern.

*And when we first came here 17½ years ago, we were really surprised the level of social need. Because on the surface Hervey Bay looks like a really idyllic place to live. So when we came we were very surprised the low socioeconomic levels, the high unemployment rates, family breakdown, dysfunction, drug addiction, gambling, all those things. Within weeks we were thinking, wow, this is way more serious than what we realised. SH27*

*We are probably the poorest educated area. That's one of the things I meant to, [it went through my mind] what I was talking about, you know, impressions of the town. Our rate of, say, tertiary and even secondary education is probably the worst in Queensland. Certainly one of the worst in Queensland. A long way below the state average....But I think it would be fair to say that we are relatively poorly educated and relatively poorly, you know, in just the general, the broad socioeconomic concepts. SH44*

Specific to Hervey Bay, the nearby Maryborough jail was said to impact negatively on the socio-economic status of the wider bay region. The jail was reported to result in people with criminal connections or pasts residing in the area, either to be close to family currently incarcerated or because they chose to reside in the region upon their release.

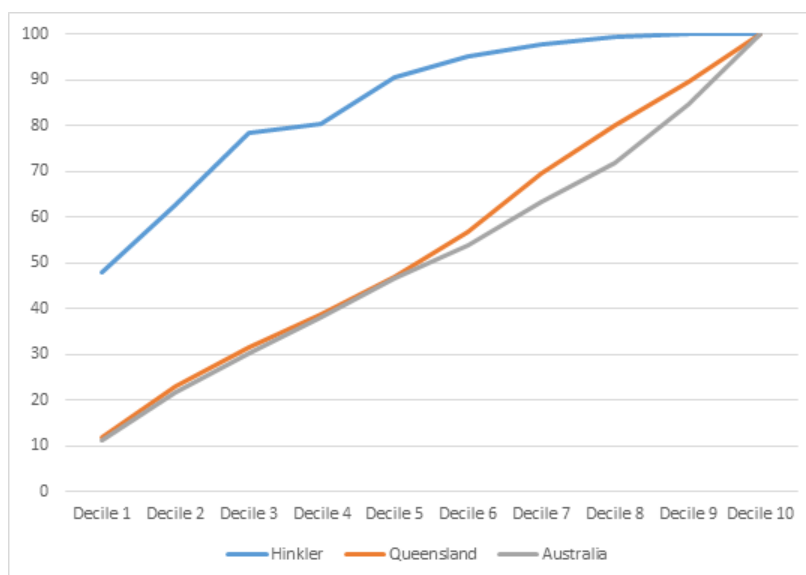
*But what doesn't help either is they've got that gaol out at Maryborough and I think people get transferred to that gaol from Brisbane so then all these families in Brisbane come up here. P56*

*When we built the prison, which I guess would've probably been 12 years ago maybe, or a bit longer, those families have stayed here. So we did build a bunch of Housing Commission units. They were all lined along Torquay Road, and that was a big issue eight years ago where the community rallied and said, "You knew better. We know not to build units where you collect the same, unfortunately, disadvantaged community members, so why did you do it?" And the police are still there every day. So it just creates an issue of like a ghetto I guess. SH21*

The low socio-economic status of the region is borne out in ABS data. The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index (ranging from 1 for lowest and 10 for highest) that measures the relative disadvantage of a region. A low score (small decile) indicates relatively greater disadvantage and a high score (large decile) indicates a relative lack of disadvantage.

Figure 5-1, below, indicates that that nearly half (48%) of the population in the Hinkler electorate live in extremely disadvantaged areas, i.e. Decile 1 Area of the Index of Relative Socio-economic Disadvantage (IRSD). In stark comparison, the corresponding figures for Queensland and Australia are 12% and 11%, respectively.

**Figure 5-1: Accumulated IRSD Area Deciles at SSC Level**



Data Source: Census of Population and Housing, 2016, TableBuilder.  
 Note: Data are based on place of usual residence.

## 5.2.4 Substance misuse and abuse

The majority of respondents indicated that the BHB region had significant problems with substance use and misuse<sup>12</sup>. This was said to be detrimental to the physical and mental health of individuals, and to the well-being of the community more broadly. Drug misuse was often indicated to be the main substance abuse issue for the region. It was seen to be more of an issue than alcohol and gambling.

*Well, I guess the drug abuse and the social issues that flow on from that – family violence, domestic violence, mental health issues, they’re very significant problems we have in the community here. SH57*

*I suppose since ice has become more prevalent that’s been the biggest change that we’ve seen and just about every family we have referred to us now is an ice-infused problem. Previous to that alcohol was a big problem but they both kind of result in the same neglect of children. SH15*

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

*I can never go up town without seeing a crackhead. Every time I go to Woolies or Coles, I pick them all the time. My sister’s one, her kids have been taken off her. So yeah, I know all about*

<sup>12</sup> Perceptions about the size and scale of problems being generated by drug use and abuse in the BHB region appeared similar to those perceived by respondents in the Goldfields region in Western Australia (see Mavromaras, Moskos, Isherwood and Mahuteau 2019).

it. P53

*I used to smoke weed too, but not anymore. I can't afford it, it's no good for me. P07*

Ice was the most frequently mentioned substance that was reported to be misused, but issues were also identified with cannabis use and prescription medication abuse. Ice use was also indicated to have increased considerably over recent years in the region.

*So a lot of the issues that you see are Sentinel, OxyContin, MS Contin, Morphine, and then like your Benzodiazepines, Valium, and then even like on the streets now you're starting to see Zyprexa and Seroquel, which are only psychotics, but they're strong sedatives. So just an over usage of those prescription drugs, and then there is ice as well. SH47*

*So, ice is quite prevalent in the Bay and Maryborough at the moment. Marijuana's always an issue but if we're looking at what the drug is at the moment it would be ice. SH22*

Some respondents attributed the prevalence of substance misuse to the high levels of unemployment in the region. However, others did not think the causality was so clear cut, indicating that although it may be more prevalent among the unemployed, it may be that drug addiction reduces one's chances to get a job. It was also recognised that drug addiction impacted on both people who were in and out of work.

*On the negative side of Bundy, we do have a lot of unemployment, we do have a significant drugs problem, particularly in our under 30s age groups. And I think that stems from unemployment and so forth. SH20*

*I know drug addiction exists in all levels of society regardless of whether you're employed or unemployed. But I feel it would be more prevalent if you were unemployed...But I don't think the unemployment causes the drug problem. They are sort of just intermingled together. But perhaps I suppose, if people weren't on drugs and they had a little bit more direction related to building their future, then they might turn away from the drugs and focus more on employment. SH49*

Many CDC participants also attributed drug use to youth boredom and a lack of activities for young people in the area.

*I believe, that part of it is because yes, kids are bored, 'cause there's nothing to do in this town. So, kids resort to drinking and partying because there's nothing else to do here. So, I do agree that part of the drug use is because the youth are bored and there's nothing to do here. P16*

*It's just the lack of boredom I'd say because like no one's working, no one's occupying their mind so they just get off their heads kind of thing but I don't know... P09*

Drugs and other volatile substance abuse were seen by respondents as being associated with problematic behaviours including violence and crime.

*Lots of violence. 'Cause alcohol and meth and so on are very violent things, so yeah, you can go down the pub any day and you're going to see a punch on, guaranteed. There's going to be one fuckwit, can't handle his drink or someone who thinks he's better than everyone else or something, it always happens. You go to the clubs, same thing, except at the clubs, you're more likely to run into some dickhead who's on drugs and drinking. P50*

*Well it's just like disturbing, like you just go along your day and you're doing your thing, and it*

*– people that are on drugs and they sit there and scream, or they're yelling that's rude, or just abusing someone for no reason...if I've seen that it worries me going down as well. P18*

Most concerning was the impact substance abuse was indicated to have on children. Respondents noted the negative impacts on family functioning and child well-being, with some reporting young children also becoming implicated in drug use.

*And then we have a lot of grandparents who are raising their grandchildren because their children have been affected by drugs or impacted by drugs and can't have their children live with them. So, yes, it's really the whole ... over the years, it's just changed dramatically in that situation. SH22*

*I see a lot of – especially around here – parents with kids and they always just look off their faces, like they don't care about their kids. They're always just taking drugs or having kids to get money and stuff like that. I've seen that a fair bit. P44*

Indeed, some respondents noted that, similar to unemployment, issues with drug misuse were intergenerational in nature, with youth turning to drugs from a young age as they modelled the behaviour of their parents.

*We do have a drug issue in both of those destinations, high drug usage because of the unemployment and the age of those unemployed. Now, we're seeing that cycle of drug use is second or third-generation of drug users in that family unit...those offspring now from that family unit don't know anything else. So, they're kind of like using their parents' behaviour as a norm and they're finishing school at the end of Year 10 because they only have to be there then and then they will just continue that drug and unemployed lifestyle because that's what they've grown, that's the environment they've grown up in and they don't know any different and it's hard for them to get outside of that cycle. SH18*

## 5.2.5 Alcohol use and misuse

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

*But there is a lot of issues around the pubs. But, you know, a lot of people come in here for ER [emergency relief] have already spent the morning at the pub. They'll come in quite intoxicated, "no, I've got no money for food". SH25*

*It's like a culture here. I mean the main street's got seven or eight, I think alone, pubs and so as soon as I turned 18 and I come back here and the pub crawl's one of the first things I did. I mean it's just culture here. Bundy Rum, it's kind of culture as well. Most of my friends drink. P18*

Many respondents discussed alcohol and drug use and misuse interchangeably, with many considering that the two often went together.

*I think it goes hand in hand. I think alcohol is certainly there and I think it's because we are talking about people that are bored so people that are bored and unemployed they need, they need escapes. SH28*

*I mean, they sort of all go hand in hand together, I guess. Where you've got drugs, you're going to have alcohol and dependency issues. Yeah, it's also a social issue that we experience here as well. SH57*

Similar to substance abuse, respondents associated alcohol misuse with other problematic behaviours including anti-social behaviour, violence and crime.

*A lot of people are being really aggressive when they drink alcohol too....Bundy is not really that big, I've heard some really bad stories, like friends being gang raped walking between pubs. And that's all alcohol related, it's always people that are drinking. P02*

*What we do have now is we've got similar issues with the liquor outlets – the pubs – so they'll have bands playing or some sort of live music or whatever. Young people, teenage – up to 20-something – they're getting out of hand around 11 o'clock onwards through to mid-hours of the morning. We've had a lot of issues around violence on the streets outside the pubs to the stage where we have security looking after our taxi drivers and our taxi ranks or outside of pub being used to make sure people are trying to stay in control, but every week there seems to be bashings or something that's happened outside these venues. SH03*

Of concern was the impact excessive alcohol (and drug) consumption was suggested by respondents to have on the well-being of children. In a few instances there were reports of children not being appropriately cared for or provided with adequate supervision or shelter.

*We had a young girl that was here and anyway the family up and moved very quickly, this kid, oh she, she had lice....The real estate agent had got in to clean the house out and they rang and one of the guys said "hey come up and have a look at this place". So I went up to have a look. The kids, they'd only taken their clothes, they'd moved overnight, I think they were in arrears in rent or something like that. So they'd only moved over night and took their clothes so they left everything behind. There was no beds for the kids, the place was infested with cockroaches and vermin. It was absolutely filthy. It was booze and drugs. But the kids, the kids are their pay cheque and it's as simple as that. SH26*

The social harm being generated by alcohol use and abuse in this region was described by respondents as being of a similar nature, but not as extreme, as that found to be occurring in the Goldfields region in Western Australia at the time of the CDC baseline data collection (see Mavromaras, Moskos, Isherwood and Mahuteau 2019).

## 5.2.6 Gambling

Perceptions as to whether gambling was a problem in the BHB region were mixed. Some respondents believed that the prevalence of gambling was high, and that it was having negative impacts on the well-being of those affected and the broader community<sup>13</sup>.

*Bundaberg has a large gambling community. I know through some of my dealings with the clubs that there are stories of people that have just about lost everything and they're spending thousands a week. SH03*

*We are roughly putting about \$5 million per month into the pokies in Hervey Bay alone. Per month. And I did a little bit of digging with the gaming commission or whatever they're called. We've got 932 machines in 15 establishments just in this town. I mean, if you look at it, it's one*

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<sup>13</sup> While different forms of gambling were perceived to be problematic in the Goldfields region, the level of social harm being generated was of a similar nature here in the BHB region (see Mavromaras, Moskos, Isherwood and Mahuteau 2019).



*pokie machine for every 56 people in this town....The pokies just terrify me when I think about it. And I have seen parents out, and I've seen parents who pack crappy lunches and don't put any thought into their children's health and well-being who are out feeding it in. Feeding the machines. SH24*

However, many of these respondents noted though that gambling was primarily undertaken by older people who were outside the target age for the CDC.

*I'd say probably, like the majority are over 40s. Like there are issues with gambling with people in that age range, but from what I'm seeing, like the majority of them are affecting people in their 40s and 50s, and even 60s. SH47*

*I'd say the older [people] with gambling and the younger with drugs. P40*

In contrast, other respondents were adamant that the occurrence of gambling was relatively low and not a concern for the region.

*Honestly, alcohol and drugs is where their money's going, not gambling. SH33*

*Not so much gambling. I'm really depicting the drugs and alcohol in Bundaberg because we've got the highest drug rate here. P33*

Again, many respondents indicated that problems with gambling were interlinked with alcohol and drug addition, with people gambling as a way to try to increase the resources they had to buy alcohol and drugs.

*It's a strange one but gambling is definitely an issue but it's all interlinked...because you've got drug abuse and people on drugs need money to buy their drugs, so there's either violence to get the money or they bet money and they gamble. It's a cyclical thing really, it just goes around and around, gambling and the alcohol and the drugs, and domestic violence, they're all linked. SH04*

*People have time on their hands so they use gambling as something to keep themselves occupied, in addition to or instead of drinking and drugs. SH18*

### **5.2.7 Child well-being**

As indicated above, some respondents (mainly stakeholders) expressed 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 some to result in children experiencing family violence and going without adequate food, clothes and shelter. Children's feelings of safety were also identified as being negatively impacted.

*You've got high numbers of kids going to school who don't have food, don't have clothes because it's all being drunk and going through the pokie machines or shot up somebody's arm. SH30*

*We have a lot of issues around child safety and domestic violence where obviously the kids are at the brunt of it within a small family unit, all caused by the fact that there's frustration and anguish over lack of income, lack of work, people that are getting onto affordable drugs, accessing it through all sorts of avenues. SH03*

Respondents also suggested that parental neglect impacted negatively on children's school

attendance and learning, raising concerns for their future opportunities.

*So young people are trying to stay at school while they may have a high and complex needs parent and so they disengage from school because they don't have things like, they don't have a computer...or they don't have an environment where they can study. SH08*

*I mean lots of kids, lots of family will keep their kids home from school because they can't send them to school with lunch, they may not have appropriate uniforms, like shoes and, you know, if they're primary school they don't even need a uniform but they often don't have appropriate clothing. And some of the things that happen with the schools is if a child goes to school with no lunch that's a notification to DOCS. So parents think okay well if I keep my kids at home from school well then there won't be a DOCS notification done. SH23*

One further aspect of child neglect described by respondents was the lack of appropriate supervision of children. Stakeholders and CDC participants alike reported that this resulted in children being subject to unsafe environments and, at times, abuse.

*Probably the other side of things when working with people with mental illness and even younger people, we see a lot of vulnerability, I suppose, of people that are at risk and then, obviously a high number of people that experience trauma and sexual abuse. SH06*

Stakeholders identified that poor care and neglect sometimes resulted in a grandparent taking on the responsibility of caring for the children or, where this was not possible, the children being placed into state care.

*A lot of grandparents raising their children now. So, with the children in care that we work with, half of them [are] with the kinship care, not just carers. We find it very hard in this area to get people to take on a carer role. SH22*

*The majority of it is generational. So, it's parents can't afford to have them at home. It's drugs and alcohol as in Mum and Dad are too busy or Mum or Dad or caregiver can't afford to keep them anymore. They might be too busy putting needles in their arms or their mental health's no good. A lot of the time ... I've had three in the last two weeks, that the parents like, "I just can't cope. Come and get them. Take them away from me." .... So, this is an ongoing issue. So, mental health, it's drugs, it's alcohol, it's all the things you're mentioning, all the social issues. The majority I would say is to do with drugs and alcohol, parents being incarcerated and leaving the kids with nothing. It's huge. SH33*

## **5.2.8 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. Common criminal activity included petty crime, break-ins, and assaults. The rate of crime, while hard to measure, was said to have increased over time; domestic and family violence was also said by stakeholders to be high and also on the rise.

*Oh, there's just so many idiots in Bundaberg, there's too much theft and murders and bashings and drugs, and everything in Bundaberg. P11*

*Domestic violence is very bad here in Bundy at the moment. I think there's a lot more younger people involved with domestic violence now. You know we used to see it was more around the 25 to, you know 40 year old age bracket, but now we're getting them from 14 and 15 already in domestic violence relationships and unwilling to leave. Like it's taking them, you know, four*

*and five years before they finally say they've had enough, if they say they've had enough. SH11*

Both crime and domestic violence were frequently mentioned to be primarily a result of alcohol and substance abuse. Other causes were thought to be related to unemployment and youth boredom. In Hervey Bay, the high levels of crime and family violence were also attributed to the jail located in neighbouring Maryborough. Respondents perceived that the jail resulted in a higher concentration of people with a propensity to engage in criminal activity or family violence being located in the region, resulting in higher incidence of these issues.

*There is a fair bit of domestic violence around and it'll find its roots in alcoholism or drug abuse which probably has its roots in lack of employment. SH30*

*Like, stealing, aggravated assault, everything like that. Their rap sheet just goes on and on and because they have nothing else to do and they're comfortable living on welfare and they don't care because, they'll just get paid again, they'll just go and do what they're going to do. P45*

*I think another issue too is we've got the prison in Maryborough, so a lot of guys get sent to Maryborough, their families relocate here, because more often than not paroled when they're released, so they need to stay here for a time, so their families relocate here. The domestic and family violence continues once out of prison, and it just seems to be a perpetuating cycle. SH47*

In some instances the risk of being a victim of crime has contributed to respondent's decision to relocate to a different region.

*I have two kids, I need to protect them. I am not moving because I'm going to get this card, I am moving because I don't want to get broken, my house, I don't want my house to be robbed, I don't want to be broken into, I don't want to have to go to my bank and grab out what money I can and have it taken off of me straight away. P25*

## **5.2.9 Perceptions of safety**

Respondents, particularly CDC participants, noted that the high levels of alcohol and drug misuse combined with crime and antisocial behaviour prevalent in the region caused fear among the community and negatively impacted on perceptions of safety. Respondents frequently mentioned that they would not go out by themselves in certain areas or at certain times (i.e. at night). However, most also noted that they would not feel safe in doing this if they were living in any other location either.

*Wouldn't go down the main street in the middle night, but, of course, you're not going walking down the main street in the middle of the night ... anywhere anyway, even in Sydney. SH07*

*I don't even feel safe in my home. Yeah... Like the break and enters are just getting worse, and I just don't. P04*

## **5.2.10 Housing and homelessness**

As noted earlier, one of the attractions of the region was the relative affordable housing options which were available. It was suggested by respondents however that housing was still very unaffordable for many people receiving income support payments. Moreover, respondents identified that there was a lack of rental housing in the region and a shortage of public housing. Many indicated that the shortage of housing contributed to high levels of homelessness.

*Affordability is a huge one. People on NewStart just cannot afford a property on their own. It just won't happen, unfortunately. So a lot of those ones on the NewStart, they rent agreement, share accommodation and things. But then that can put other people's tenancies at jeopardy as well. So we're always trying to work around that because we don't want other people to become homeless while they're supporting their homeless friends. SH53*

*There's fairly long waits for housing etc. In the private rental market they say that there's a shortage of rental properties but in saying that, there's also a shortage of good tenants I believe, but certainly there can be long waits and some desperate situations. We've got a family at the moment in, and we had to purchase them a tent. So, a nineteen and twenty year old couple with a three year old child. She's eight weeks pregnant and there is no accommodation at this point in time. SH09*

*So I'm still at my mum's looking for a rental at the moment, which isn't easy to find, it's there's not much accommodation around, and there's a lot of applicants on every house. P61*

The limited financial resources that are afforded to people who are out of work and receiving income support payments was also noted by respondents to put them under increased financial stress, which included problems in paying their rent on time. This put these individuals at risk of losing their house and contributed to barriers in obtaining alternative housing in the future.

*So, we're finding most of the clients that we work with are under a lot of pressure financially. Can't pay their rent, they're at risk of losing their homes, or they're renting places that...have workplace health and safety issues, because that's all they can afford, you know. So, to the point where our homeless program, our emergency relief program here and our homestay program here, are just inundated. We have no vacancies and they've got, you know, three, four, five months that people might be waiting to even look at getting into a place. So, and we find that with all the clients that we see in our other programs, just that people living in their cars with their children. So, homelessness is a really huge issue for this area. SH22*

Some attributed the high levels of homelessness in the region to the pleasant and quite stable climate. With little rain and mild temperatures, it was considered to be a favourable region to reside if you did not have adequate housing.

*Somebody said to me, "I'd rather be homeless in Hervey Bay than homeless in Victoria". They just tell you straight up. Because it's cold there. And our cold is not cold. So they'll literally spend the last of their pension to get on a bus or however it is that they get here and they turn up here on the doorstep with their two bags and, and "I need housing". And sometimes we just don't very often have housing the day that people present. Because our vacancies just don't come up very often. So there's not really a lot we can do with them, apart from to give them a welfare list, where they can get the free showers and the free food and things like that. SH53*

Many CDC participants themselves indicated that they had histories of unstable housing and were currently homeless, couch surfing or living in crisis accommodation.

*So I didn't really have anywhere else to end up going, and it ended up just being really like in-between places and sleeping on couches, that kind of thing. P02*

*I was looking for emergency housing in Maryborough, but they didn't have any that I needed, because of my kids, how many I had. I put down four plus bedrooms, but I couldn't get one, so they had an emergency housing up here, five bedroom, which is only for 12 weeks, and they said if I didn't take it, I'd go back down to the bottom of the list. P05*

### 5.2.11 Mental health

Respondents also mentioned that there was significant occurrence of mental health issues in the region. Anxiety, depression and in some cases psychosis were indicated to be common, particularly among young people. Declining mental health was commonly seen to be a result of the issues associated with drug and alcohol misuse identified above. It was also seen by some to be a result of unemployment and the stressors related to receiving welfare payments.

*And with the youth too a huge increase in depression and anxiety and lots of social issues. You know they won't come out of their house, they won't go to the shops, they just stay at home and don't leave the house at all. SH11*

*These are the people that do want to work and that causes them with mental illness because they're so stressed and they don't want to be on welfare, because the amount of abuse people throw at people for being on Centrelink and it's not that they don't want to be on Centrelink, it's just the only way they can really survive at the moment. P45*

## 6. The Cashless Debit Card Trial

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Stakeholder representatives indicated that there had been a need to do something more than what was currently being undertaken to curb the social, welfare and economic issues evident within the BHB region. The CDC was seen by some respondents 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. However, reactions to the trial were mixed. We detail below the views of how the CDC trial was initiated in the BHB region, the level of consultation undertaken, and the reactions to the trial.

### 6.1 Initiation and Consultation

The majority of respondents considered that the primary driver of the CDC being implemented in the BHB region was the local federal member. Unlike in other CDC trial sites, where local government and community leaders had been key to bringing about a trial of the CDC, in BHB it was clear that many respondents considered that the federal government was the driving force behind the trial, acting partly in response to feedback from some members of the community.

*We were originally invited to a meeting with Alan Tudge, the Minister he was then but he's not now, local Minister, Keith Pitt's office ... and a few others were ... oh, it would be more, it would probably be 12 months or more, yeah. They were first talking about it. SH07*

*The federal member for Hinkler, Keith Pitt, announced the concept, and obviously there wasn't any – the details weren't 'till much, much later. But he announced it sometime after that. The Minister at the time, Alan Tudge, came and said it was happening... And then a while later the next Minister, Paul Fletcher, came and met with myself and a couple of the councillors. Some of us said we didn't like it, some of us said we did. But they never asked us if we thought it'd be good for our community. So the idea certainly didn't come from us or the sector, or the schools, or the community, the idea came from one politician alone. SH31*

Stakeholder respondents indicated that there had been community engagement work undertaken by DSS for some two years prior to the trial occurring in the area. Most considered the stakeholder engagement work that had been undertaken to have been comprehensive and far-reaching.

*The Department of Social Services came to the Bundy area like over the last two years and they've done a lot of community consultation and because [SERVICE NAME] works with vulnerable clients we made sure we went to all of those.... what I did notice is where the community had opportunity to come and learn about the card and voice their opinions not many people came to the stakeholder meetings. But now that the card has been implemented they all want to have their say [laughing]. But, you know, they should have come at the other end so they could actually ask questions and voice their concerns. SH11*

*The Department actually came and met with us before the cashless debit card was released. Oh this was like six months ago. They came to see us, probably September, October last year. So yeah, they've been very transparent. They've held meetings at Centrelink. We've received flyers and fact sheets, and things like that. SH51*

In contrast a few respondents considered insufficient consultation to have occurred prior to the decision to choose the Hinkler electorate as the next CDC trial site.

*There really wasn't much information given to these people at all. They kind of just, it was something that was being talked about and then all of a sudden it was something that was going to happen, and now it's something that is happening. And most people still seem to be completely at a loss with it. I don't think the very people who are affected by this never really got a chance to even have a say in the matter. SH47*

*I never got consulted about the card when it was coming here. Apparently there was a community meeting that I did get told about. There was one here that I was actually invited to, everybody was invited that was in the age bracket to find out more about the card. The thing is they put it during school pick up time so no parents could go so it was like you've really timed this bad, you know, that was my only shot at to get questions answered and you did at school pick up time. P01*

Several stakeholders were also critical of the level of DSS engagement with local organisations and businesses which had occurred following the announcement of the CDC.

*It would have been good to have a bit more what has worked, what were some of the problems, you know so we could probably be a bit more prepared too. Because we're just sort of guessing... We should have been having far more intensive robust conversations four months ago, five, six months. Around how this might impact upon our community and what plans we could put in place. SH23*

One of the main channels DSS initiated for undertaking local consultation work was the Community Reference Group. Initially, only one group was established for the region but, as the trial got closer, this splintered off into two Community Reference Groups; one targeting Bundaberg and surrounding communities and the other capturing Hervey Bay and surrounding communities. Membership of the groups comprised community leaders, CDC participants, and representatives from police, health and welfare organisations, merchants and religious bodies. The Community Reference Groups were a key medium for information and updates about the trial to be provided to community representatives and for information about the community to be provided to DSS. Decisions about the scope and nature of the trial in the BHB region were also discussed at these Community Reference Group meetings. Some respondents had been or were currently members of the Community Reference Groups and spoke about how they also distributed the knowledge obtained from this experience further in the community.

*I've actually been on the Community Reference Group so I've sort of been involved with the information that they've provided there. I think it's pretty clear and we've been provided with really good information at our Community Reference Group meetings and the lead project office has certainly been very good at circulating information and ensuring that we get it out to the public who are affected. SH14*

*So I think it's going to be, I guess I sit on that advisory because I think it's very important for us to have representation. I'm not convinced totally that it's, how it's going to work. So I'm I guess sitting on the fence at the moment. I just think it's really important for people to know and have an input into what some of the issues and concerns could be... But it certainly is important to have people represented within the community, so that then we can also feed out information. Because I have just from being on that advisory, because it hits the papers here, front line, headline: cashless card starts tomorrow. I come into work, we had a staff meeting and then the one of the counsellors had brought up about the cashless card starting today in Hervey Bay. That was the headline. And I said, I'm not too sure when that changed, because I sat on the advisory last week and I said they're doing Bundaberg first and then it's going to*

*come through. So it certainly is vital I think to have an advisory and representation. SH34*

Potential improvements to the level and nature of the consultation which had occurred were suggested by a few respondents. These included more engagement with local media about the trial by DSS staff who were on the ground in the region; and more collective consultation *versus* individual consultation.

*I think the improvement is not so much in the card itself but in the promotion of it is that we'd like to see more local engagement with you know, at the last meeting we were talking about there's a number of us around the table that know the editor of the Fraser Coast Chronicle personally, okay, have known her for a long time, have a very good relationship with her. You know, can the guys from DSS sit down with her and try to give her the positive part of this whole program and what the hopes and dreams of the program are. Can Keith Pitt do that? I mean he's done that as much as he possibly can but unfortunately government being what it is, everything has to go through media departments and media advisers and whatever, and it comes out as a very rigid media release. And then you know, the newspaper will pick that up, even if it's positive but of course then they'll go and look for all the negatives to basically counter it. SH04*

*And that's what I think is being missing out of this whole process, is that it's been a case of DSS consulting individually with providers out there but there's not been a collective consultation, a genuine collective consultation about how does the community actually work together to resolve this. And it's, don't get me wrong, there's been, DSS have come along to existing meetings and presenting what it is and asking questions, but then actually having a community of practice and a community of action together, that's definitely missing in this process, if you're talking about addressing the underlying issues. SH06*

Apart from the consultations and stakeholder engagement work undertaken by DSS, prominent sources where people obtained their information about the introduction of the CDC were Centrelink, the media, their local member and DSS fact sheets and flyers. After the establishment of local shopfront offices, many respondents were also aware that they could visit these offices for information if required.

*The websites and the shopfront and fact sheets and everything else provide good information. SH14*

*Various places, online, PR, talking to friends and everything, pamphlets. P22*

Potential participants of the CDC trial were also likely to obtain information about the trial from their friends or via social media, Facebook in particular.

*But yeah, mainly just friends speaking about it, and saying that they're going to be doing it. P02*

*Probably Facebook, I think. I think I've seen it more there and on, like, the news and stuff like that. P26*

## **6.2 Reactions to CDC**

The interviews with both stakeholder representatives and CDC participants explored the reactions that had occurred in response to the planned implementation of the CDC within the BHB region. These reactions were experienced at both a community and participant level and are described below.



## 6.2.1 Community reactions

Community reactions to the CDC trial were suggested by respondents to have been much divided.

*Through the community at the moment it's a mixture of both feelings as in people saying it's a good thing and a bad thing. SH35*

Some key stakeholders within the community, such as state and federal politicians, councillors, police and ambulance services, local businesses and frontline workers (in welfare agencies and education) were supportive of the CDC trial.

*We've got letters of support from the people on the ground that attend the meetings and that are pushing for the Cashless Debit Card. They're like on the ground. "We've got to do something. We have the same people coming in and out all the time"....The bulk of the people I've spoken to are fine with the card. SH01*

*We had the Minister down at the time...and they basically ran through what it would mean. So this was a good 12 months before the card was even really looking to be here and overwhelming response from the business community that attended those things was that they needed to do something and that there didn't seem to be any negatives at all from a business perspective, it would just be business as usual. SH58*

Also, some members of the broader community - particularly those in older cohorts who would not personally be affected by the trial - were described by respondents as being in favour of the introduction of the CDC in the BHB region.

*It depends what age group you talk to. All of the baby boomers in my age group who I know all think it's a great idea. We all worked all of our lives and paid tax but certainly anybody under 35 who is going to be impacted on it will probably have a negative opinion of it. SH30*

Community support for the CDC centred upon perceptions of the need to introduce new measures to address social issues within the region and the potential for positive outcomes. However, it was noted by respondents that some comments on social media by proponents of the trial had been very derogatory towards the cohort participating in the trial, causing further division and contributing to feelings of stigma.

*Online on Facebook, it comes up every time and it's just appalling what these people are saying...They made a lot of good comments, like the ones that do use it for drugs and everything like that, or are just too comfortable. I totally understand their opinions, but it is attacking people that can't get a job, and it is hard. I'm not sure how people could say these things if they don't know these other people's situations...I've read so many comments about the card. There has been some really disgusting comments attacking people...People do say, "Well, if you don't like it, get a job". P45*

*It can change the way people think in the community. It's going to happen. It's already starting. People are getting slaughtered on Facebook over it. Oh you're just an unemployed bum, you dole bludging, uh, uh. I work for a living, my tax dollars. Hey, your tax dollars go to the government, it's up to the government where it goes. P29*

On the other hand, many respondents noted that there had been considerable disquiet within the BHB region surrounding the trial of the CDC. Alongside members of the wider community, some organisations (including council leaders and welfare organisations) were reported to have been

opposed in principle to the trial of the CDC.

*I hear amongst the community that a lot of people are very upset with it. Eighty percent. P10*

*There was a bit of an uproar to begin with. And not just from clients but from services and probably more so from services, because they felt that people's rights were being taken away from them, because they were going on it without choice and things like that. SH22*

Community opposition to the CDC was commonly described as having been, and continuing to be, expressed through reports in the media (both via newspapers and television). A great deal of activity was also said to be occurring on social media including the establishment of Facebook pages opposed to the roll-out of the CDC in the area.

*It was a lot of through Facebook, social media, saying how bad it was and how it was not owned by Centrelink, so if the system went down, there was people standing in the groceries and it hadn't come through to the card, so they couldn't pay for their groceries, that sort of thing. I think it was the bad feedback on social media that has sparked the questions. SH38*

*Like any place that's had this implemented, there's been people against it, people for it, and it's been allowed to escalate in the media...All of a sudden, there's been so much negativity about oh you know, we'll have increased crime. This is going to happen and it's hit the papers; it's been around. People start getting restless and it creates doubt in the community. SH03*

Protests were also reported to have been organised as a form of public demonstration against the policy. However, several respondents noted that these had been attended by a relatively small number of protesters and mostly by people who, for example because of their age or location, were themselves not affected by the CDC.

*In terms of some of the locals that opposed, I was very, very surprised to see that generally people opposing the card weren't actually the cohort that would be impacted by the introduction of the card. They were people on the aged pension, they were others...just from a human rights angle. But I didn't see a lot of substance to the opponents where genuine people who were going to be caught up in the cohort and the roll-out of the card were actually lined up saying, "No, this is really negative for me. This is going to impact me in a big way. I'm not going to be able to do this for my children." I didn't see any of that at all. P36*

The reasons provided by respondents for community opposition to the CDC were primarily that the policy was seen as being a breach of human rights via its mechanisms of controlling the finances of CDC participants. Further criticisms included a perceived lack of community consultation prior to the decision to introduce the CDC into the region, and the expectation that the actual outcomes of the CDC were unlikely to realise its proposed aims.

*The negative comments that come out are that it's their public rights or whatever it is, and civil rights. It's a breach of that because you know people should be able to spend their money however they like. SH04*

*The community are pretty frustrated with how is that going to improve the situation for people or address those underlying issues. I think that's the cynicism around the card that, you know, how will you know that all that will actually address those things because it comes back to individual behaviour. SH06*

However, it was noted by stakeholder representatives that some of the community opposition to the CDC was based on inaccurate information, mostly circulated via social media.

*[The Government] won't advertise on social media...That gave opponents of the card who were using social media a much louder voice. And I think the information was available to everyone, but the majority of participants affected by this card, and others who thought they might have been affected, were only being given information by the opponents and therefore often the wrong information, and formed opinions quickly as a result of that. SH36*

*I think that the current community mood is quite negative, there's an us and a them at the moment. Now the social media groups that are anti the card I don't believe they're putting accurate information up at the moment. I believe they might be getting their information from other sites and they've presumed that that is what's going to happen in Bundaberg...I don't believe that it's going to be as ugly as what some of the social media comments have been. SH08*

Some respondents also reported that community responses towards the trial had become less negative over time as more information was disseminated and understanding grew about the CDC and how it would operate. As the implementation of the CDC progressed, it was further expected that there would be more community acceptance of the policy.

*I think it's improved since the legislation was passed and they were able to actually say this is the cohort that will be affected, will be impacted. There was a lot of people sort of concerned that it was going to be them. SH04*

*My umbrella view of the response is where people have had an initial negative reaction to the announcement or the potential introduction of the card, generally, once you dispersed the myth with the fact, on almost I'd have to say 99% of occasions people have gone away thinking, "Oh, that's not so bad, I'm not really going to object to this now." It was generally painted worse than what it was actually going to be through a lot of the mistruths that were being circulated. SH36*

## 6.2.2 CDC participant reactions

Reactions to the introduction of the CDC amongst those who would be participating in the trial were likewise varied. Around half of the CDC participants described themselves as being against the CDC trial. This was primarily for two reasons. Firstly, some CDC participants expressed an opinion that they felt it was unfair that they were being placed onto the CDC. These respondents described being made to feel as if they were a criminal or that they were being categorised and judged alongside those individuals in the community who were doing the wrong thing, e.g. using drugs.

*It's not real fair like all of us, those people that are doing the right thing are getting affected by this card, where there's people out there that are just using and abusing their money, like drugs and alcohol, and gambling. We're the ones that are missing out, because of their addiction...I'm full on against it, I've been against it since the day I heard it was coming out, and I know quite a few people that are against it, because we're the ones missing out. P04*

*It's like I'm being punished to be put on this card...I know people that are drug addicts and they're not being put on it. They spend all their money on weed and drugs and they're not being put on it...It just frustrates me that I'm actually doing the right thing and then these people are literally begging me for money because they haven't gone grocery shopping. Because they know I budget and I don't do that stuff. So they come over to my house begging me for food. P06*

Secondly, some CDC participants objected to the introduction of the CDC because they perceived it

would adversely impact upon their financial situations. In particular they disliked the perceived control that was being imposed on their spending. This included the reduced availability of cash and also the restrictions on where and what items the card could be used for.

*The card itself, I see it as slavery basically. It's slavery. They're trying to control exactly where I spend my money. If they want me to go out and buy the brand new things then give me more money to go buy brand new things. P22*

*So, basically, I don't need a card to tell me what I can and can't do. I need the money, I need to be able to access it...Living out at [PLACE], I have my little general store next door, I have my little friendly grocer. We might go to the pub for dinner...it's the only place that does takeout dinner. Fruit and vegetables on the side of the road, but I can only get a select amount of cash out...It's an isolated area. Is it going to work at every single place? P20*

In contrast, around a fifth of CDC participants supported the CDC trial, seeing the benefits of the card for themselves or others. These benefits centred on the potential positive outcomes of the CDC for their community such as reducing drug and alcohol use, and improving the well-being of families. Others welcomed the card as they felt that it may assist them personally with managing their money better.

*I think I generally like the idea of it. I think it's a really good idea especially for this town that has bad things especially when it comes to drug use, young people using drugs and the effect, and alcohol and tobacco as well. And any effects that it has on them and their families, everyone around them, then I think this would have a major effect on a lot of people. P18*

*It doesn't really put me out that much. Like, you can still do pretty much everything you want, but you just don't have the money actually out. Whereas, I think it's probably better because then at least I know that I can pay for everything and I'm not just going spend it...For me at the moment, I do like being on it. P59*

A further fifth of CDC participants stated that they were ambivalent as to the implementation of the CDC in the BHB region. These respondents typically did not feel that the card would have a significant impact on their lives, either because they were working and so had accessible funds outside the card or that it would not change their spending habits as they did not purchase (much) alcohol.

*For me it's fine because I don't drink or nothing. It doesn't worry me. At least you can spend it everywhere, I thought it was just seven places but it's good that you can go to the supermarket and use it all and go to the fuel station and use it. It works like a normal card. I reckon it's alright. P58*

*I don't have too many thoughts on it. I never really had many people talk about it. I just thought it is what it is. I'll play the game, I guess. There's only one way to find out. P17*

A final group of CDC participants reported that they had mixed feelings about the CDC. Several of these respondents said that while they supported the policy for others, they did not wish to receive the card themselves. Others acknowledged that while the CDC may impact positively on their own habits, the transition involved in moving onto the card was unsettling.

*At first I thought oh this is a great idea because it's going to stop all the problems, but then I looked into it and I thought but that's going to affect me and I don't do that so I'm thinking well how am I supposed to learn how this thing works?...So I just, I was back and forth between it. P38*

*I'm a bit up and down...I have to be thankful that I'm in this country and when a tragedy happens in your life, that we are supported in this way. Our welfare system is quite good. Then the other half of me feels like it's just another kick in the guts. I'm very worried it will be what sends me back on my downward spiral. P49*

Some CDC participants - around a tenth of the sample - had previous experience of income management, namely the BasicsCard during the trial of that program in other areas of Queensland. This impacted upon their reactions to, and expectations of, the CDC. Perspectives were mixed; some CDC participants felt that the BasicsCard had had positive impacts on their lives such as improving their budgeting skills and reducing addictive behaviours. However, this did not necessarily translate into a wish to now go onto the CDC.

*'Cause I was into drugs and that kind of stuff, so I wasn't good with money, but once I got the BasicsCard and had to start paying rent...I think being put on the BasicsCard and only being able to go to certain shops, and not being able to get money out from it and not being able to get cigarettes and that kind of stuff and the alcohol, and then on top of that being accepted into Housing and having to pay rent on top of that, also assisted with me quitting. And so I actually ended up on top of having the BasicsCard and getting a house, like a unit, actually was able to get off drugs...I was fine to be on it, but then when I got off it, I was good at budgeting and everything like that. I'm not happy to go on it again. P06*

*The rest of my money went on my BasicsCard and I managed to save my first thousand dollars ever with that, so it was a really, I mean, \$1,000 doesn't seem like a lot to some people but that was huge for me. So that bought me my first car...For a while, having some reinforcement did help definitely. It just took a mindset of wanting to adapt to it. I guess it gets you to realise how much, (1) you're spending; and (2) how much some of the choices you make in your life have a detrimental effect on your life so much. P18*

Others reported that they had experienced issues with the BasicsCard including restrictions placed on how and where the card could be used, in some cases resulting in financial difficulties and (for one CDC participant) housing instability. As a consequence, concerns were expressed about whether these experiences would be replicated with the CDC.

*I was on that trial run for a year...when it [BasicsCard] first got brought into Logan. Yeah, it was not the best thing in the world. I hated it. I got kicked out of multiple houses because of it because I couldn't pay rent and because the person didn't want to give their details over to Centrelink...Then after a year, I suddenly got taken off it - I was just like "yeah" - apparently, it was just a trial run and they took me off it...When I got here to cop it again, I was like "oh, shit"...Didn't like it one bit. P12*

*I couldn't go to Aldi on the BasicsCard. I couldn't go to a butcher shop and all that kind of stuff. So I couldn't go to the servo I go to which is the cheapest in town because you could only go to Coles or Woollies. So it was hard. They were the most expensive servos around town, so I couldn't go to the cheapest petrol station in town, had to go to the most expensive one. And now it's like I'm just panicking because it's taken away from my budget. P06*

Stakeholder representatives working directly with people who would be participating in the CDC program, also reported a mixture of feedback which they had received from their clients. Some stakeholder representatives stated that their clients had expressed opposition and concerns about the implementation of the CDC and that this was leading to considerable stress and anxiety. Other CDC participants were said to be either positive about the changes the CDC could bring in their lives or were not overly concerned about having to go onto the card.

*People have heard a lot of myths about what the card can and can't do and I think that sort of made people really scared and anxious about going onto the card and they're fearful of having their money controlled and not being able to use it wherever they want I guess...We thought that there'd be a lot of clients very stressed and anxious about it and that's what we have found. SH11*

*Majority of the people who I speak to, they are very much pro the Cashless Card...I speak to young people who are going to be impacted by it, who think it's a good thing because they want to work. SH45*

*I haven't found that many clients have been fielding questions. I've probably had a couple but I would like to consider probably my portfolio has a higher percentage of people that will be involved in the trial. Yeah not many people seem to be too bothered or have had questions at this stage...They don't know much about it, but nobody's really highly concerned. SH10*

## 7. Anticipated Impacts of the Cashless Debit Card

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The CDC was introduced in the BHB region (as in the other trial sites around Australia) with the aim of addressing the social harm caused by the problematic use of alcohol, drugs and gambling. In addition, a further aim of the card within the BHB trial site, mainly due to its specific economic circumstances, was to assist with reducing pre-existing high levels of unemployment (particularly youth unemployment) and intergenerational welfare dependence. The interviews with stakeholder representatives and CDC participants explored perceptions of the *expected* impacts of the CDC on these issues along with further additional expectations relating to financial management, crime and family violence, child welfare, health and well-being, support services and housing. These anticipated impacts are discussed below.

### 7.1 Expected impact on alcohol use and misuse

Overall, respondents were hopeful that the CDC would realise its aim of reducing alcohol use within the BHB region. The restrictions placed on the purchase of alcohol by the CDC were considered to act as a barrier to spending money on alcohol, the expectation being that they would make it more challenging for CDC participants with problematic levels of alcohol consumption to source alcoholic drinks. The blocking of the purchase of alcoholic beverages in hotels and bottle shops both within and outside of the trial area was also seen in a positive light especially by stakeholders.

*If you're getting Youth Allowance now, you have access to the money, you can store it, you can buy alcohol and whatever else...It'll be harder to access because it's on a card...It'd stop the alcohol abuse, the drug abuse and it being so easy to go to the ATM, get your money out and go straight to the grog shop or a dealer or whatever. It'll just cut that in half, basically. P27*

Respondents hoped that reduced spending on alcohol would lead to better budgeting choices and increased spending on other necessities such as rent, food and clothes, as well as items for the children of CDC participants.

*The main thing it'll do is stop these people going to the pub with a pocket full of money as soon as they get their cheque, and spend it, then have nothing at the end, waiting for their next cheque to come in. I think it'll help those people, as they can only spend on food and personal belongings and things that they can on their card. Instead of just blowing it and then having no more for their kids...I'd like to see the results, and I've got a feeling it's going to work in this region. SH46*

*It might help with the people that are struggling with addictions, say drugs or alcohol, gambling, anything like that. It will stop them from having the cash in their hand, giving them the opportunity to pay their rent, buy groceries, not spend it on alcohol or things like that. P07*

A reduction in the consumption of alcohol of those on the CDC was therefore anticipated with the introduction of the CDC which respondents thought may also lead to reduced levels of alcohol dependency. As a consequence, some respondents expected the CDC to enable participants with current alcohol issues to have more control over their lives and accept personal responsibility; some stakeholders considered this had the longer-term potential to assist in CDC participants becoming more ready for employment.

*I think it's going to be good for keeping me in check. Sometimes I find that I can lose myself. Like on a weekend, I might have one too many to drink or something like that. Even though it's okay to drink, at this point of time in my life, I just want to be straight-headed and whatnot. I think the card is going to help me...There's a lot less temptation to go the wrong way. P17*

*Drug use, alcoholism, all of those things. Any reduction in those is going to be a massive positive impact for the region. Who knows, that may well mean that there's more employable people, that more people will take a bit more responsibility for themselves once they're not using you know substances or drinking alcohol all the time or whatever. They might have the opportunity to have some counselling, get their life together and actually sort of look at well maybe I could work. SH04*

In addition, several respondents were hopeful that the social harm associated with alcohol misuse in the region would be reduced, and in particular levels of alcohol-related domestic violence.

*Look, I think alcohol and drugs are a big contributor to family violence, and I think the card discourages people particularly from buying alcohol. And if they're not drinking as much, if that has an impact on their ability to gain those sort of substances, then it could have a positive effect on people not becoming violent when they're drunk or drug affected so it could be a positive thing. SH57*

However, other respondents were less convinced that CDC would have a positive impact on problematic alcohol use in the BHB region. CDC participants with a dependence on alcohol were expected to find alternative ways to access cash to be able to purchase alcohol, mainly through trading or criminal activities. A few of the CDC participants interviewed were also concerned that a lack of access to cash could lead to increased frustration for those addicted to alcohol and result in more family and community violence.

*People that are using, they're going to find a way no matter what you do. Giving them 20% cash, that 20% cash is going to go straight on their alcohol, cigarettes, drugs, whatever they're using it wrong for. That money is still going to go to that. It doesn't matter what you do. If you take it away from them completely, they're still going to find a way. The crime rate will probably go up because they're going to break in and take people's money instead. That's their mindset. They're going to do whatever it takes to get those things. P37*

*It'll just create more domestic violence and more things like that. So all these alcoholics that actually have grown their mind to need their alcohol, they don't receive help, they don't try to receive help, they're going to bash their partners, they're going to bash their kids. It's just creating a world of hatred for everyone around them. P10*

Other respondents expressed an opinion that the cash component of the CDC - if spent all on alcohol - would be sufficient for people with a drinking problem to maintain their habits. It was also recognised that some people in the region with alcohol dependency were not part of the target population for the CDC and as such this would limit the effectiveness of the card to fully address the social harm caused by alcohol.

*I get a hundred and forty dollars of my money in my bank account anyway. If I had maybe not drugs, drugs are pretty expensive, but if I had an alcohol problem, that'd be more than enough money for alcohol for the fortnight, wouldn't it?...I think I could afford to get pissed every day if I really wanted to off that. I don't think it's going to solve any problem. P64*

*If they don't fully implement it across the region, if they keep it at 6,000 and don't go ahead*



*and do everyone in that target group, I think they are going to get far less benefit and outcome because there'll be too many people not on the card that can still buy those drugs and alcohol and do deals with other people. SH11*

Finally, several respondents suggested that the CDC was not sufficient to fully deal with alcohol misuse - and the associated social harm - in the BHB community. Thus, additional measures were thought to be needed, either alongside or instead of the CDC program. This included the need for more alcohol and drug rehabilitation facilities and services to better support people with addictions living in the local area.

*Do you know our local council and our state government don't even fund the one drug and alcohol rehab that we have between Brisbane and Gladstone?...So they can't say they're fighting drugs and alcohol, you can't, an alcoholic can't just stop drinking. You will die. P49*

*If they have an alcohol dependence, it [CDC] could help them to come off that. Yes, they'll go through that withdrawal symptoms, but then be in a situation where, "Wow, I was dependent. Maybe I should stop". But without excellent intervention, that's not going to happen...There could be some really positive outcomes, but there needs to be support behind it, through Allied Health and through social work intervention, that kind of thing, to make sure that the end outcome is reached, other than just pissing people off basically. P34*

## 7.2 Expected impact on drug use and misuse

Expectations around the potential impact that the CDC could have on drug misuse in the BHB region were more muted. Respondents (both CDC participants and stakeholders) were divided as to whether the CDC would have positive or negative impacts on the use of drugs. Around half of respondents felt that the CDC had some ability to address the impact of problematic drug use within the region. In particular the reduced availability of cash under CDC was perceived as being able to effectively restrict the ability to buy illicit drugs. The trade for drugs was described as being cash-based and the CDC would therefore make it more challenging for CDC participants to be able to purchase drugs.

*It will stop them from having the cash in their hand, giving them the opportunity to pay their rent, buy groceries, not spend it on alcohol or things like that...I watched one little thing on the news about how it [CDC] is going to work, which I do quite like it because of the people struggling with addictions. It stops them from having the ability to put themselves out of pocket and even just ruin themselves because of drugs. P07*

*If it's gonna cut back on the ability to purchase drugs, it'd have to have a positive outcome...Hopefully, people will realise that they can't just buy it as freely as they wanted to, they either cut back or give up completely. So that's the idea in theory, whether it works out in practice, I'm not sure. But, probably long term I can see that possibly happening. SH17*

It was therefore anticipated by some respondents that the CDC may lead to drug users thinking twice about their habits and to spend their money on other items such as rent and groceries. Several CDC participants provided personal examples of family members and friends currently experiencing drug misuse issues who they considered may benefit from the introduction of the CDC.

*She [my sister] is one of the people I'm thinking this might actually help, well she's had a bit of trouble...she has some problems with smoking ice...I'm hoping that it's going to make it a bit more difficult to live that kind of life. 'Cause I know that she gets a lot of money, and she still always asks me for money and stuff...So we're hoping that maybe this will help, maybe restricting the amount of money she can spend on those things will change. P02*

*It'll make them think twice before wasting their money 'cause how are they supposed to go and get their own house or buy clothes and that if they're wasting it. Like, really? 'Cause my brother-in-law, he lives here, he's only 18 and he does drugs and all that, and that's what his whole pay goes on. P05*

Subsequently in the longer-term, these respondents thought that the restrictions associated with the CDC would provide an opportunity for people to recognise and address their drug addiction and seek support from services with this. However, it was recognised by respondents that people with addictions needed to have reached a point where they were personally ready to deal with their issues.

*There's not too many locals at the moment that are wanting help. I think this cashless card will definitely change that up. I think when more things get put in their life, more obstacles to jump through or more challenges with their addiction come up, I think more people will want to come in the [drug and alcohol rehabilitation] program...People will have to look at their lifestyle decisions and how it's affecting them and others. And probably start asking for help, which will be good. SH42*

*Well you can't buy drugs from the shops on a card. It's not like there's a card and a vending machine you can go like that from. I think it'd be good when they're saying, "Oh, so I literally cannot spend my money on anything else...so I need to spend it on what I need," and they'll actually think about that from first time instead of just having the money going, "Yeah, I'm going to get what I want now," and actually thinking about it and analysing what they need as a person instead of just their addiction. P15*

Moreover, family violence was seen by stakeholders as being strongly correlated to drug misuse in the region and it was hoped that levels of this form of violence would also reduce as a consequence of the introduction of the card.

*It's very obvious domestic violence, violence in any form is highly charged by alcoholism or over taking the drugs. And especially ice and the more violent forms. So I'm hoping we'll see less need for the paramedics, and the hospitals won't be as crowded with injuries or people overloading. SH27*

In contrast, many respondents were of the opinion that the CDC was unlikely to be able to adequately address the social harm caused by drug use. The issues fuelling drug misuse within the region were seen as being complex and beyond the scope of the CDC program. Also, for individuals who were dependent on drugs, their behaviour was considered too entrenched for the CDC to impact upon this. As a consequence, additional approaches beyond the reach of the CDC were seen as being necessary to effectively curb drug use in the BHB trial site.

*There's these people that just don't care about getting a job and only care about their drugs. You're taking that away from them so then they're going to look for it everywhere else rather than just being a normal person and getting a job. And it's their mindsets too. It's nothing to do with anything on the outside. The government, everyone; there's nothing you can do about that. It's their own mindset and to change that it's going to take a lot and it's something that I feel needs to be addressed. These people that are on drugs, what can we do to change their mindsets, get in there and actually get to the bottom of why they're doing it and what's happened? It's all mental stuff. P37*

*Bundaberg is actually one of the highest areas for ice abuse. So, what's gonna happen when they can't get cash out to buy their ice? I mean, obviously ice is the issue and it needs to be fixed, I'm not trying to defend the ice. But there needs to be more supports available. P20*

Workarounds which enabled people to find ways of accessing more cash in order to continue with their drug habits were expected to occur by many respondents. In particular, trading was expected to occur whereby the card would be used to purchase items which could then be traded for cash (or directly for drugs). Some respondents also expressed concerns that levels of crime would increase in the area as a way for drug-addicted CDC participants to supplement their cash component of the CDC.

*If people don't have the money to go and buy the drugs they're going to get the money from somewhere else, because they've got addictions that need to be catered to. So the cashless debit card is not going to stop people taking drugs. It just means they're going to get more strategic with how they get the money. SH51*

*Once the card comes in, people have less access [to cash], either way they're going to be like, "I'll do your grocery shop for this" or they're going to use any valuable items. Not only that, once they run out of valuable items or money, they're going to go and start stealing from everyone else...I believe that when the card comes in, it's going to cause more crime and I don't think it's going to change the drug use at all. P16*

### 7.3 Expected impact on gambling

Respondents (particularly the CDC participants) reported fewer expected impacts relating to gambling within the BHB area. Some respondents anticipated that the CDC would result in less spending on, and incidence of, gambling; and particularly the use of poker machines. It was hoped that this would lead to positive benefits as funds could then be diverted into spending for other family members including children.

*The pokies will hopefully see a bit of a dive. It's quite busy if you walk past the pubs in the main street and you hear them going in the middle of the day. SH05*

*My partner, he's got a gambling problem...he's doing online pokies...So, for me, us, like, it's [the CDC] come at a good time. Whereas, he can't spend any money, you know, online on things, like with the pokies or anything like that. Because he was just transferring money from account to account and then playing the game online...My friend said, "Yeah, it's good because now you know you're going to have food there for the kids and you're not going to have to stress about that because he's on that." P59*

However, a few stakeholders also reported fears that the CDC could lead to issues for CDC participants with gambling addictions. In particular, concerns were expressed that these individuals would not want to curb their levels of gambling and instead would make demands on their family members to try to access more cash to feed their habit. It was also suggested that tensions due to a lack of available money for gambling could lead to heightened relationship issues within families and even incidents of domestic violence.

*Where somebody's gambling behaviour has been able to continue, even though it's a harmful behaviour and it's destructive and all those things, if they've had the resources to be able to continue that behaviour in a sense that's being managed, but if you take away that resource for them to continue their behaviour or to reduce their ability to continue the behaviour, that might turn into aggression and frustration onto another person or onto the community. SH18*

Finally, it was reported by many respondents that younger people who were the target population for the CDC were not necessarily the cohort most affected by gambling. Rather, older people and individuals not receiving welfare payments were seen by respondents as being more likely to use the pokie machines and exhibit problematic gambling behaviour.

*If we walked in to the RSL or the Boat Club right now, you would see the people losing their money...and I would be surprised if any of them were under 55 and on a payment...None of them will be in this cohort of 36 and under, because they just aren't. The people losing their money unfortunately here are all the cashed up people, so might be tradies, with jobs, or pensioners...It's not going to stop people on the pokies, 'cause it's not them. SH31*

*I agree and I don't agree to the cashless debit card. I agree because there are a lot of drinking, a lot of alcoholics and a lot of drug addiction. I mean, gambling, that too. But it's sort of like targeting people. People that aren't on Centrelink benefits...have gambling problems as well. P46*

## 7.4 Expected impact on employment and training

The CDC was seen by some respondents as potentially providing a useful tool to encourage greater numbers of younger people to access employment and training. Indeed, a few stakeholders were confident that the CDC, in conjunction with other current regional development initiatives, would lead to enhanced levels of employment within the region.

*I think that there's going to be some jobs that will come out of it and it may have cleaned up these kids that are on the card to actually go into employment, and that's just not wholly and solely through the card. That's through the other stuff that Jobs and Small business, and the Regional Cities deal will do. So it's a perfect time. It's like it's [CDC] just been set up brilliantly to be working in partnership with these others. SH01*

Moreover, the restrictions inherent within the CDC were felt by respondents to provide motivation to those participating in the trial to look for employment and exit the program in order to be able to fully control their income. Several CDC participants described how being on the card would enhance their own motivation to seek work. The CDC was also perceived as being a potential deterrent for school leavers who may be considering accessing welfare payments rather than seeking employment.

*It'll probably make me look more for a job. Off Centrelink sort of thing. It would be good, like give more of a boost, and look for jobs. For one I don't want to be on Centrelink all my life. And two, that the card is going to be tricky to use, that's the first start, it's probably going to be frustrating...I like to do stuff myself. You know, be able to have control of what I've got. P08*

*I did have one [client] at my desk the other day...flashing his card around, and he said, "I'm not staying on this card." And I said, "what do you mean you're not staying on it?" He said, "I'm going to get a job." Like, great. Because no-one wants to have dictated how they spend their money...And that's fine, if you want to go get a job we'll support you to do that. SH51*

For other respondents, however, there was confusion and uncertainty as to how the CDC program could positively impact upon labour force participation rates in the BHB region. Hence the proposed link between the card (with its restrictions on the availability of cash and the purchase of alcohol and gambling products) and employment within the area was seen by them as being spurious.

*Midway through the card debate it ceased to become or it was less obvious that the benefits or the focus of the card introduction was about intergenerational welfare or certainly the negative impacts in the community of welfare money being spent on gambling and illegal drugs. Suddenly, it took on this employment flavour, and I thought this could only be politics. I was a bit disappointed by that because even to this day I've never seen a direct link that it might have to employment in the region; I think the two are somewhat unrelated. SH36*

A lack of jobs within the BHB region was considered as hindering opportunities for employment for many young people; the CDC was not perceived to offer a way of solving this issue, as it was not considered to provide new job opportunities. Moreover, the CDC was seen as stigmatising those CDC participants who were actively seeking work but were unable to find employment due to a lack of jobs. Therefore, not all respondents saw the card as being an effective way of either encouraging the motivation to find work and to remain in employment. This included CDC participants who described the difficulties they had personally encountered in finding work.

*The official justification is it'll embarrass and stigmatise somebody so much that they'll find a job. And this is people that have sent off hundreds of resumes, week in, week out...So we have a really high youth unemployment rate, which this will do nothing to help. This doesn't create any jobs, and they're already applying for jobs. There's already way more unemployed people here than there are jobs...and this targets them, and it targets them directly to their sense of self-worth...If the government cares about intergenerational unemployment here maybe they should actually come here and look at some real options. SH31*

*People do say, "Well, if you don't like it, get a job". How can you get a job here if there is nothing?...I hate being on welfare and I have been trying for jobs, but I'm not a young junior, so they're the kind of workers they want. They want to pay less money for these jobs. Most of the jobs are already gone or you have to move away and you have to have a licence. P45*

*There are the lazy people that don't want to work, choose not to get off their arse and do it, but there's a lot of us who hand out resumes and we don't get calls back. There's been points where I've emailed twenty different places and I haven't heard a single word back. I've had experience in the type of work they're looking for, they just haven't bothered with me. So, we have a lot more people here than we do actually jobs available. P16*

Several respondents recommended that a greater focus of policy on job creation would be more beneficial than the CDC to properly address labour participation rates. Such policies would include the development of new industries (including those that could provide youth employment), the provision of better pathways into work for school-leavers and the development of programs to encourage employers to hire local people rather than backpackers. In addition, access to training and apprenticeships which allowed younger people to obtain useful qualifications and skills were also perceived as being important.

*So what this town really, really needs is an industry. We need something, you can't sustain a population of 50,000 people without an industry. It's impossible. And that's where I feel this town is coming undone. We don't have that work out there...We need an influx of good, permanent, full time or part time positions where it's not just your minimum eight or 15 hours a week. Because people can't live on that...Give us an industry. Give us a way that we can employ people. SH24*

*If it's got to do with employment, then they should have targeted helping people with employment. I don't know, I've felt the card's more for people with drugs – have no access to being able to get alcohol or money for cash to get the alcohol or drugs or gambling. I don't see how employment, with this card helps...I think there needs to be more jobs out there for people to go. Or make more ways for people to get the job – training and everything. P46*

## **7.5 Expected impacts on intergenerational welfare dependence**

Linked in with discussions around the likely impact of the CDC on employment, stakeholders also

discussed the expected changes the CDC would bring to the prevalence of intergenerational welfare dependence in the region. While cautious of the level of impact the CDC could foster, some stakeholders felt that it could assist in helping CDC participants to reach a point where they wanted to deal with their personal issues and make positive changes in their lives. As a direct consequence, it was hoped that some CDC participants would be able to move into employment and break the cycle of familial welfare.

*The statistics are that everybody who's under 35 today that's on welfare in 10 years' time, 58% of those will still be on welfare unless we break the cycle, unless we teach them that there is a better life out there, and if they've got some money they've got an opportunity of a better life. I think it [CDC] will go a long way to doing that...break the cycle. The kids in a couple of years' time I'm hoping will have a totally different future, a different outlook, something that they can aspire to. SH26*

*I think if there are some people that have been long-term welfare-dependent families, it's got the potential to break some of those cycles but those things are multifaceted and multilayered. This in itself is not going to change all of it, but it could be a trigger, a catalyst for some people to say hey, I need to budget better. Or I need not to waste so much money on that issue. SH27*

However, the CDC was not thought to offer the full answer to an issue which was seen as being very complex. Some stakeholders felt that intergenerational welfare dependence was too entrenched within many families for the CDC to have a discernible impact. Rather than choosing to find work and exit the CDC, some CDC participants were considered likely to either accept the constraints of the card or find ways to circumvent its restrictions. Moreover, concerns were expressed that the introduction of the CDC would be an additional source of stress for these families and make it more difficult to break the cycle of welfare dependence.

*It is taught for many, many years over and over that you get free money if you sit on Centrelink. And it's taught that you don't need a job, the government gives you money. It's all taught and drilled into kids young and that's not going to change with the card. SH39*

*I don't think that the conservative politicians understand how hard it is for some people to actually break that cycle. And yes, you'll have people that are more angry and more distressed and the consequence will be is that we've got now another issue to actually deal with as a result of that intervention...Some people stay in that distressed state and it is actually hard to move them outside of that. SH06*

It was considered by several stakeholders that because the CDC targeted all those aged 35 years and below (including those on parenting payments) but not their parents, the ability of the CDC to address intergenerational welfare dependence would be limited. A need for capacity building within families was felt to be required in order to properly overcome this issue and break the cycle of intergenerational welfare dependence in the region.

*My only concern is if people who've been on welfare intergenerational unemployment are going to see this as what is the mechanism to assist them out of that process. If not, they'll just go through this process without anything actually changing. There's no capacity to build them into being out of that system. SH54*

## **7.6 Expected impact on financial management**

The management and appropriate spending of money was a very common factor reported by respondents as being likely to be impacted upon by the introduction of the CDC. Many respondents

(and especially stakeholder representatives) anticipated that the CDC would lead to improved financial management for CDC participants who had previously struggled in this area. This included some CDC participants who described how they thought the card would assist them in being able to budget their money better.

*I would hope and dream that there is a real awareness around financial control and financial stability and that people do learn to budget and do learn to allocate funds in the right way...I do hope, their financial literacy is improved across those who really struggle to manage money. SH12*

*I'm actually glad that the card's here because I have a spending problem. Sometimes, like if I see something and I don't get it, I think about it the whole week and then it just does my head in. It's like, oh, I really need that, which I really don't. But, you know, it'd look good in my cupboard! But it's actually really good, I'll learn to budget more. P62*

Having reduced access to cash under the CDC was also expected to offer several further potential financial management benefits. It was anticipated that some CDC participants would become more conscious of their spending and prioritise necessities such as rent, food, bills and purchases for children. Respondents also felt that restrictions placed on their non-priority purchases (including purchases of alcohol, drug and gambling products) could positively affect the way they managed their finances and lead to enhanced individual and family well-being.

*If they need to ring up the plumber to do a repair on their house or they need to buy groceries or they need to buy uniforms for the kids at school or if they need to put petrol in the car, having a cashless debit card or having cash in your pocket isn't going to change the way that you spend your money. You will still be able to do those transactions. However, if you're wanting to purchase items which a cashless debit card doesn't cover, so I'm thinking things that could be harmful either to the individual or to the family environment, that person will no longer be able to do those things or it will reduce their capacity to do those things. SH18*

*I know that you can set it up with direct debits through rental companies, so that when your pay goes in, on that date you have it set up with, with your rental agency, it will direct debit your rent, which I think is amazing, because I've had a lot of friends that have put their money aside and then got really down and out, and then went out on the town and just blew it and I've gone, "Oh no"...It's going to help our youth here budget and when you learn to budget, you learn what your necessities are and your priorities and you put your priorities first. P07*

Whilst the low level of welfare payments was widely acknowledged by respondents, it was concurrently expected by respondents (including some CDC participants themselves) that the CDC would make it easier to save money. Less availability of cash was also reported by stakeholders to enable CDC participants to be able to refuse requests for money from relatives and friends.

*It's going to help you save more or budget more going off what you can actually put into your bank. [We'll] save a bit more as well, to go on holidays...save money still for emergencies and all of that. P23*

*One particular client that said to me..."I would tell my family overseas that now I have to use money in Australia...they regularly ask for money, now I've got an excuse to say that now my money is controlled by the government"...So she was very happy about that and she's going to use that strategy as saving her money. SH35*

In the longer-term, the CDC was seen as a tool for the development of important budgeting skills,

especially for the youngest cohort on the card. Furthermore, improved money management as a result of the CDC was anticipated by stakeholder representatives to facilitate wider benefits for CDC participants including the ability to better sustain housing tenancies and thus provide greater family security.

*And I think the cashless card is a really good idea because you don't think about it when you have the money in your account and you're just ready to go and spend it on what you want and what's first in your mind. But with those kinds of restrictions you can have a more rational mind in your head and go, "Okay, this is my money. I need to do this, this and this. I need to get the food, I need to get this, I need to get that." And I think that's the priority. I grew up with a family that didn't have that as first priority, and I know a lot of people that didn't, and I think it's a really good idea for a lot of people. P15*

Some negative expectations around financial management, however, were also reported in the interviews with respondents. The most frequent issue (which was predominantly raised by CDC participants themselves) centred on the potential impact of the card on cash-related transactions. The use of cash was still considered to be widely prevalent within the BHB region as Centrelink recipients sought to maximise their payment through the purchase of second-hand goods and the use of local markets where EFTPOS facilities were not available.

*They don't often purchase things in the store. They purchase things on social media to survive and to progress. Like school uniforms. The way you keep your kids in school uniforms is not going to a shop and using a card to buy new uniforms, you actually go on and use social media and find other mums and dads who are selling those uniforms and you use cash and you buy them to keep your kids in uniforms. So there's some real negatives that come out of this. You're reducing their capacity to use what limited buying power they have. SH43*

*I go to veggie shops and fruit shops that take cash only. I do Buy, Swap and Sell things for second hand things. I don't go out and buy brand new things all the time. And that's how I get by. And I'm a person that I have no debt, single, living in a house, looking after three kids, and I'm doing fine. Everything's manageable, I know where to go for the specials and do all that, and we're doing absolutely fine, and yet I have to go and use a credit card [CDC]. I can't go into a veggie shop and say, "Here you are, will you take this?" And the 20% that you get in cash, I'm going to have to use that for the school to do the sports days and all that. Yeah, so I'm scared. I'm scared for my entire living about the card. It terrifies me. P22*

In addition, some CDC participants raised concerns that the CDC would only be able to be used in certain stores, thus limiting their freedom to shop where they wanted. This included expectations that the card would not be accepted in op shops or at certain low-cost supermarkets.

*[If] the CDC is set up with every single business that allows a person to live life and actually buy the things they need, and the necessities, then I'm all for it. But with this BasicsCard at the moment my experience is horrible, because there's so many limited businesses. I actually have to travel further than all the stores that are closer to me...If they open up the store variety, like wide, then I'm all for it. I'd love it. Give me my 100% on the cashless card, but I know for a fact it won't be. Because there are businesses that will deny it. P10*

For some of the CDC participants interviewed who reported that they had previously been managing their money well and were good at budgeting, the CDC brought particular concerns. These included worries that the CDC would adversely affect pre-existing arrangements for the payment of bills, fines and informal loans.



*I've always known how to budget my money so having this card coming in it really is throwing my budget way out of whack because I have certain weeks bills come out and the other week the other bills will come out and I've just been told that I can't do that anymore with the card because I'll have to go pay rent through Centrepay...It's just crazy 'cause once you get set on a budget and you roll with it and it works you're like oh yeah why do I need to change anything and then all of a sudden something comes in to throw a spanner in the works...I've already got anxiety, I don't need more pressure. P01*

Dissatisfaction regarding the overall premise of the CDC and perceptions that the government was imposing control over the way welfare payments were spent was also reported by some respondents.

*I know how to handle my money. I don't need a Government to tell me what I can spend my money on and what I can't spend my money on...I'm old enough to know what to spend my money on. Like, it goes on the kids if they need schooling and food. P05*

*Well essentially, they're being persecuted for being poor. That's how it feels. Being managed, having your finances, what little finances that you have, being told that you need to be managed, is not a positive thing...It just does not make sense. I just can't see how the card can achieve anything other than causing massive disruption to people who are in need of help and a hand up. SH43*

Concerns were also reported that some CDC participants would experience challenges with managing CDC processes particularly with remembering PINs, checking balances and setting up payments. Several CDC participants themselves reported that they expected that having an additional account to manage would be difficult and confusing.

*They need to know the balance...Some people like to handle cash and to know that money is there with them and okay I've got 20 dollars to spend at Coles today and I'm going to do this and I'm going to do that and all the money is looked at through that. So I'm thinking that people might have issues who are not so money smart...And they might need more knowledge of how I'm going to get a track of this? How I'm going to go online to know I've got this? SH35*

*What gets me though is having to remember two pins and two different numbers for everything, so I've got to try and make everything the same. It's too stressful otherwise. P62*

Particular issues were anticipated for shared households where other family members were not on the card or informal board arrangements were in place (for example, young people living with parents or friends) were also noted by respondents. The perceived<sup>14</sup> inability to pay cash for board was expected to impact on levels of homelessness in the region. This is discussed at length in section 7.11.

*That's sort of the hard part with the cashless card for me, because there's a limit on how much you can transfer, and I pay my mum by transferring to her accounts, and you can only transfer \$200 a month...That makes it hard with living at home because I pay my mum my contribution that way, to the Wi-Fi, the Foxtel, power, my board, all that sort of thing. I just buy my own groceries, so I don't have any problems with that, I just use the cashless debit card there. But as far as paying mum...I don't want to give her my little amount of cash that I've got...so she's*

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<sup>14</sup> If a participant requires cash to pay for their housing, they can contact the Cashless Debit Card Hotline and arrange for a housing payment limit, which allows for the regular transfer of money from the participant's restricted account to a nominated, non-restricted account.

*sort of feeling the brunt of it probably more so. P61*

*One [issue] that was raised last week was about the families of the young people...They've still got the same amount of money available in the household. It's just how they go about accessing it that's going to change and that may not suit the parents or the guardian or whoever to actually manage their day to day finances. SH04*

Some stakeholders also suggested that some of the potential positive impacts of the CDC on money management may not emerge readily as the learning of budgeting skills was unlikely to be a natural outcome for some CDC participants. For this group, additional support was seen to be required and for the CDC program to operate in close conjunction with local financial and welfare services.

*Basically it is like the government saying well these people have got problems managing their money, so we'll give them a card that's going to help them manage their money. But they obviously need help doing that, that's not something that they can do on their own. And that's not everybody, but some people. And for whatever reason that might be, whether it's drug or alcohol dependence, or gambling, or something else. But I think with certain types of supports in place that people would be able to do that. But I don't think that it could be expected to just happen on its own accord. SH47*

A final group of CDC participants reported that they did not feel that the CDC would impact upon their financial situation. Thus, these CDC participants felt that their ability to manage money or the types of items they purchased would not be affected by the introduction of the card. These respondents were typically individuals who already had good budgeting skills, did not purchase alcohol at all or just infrequently, rarely used cash or were not solely reliant on welfare payments as they received an additional income from part-time employment.

*Well for me, my whole payment kind of goes to living. Like, for the rent, food and then my phone, to keep in contact with all the people I need to keep in contact with. So, I reckon it's not really gonna affect me at all. P35*

*I use my card, pretty much all the time. I get my electricity, I direct debit it. I get my rent direct debited. My shopping direct debited, fuel. Everything's pretty much on card. It's barely ever I use cash. Everything's sort of just a swipe. But I think now, once I get the [cashless debit] card...all I'll have to do is get all my direct debits switched over. Instead of that week when my Centrelink goes into my account, it'd just have to be this account now. So that's probably the only thing I'll need to do. But it doesn't really bother me personally but if I wasn't working, I think it would be a different story. P46*

## **7.7 Expected impact on crime and family violence**

The potential impacts of the CDC on levels of crime and family violence within the region was a further common area discussed in the interviews with both stakeholders and CDC participants. Some stakeholder representatives expected that crime and family violence rates would either remain steady or reduce in the BHB region as a consequence of the CDC. Perceived reductions in criminal activity were considered by these stakeholders to be associated with anticipated behavioural change brought about through the introduction of the CDC; in particular reduced drug and alcohol misuse. Widespread expectations of increased crime were therefore dismissed as being “scaremongering”.

*Oh they just think, if you're restricting them so that they can't get their drugs or their alcohol they're going to try to get it in another way. Which is a scaremongering tactic I suppose by the 'say no' people, because if someone's already a criminal a card's not going to make them be*

*more of a criminal or less of a criminal. SH01*

Examples of lessened criminal activity and family violence in other CDC trial sites were provided by a few stakeholders with expectations that similar trends would occur in the BHB region once the card was established there.

*It's been shown in the other sites that there's been a massive reduction in crime, domestic violence, alcoholism, etc. because people have been forced to change their behaviour...So I think the positives that we are hoping that will come out of it is that there will be less crime and less domestic violence and less alcoholism and less drug use. But that's not going to happen overnight, it's a long-term situation and I think everyone involved realises that. The naysayers are going to say, after one month they're going to say look you know there's more people out on the streets robbing people to get cash and you know it's going to be a long road. But I think there will be, I'm hoping there will be positive impacts. SH04*

*[In Ceduna] one of their said elders...was talking about the fact that domestic violence instances had reduced...He didn't see it as the government enforcing a way of life on his community but that it was the government supporting his community to make the changes that it couldn't make without the card. And that whole philosophy and his views about what a difference the card made, I think a lot of that is transferrable to Bundy because the drug use, domestic violence in Bundaberg is really high, and you know if that is linked to drug use and alcohol abuse and gambling then if we can see reductions in the DV instances in the region it would be really good. SH10*

However, many more respondents expressed concerns that a likely unintended consequence of the CDC would be increased levels of crime and family violence in the region. The CDC participants interviewed were especially vocal in their expectations of heightened criminal activity. In particular, the prevalence of breaking and entering, muggings and violence caused by anger and frustration from being on the card were widely anticipated by respondents.

*Shop steals will increase from the Bottle-O's. They're going to have to really, probably, up their ante with their security. And...just this weekend we had an armed robbery at a service station...I would expect more armed robberies. It might not even be from the recipients...but it will be someone seeing an opportunity to flog them off alcohol or cigarettes. SH13*

*It's [domestic violence] going to increase for a while until people can overcome the withdrawals after being an addict for years and then all of a sudden what are you going to buy with your hundred bucks that you get in your payment? You've got to start thinking about that, you want smokes or do you want grog or do you want a hit and they're just going to lose it and start bashing their women. P09*

Several CDC participants were worried that this anticipated increase in crime could directly impact upon them and that this challenged their perceptions of safety in their homes and community.

*There's going to be an increase in crime. If you can't get a hold of money, because the people that they are targeting, the druggos, what do they need to buy that? So what are they going to do? They're going to target me even, like break in my house, steal my TV, my kids' computers, what not, go to Cashies, sell it...Their concern is for what they want and when they want it, and at the end of the day this is probably when I am going to feel unsafe in the community. P14*

Expectations that crime would increase in the BHB region following the introduction of the card was

in part linked to perceptions of similar trends in other CDC trial sites.

*I've heard about them trialling in smaller cities and it has not worked. Even smaller than Bundy, it hasn't worked. It's made it worse, the crime rates have gone up, because that's what people are going to do nowadays. They're going to be like, "I can't get money out of my account, I can only get a certain amount. I'm going to go and take that person's stuff. I know this person's got a nice TV, a fancy car" or something like. I mean, we're already bad with that, we're already bad with the thefts, the break-ins, crime just around Bundy in general, it was already really, really bad, but I reckon it'll be worse. P16*

*We've heard stories of people who have committed crimes where they wouldn't have normally because they just don't have any more money to spend and they're desperate...We're led to believe that Ceduna, when it went ahead...they had a bit of a crime spree when it came in because people were suddenly running out of money. SH03*

Some respondents felt that the reduced access to cash under the CDC would lead to participants with problems with substance addiction turning to criminal activity to fund their drug and alcohol use. For some stakeholders, however, an increase in crime was only expected to be a short-term phenomenon until people either became used to the restrictions of the card or identified workarounds to access more cash.

*When I hear people say the crime rate will go up, it probably will initially but that's like when they implement anything it tends to with that fear. And then, when people work out loopholes or ways around it, it'll come back down again. SH33*

It was also suggested by respondents that crime rates in the BHB region had already worsened in the months prior to the implementation of the CDC with an increase in break-ins and theft described. While several stakeholders perceived this to have been unfairly attributed to the CDC, some participants felt that it was directly related to the introduction of the card.

*[The] local stats criminally they're starting to see a lot of trends around theft from businesses, you know people going into for example the local store with a list of half a dozen things that they have to steal to take back to give someone to get their drugs. So that sort of shift is already happening even without the card being here. So it'll be really interesting to see if there continues to be an increase in the theft and burglary whether or not that does get blamed on the card or not. Because I know the last quarter stats it was already increasing and the card hadn't been rolled out. It probably will get the blame regardless. I'm sure somebody will spin it like that. SH10*

*Crime does increase in the warmer months, for some reason. I daresay that's to do with alcohol consumption increasing during the days, but if we knew the answer as to why exactly there was an increase at this particular time, we'd have the golden bullet to probably try and prevent it...You can't put that to the welfare card, this a fairly normal thing that's happening every year on year, probably with an increase in population and there's other pressures as well on these people, like the cost of electricity and things like that would be also affecting these crime stats, as far as thefts and everything go. SH13*

*I honestly believe that the crime rate is going to go up...it's just going to be bad. Well when with the cashless card first got announced the town went stupid. We had these three guys went mental, they stole cars, held people up, used drugs in this car and then just, all because of this cashless card, that's what it was over. I think it was in protest of the card, like they're saying, well if we can't get our drugs one way we're going to get them another way. P04*

## 7.8 Expected impacts on child welfare and well-being

A further commonly expected impact of the CDC which was expressed by respondents (especially stakeholders) were changes to child welfare and well-being. Overall, respondents were positive about the likely impacts the card would have on the children of CDC participants. For families that had been struggling prior to the CDC, respondents were hopeful that the card would lead to parents making more appropriate choices and that these benefits would trickle down to their children. In particular it was anticipated that children would have access to more food and toys, be better dressed and attend school more regularly.

*Look I don't for one second believe it's any silver bullet and it's not going to fix everybody's problem but I think when you've got high numbers of kids going to school who don't have food, don't have clothes because it's all being drunk...or shot up somebody's arm...we as a country have to do something...So for me I guess if bringing in this card stops money or diverts money from cigarettes, alcohol, drugs and gambling and puts food in a child's stomach and puts decent clothes on their back and lets them go to school so that they can try and create a future for themselves well it's got to be better than what we've got now. SH30*

*She [my sister] has some problems with smoking ice...So hopefully it will make her start to actually want a normal life again, if it makes it a little bit harder to do all those, like what she's been doing, and she knows she has no choice but to put her money towards rent and food, maybe she'll be like, oh okay, I'll actually get a house and start filling it with food, and those kinds of things. P02*

Furthermore, some stakeholder representatives were hopeful that the CDC would improve child welfare in the region. It was anticipated that families would experience more stability leading to better care and in some cases the return of children to parents from previous foster-care arrangements.

*The clientele we're seeing is mostly families with young children. A lot of the women don't have control over the money which is then what puts them in difficulties because the money is spent on drugs, on alcohol, on other things, and the children then miss out on a lot of that stuff. So, I think that there's the opportunity for it to be of huge potential for the families because if it's set up so that rent is paid and electricity's paid and food is paid...then I can see that's a huge benefit for women who can go, "I don't have any choice, that's how the government have set it up." And I can see huge benefits for some stability for the kids in that way. SH22*

*Only just last night I seen, on Facebook, a woman in the back of a car smoking an ice pipe with a child in the car...That's a big 'no'. So, hopefully, they put it towards their children and bettering themselves and their children and not touching the drugs. P46*

Examples of improvements to child welfare and well-being experienced in the other CDC trial areas were described and these provided hope that similar outcomes would occur in the BHB region.

*And when the card was first announced, I looked at the other release sites in Western Australia etc. and I saw comments from the community, and particularly retailers where they were saying, you know, "We are now selling more children's clothing. We're selling more children's toys"...More wholesome food products are being sold for children's lunches...If one child in this community ends up going to school with breakfast who otherwise wouldn't, then the whole inconvenience to the number of participants affected by the card who see it negatively is actually worth it. I would do this for one child. SH36*

Only a small minority of respondents felt that the introduction of the CDC would either have no impact

upon, or would worsen, child welfare and well-being in the region. For this latter group, the card was seen as having the potential to cause frustrations and relationship issues within families, the consequences of which could negatively impact upon children.

*What I would hope is that people will now use their government money to feed their children. I would love to see that happen and have money to do activities with them and make sure they've got the right school uniforms and lunches and thing like that, I'd love that to happen but I don't think that's the reality. I think these people have been doing these behaviours for such a long time I don't think a card is going to change that...And I mean if they want to take drugs they're going to then smoke cigarettes or do whatever they want to do, they're just going to keep doing that, this is not going to change them. SH15*

*That was my big main concern about the domestic violence situation and all of that kind of stuff. I'm just really concerned about how the families are going to strive. Like, if they can't get their drug, they can't get their alcohol, what type of bartering are they going to be doing and all that kind of stuff. Are they going to be really hurting their families? P33*

Several respondents also noted concerns that the relatively small cash component of the CDC could be detrimental to the children of CDC participants, for example when parents needed to pay for community activities or school excursions.

*They've got different activities on in the area all the time...In Maryborough they do trains in the park and it's only \$2 for a train ride. There's the little things like that but all these things cost money. With this Card, if you're going to take away a large percentage of money, the people that do use it right on these things like trying to give their child a good life, it's really going to affect them. It is going to take a lot away from them where they're going to be like, "I can't do anything this weekend because the only cash I had I spent it on this second hand thing for my kid." P37*

*If parents don't have that cash to give their kids too there's going to be that. Kids socialising...missing out on stuff. Even with school. You know like school excursions if you've got to pay and you can't use your card, you have to pay cash for some things, kids are going to miss out. You know they already stand out as being disadvantaged and that just disadvantages them further. So then their school engagement becomes an issue. SH23*

## 7.9 Expected impact on health and well-being

The expected impacts of the CDC on participant health and well-being was a further issue discussed by respondents. Several stakeholders anticipated that the CDC might lead to improvements in this area if it encouraged CDC participants to change their behaviour and stop spending their payments on substances that caused harm. A reduction in alcohol and drug misuse was hoped for which would bring positive benefits to the physical and mental health of some CDC participants.

*We're hoping it'll force an improvement in the health and well-being. That's the whole idea of it – isn't it? – to try and get people on the straight and narrow and stop them spending money on things that are doing them harm. SH03*

It was also anticipated by some stakeholders that ambulance call-outs, emergency department presentations, and hospital admissions due to alcohol and domestic violence related injuries would reduce. Likewise, an increase in people accessing health care services such as child health clinics was expected by some respondents.

*I was really keen to read some of the benefits that they'd found in other areas where it's been introduced. And things that are reported, like reduction in presentations due to alcohol and domestic violence-related injuries, but greater rates of presentation to health-care appointments – those sorts of things were really, really good, positive things so I'm hoping that we see the same benefit in Bundaberg or in the Wide Bay. SH14*

*It's very obvious domestic violence, violence in any form is highly charged by alcoholism or over taking the drugs... So I'm hoping we'll see less need for the paramedics, and the hospitals won't be as crowded with injuries or people overloading. And longer-term I hope we see a lessening of mental health issues. Because alcohol is a depressive long-term so it actually doesn't help people. It's a very short term pick me up and avoidance, the same with a lot of drugs...I'm hoping that I'm going to hear stories of people that two years ago were this lifestyle and now they've made some changes...and one of the triggers, it might not be the only one, but one of the triggers will be the cashless debit card, where it's got them thinking. SH27*

However, concerns were also reported that the CDC could lead to heightened stress and anxiety for some CDC participants. This was partly seen as being due to having to go onto the CDC and the challenges of managing this change including practical aspects of the card. Several of the CDC participants interviewed described the detrimental impact they felt the CDC would have on their own mental well-being.

*People won't develop necessarily mental health issues just because they've got a card, but you might get stress-related issues starting to appear where people are on the borderline. We're thinking that that could be one thing that comes out of this as people realising that there's things out of their control, especially in relationships where the other partner is expecting certain things to be happening on a weekly basis, whether it's supplying of adequate groceries, alcohol, whatever, and then all of a sudden, there's got to be decisions made around the fact that that can't happen. We don't know whether that'll cause mental anguish or stress. We're thinking it might in some sectors. SH03*

*I have anxiety and depression and that, so it would affect my mental health because I'd be stressing out about my money side of things, trying to pay bills, and when I want to go shopping...I prefer to go second-hand shopping over going to K-Mart, Target, BigW, 'cause it's not worth the money, whereas I could get more for a cheap amount of money. So, I think it would stress me out and I would struggle a bit. P16*

*It's feeling like we're essentially test rats in a lab that have been forced into something that's not been like we haven't said yes to...We're getting trialled with something that I know is going to affect a lot of mental health, a lot of anxiety. Like I'm a pretty strong-willed person and...then I get so anxious about trying to come up with a budget for this and then I think if that's me and I've got the education and I've got the smarts and I've been and seen things and got the compassion for people, what are other people's mindsets going through this? How are they going to get support for this? P01*

In addition, respondents reported that their expectations of increased stress due to the CDC were associated with CDC participant's feeling that their money was now being controlled or the perceived stigma of being on the card itself.

*I think that it's gonna cause unnecessary stresses. It's controlling. For me coming out of a domestic violence relationship, free, I've just moved, and now someone again wants to tell me how and when I can use my money and what for. That makes me second guess myself as a person, as though I haven't done the right thing with my money, when I know that I have. P20*

*I think for some people, certainly women that I've talked to they can't understand well I don't do drugs or alcohol, then why should I be included in that? So it's that stigma if you're on the card. That'll be interesting too, when people go in with the card. Do shop people or whoever look at that person and say, well, look down on them?...So there could be a whole social impact here...And that could do for someone's confidence. Their self-esteem. SH34*

## 7.10 Expected impact on support services

The interviews with stakeholder representatives and CDC participants also discussed the potential impacts that the CDC could have on support services within the region. Respondents expressed a variety of perspectives about whether the introduction of the CDC would lead to a change in the level of awareness and usage of these services within the community.

Some respondents expected that the CDC would increase the use of support services by CDC participants. Partly it was hoped that the card would provide motivation for people to seek support to address the psycho-social, health and financial issues they were facing. Other respondents felt that CDC participants would need additional support from services (at least in the short-term) to adapt to the changes brought by the CDC. This included assistance with the practicalities of the card, budgeting, and also with mental health and relationship issues which several respondents considered would be aggravated by the CDC.

*I think there's an expectation that it may increase people's need to access a service maybe from more a psychological point of view. In other words, people are struggling all of a sudden, they're trying to adapt to a change in their monetary situation and are finding that a struggle, and they may then ask for help into how to change their lifestyle. We're hoping that that might be the case. SH03*

*There will be an increase in people accessing our services around relationships, because they see relationships being strained, and fielding stress because of the additional financial pressures it's going to put on relationships because of the way the card would operate...Because of the stress in the family environment people will be accessing our parenting programs more to do the financial counselling. SH18*

In contrast other respondents were either unsure of the likely impact the CDC would have on support services, or expected their use to be unchanged. These respondents noted that people experiencing drug, alcohol and gambling issues needed to want to change, and that the CDC would not necessarily provide this motivation. It was therefore felt more likely that CDC participants would instead search for other ways to continue with their addictions, including turning to crime.

*So a lay person would think that maybe, yes, you would then access more treatment services because, you know, wow, you were finally motivated to do it because the government made you motivated to do it...Well, in the drug and alcohol sector, like us sitting around in a team meeting going, that's not gonna work, you know, and the staff were like, no, they'll just find more creative ways of getting drugs...They go, okay, alright, well that's the way it is and I'll do this or I'll commit a crime instead...They won't necessarily seek help. SH06*

Regarding the provision of emergency relief, mixed expectations as to the impact of the CDC on these services were also expressed. Some respondents anticipated that the need for emergency relief would reduce if CDC participants were better able to manage their money.

*Well we're hoping that it will help people organise their money. To use it better, organise it better, so they're not having to go to Centrelink and get an emergency payment, because when*



*they exhaust that, well Centrelink, through the social worker, sends them down to us. We're hoping to see a drop in that. SH07*

However, it was more commonly expected that requests for emergency relief would increase, particularly in the short-term as people adjusted to being on the card and having reduced access to cash.

*We were anticipating there might be an increase in people looking for free food and whatever once the card comes in, because people are just going to have this idea in their heads that they haven't got as much money...I think it's just going to be a mindset in their head they're going to think they've got less money. I think that's what's going to have the impact. They probably will be seeking more support services. SH04*

*There will probably be more people out there that need [emergency relief] services. I do the finger quote because I don't think they're gonna need it, I think they're gonna want it so that they can get the free stuff out of it...I think that people will sign up as soon as they find out that they do that stuff, just so that they can use what money they get in their bank, to go and buy alcohol or drugs, gambling, smokes. P25*

It was commonly reported in the interviews with stakeholders that the ability of support services to cope with the potential increase in demand for services with the CDC would be dependent upon the appropriate resourcing of these services. Thus, the need for adequate funding to enable the provision of sufficient and timely services was highlighted, especially for drug, alcohol, mental health and financial counselling services.

*I think they may need different types of services, honestly. More mental health and drug and alcohol, because I think potentially this may make drugs, illegal substances get a bit harder to get hold of or to access. I think more people will try and clean themselves up. SH45*

*You're going to see a lot more mental health issues, or people needing support services. I don't think those supports are in place for mental health or drugs and alcohol...If the card is going to be beneficial in alleviating that people, getting them off drugs and alcohol and things, we're not having the support services. So there need to be support services in place for people going through withdrawals, rehab services and things like that, we just don't have that in place...And I don't think they'll cope. Yeah, they don't cope now, so how will they cope? SH22*

The need to better promote the support services which were currently available within the region was also seen as being important so that CDC participants who were in need of assistance knew where to turn.

*There are so many services in Hervey Bay that people haven't tapped into, so I think it's really important for us to be advocating for these other services locally to make sure people can, they know they're there. SH24*

*Some will find it a bit difficult and I hope that the services that they've set up in town here through the Hervey Bay neighbourhood centre and those guys really sort of promote and advertise the services well so that people are having issues they can at least go there and sort of work it out. SH54*

Some stakeholders discussed that additional funding for support services had been promised by the Federal Government alongside the introduction of the CDC. While most were critical that this funding had not yet been allocated to develop services prior to the roll-out of the card, others applauded this "wait and see" approach.

*One of the concerns from service providers, is that they foresee an increase in the services but we're not getting any additional government funding to support those increases. So...we've just signed up for another two and a half years with our service agreement but we have seen no increase in our funding specs to see any spike or any increases to people sourcing our service. SH18*

*I don't think we have the resources and the supports to help people through this change...There was lots of promises around money that was coming. There was talk about, you know \$5 million and \$3 million and every time there was another meeting the money was getting less and less and less and oh we're going to have drug rehab centres and all these kind of things...But I was still very sceptical and so was everybody else particularly who works in the drug and alcohol sector. And then now there's been nothing. SH23*

*In the bill that was passed in 2015 to introduce the trial, they mentioned that money would be put aside for increased social support and social services. So when I enquired about that last week I said, well where are you putting it? What are your thoughts? And they said they don't put money into anything until they've ascertained what the needs are. So they might put money into alcohol and drug abuse things and we might need a crackdown on the poker machines. We might need to put money through helping people with gambling anonymous and whatnot. So until we know what's going to happen, then they will decide where that money's going to go. Which I think that, to me, is really important. SH24*

The interviews with stakeholder representatives also explored the expected impacts that the CDC was perceived to have on their own organisation. Many stakeholders did not believe that the introduction of the card would lead to much change for their organisation. A few stakeholder representatives felt uncertain as to what to expect from the CDC, recognising the very different demographics of the BHB region when compared to the other trial sites.

*I can't see it being a huge impact but we have the facilities and...we're able to gear up for it if we need to, if it gets a lot, lot busier...It's a bit of an unknown quantity really, 'cause I don't think any of the other sites, that it's already been working in have, well this is a totally different cohort to any other. You know, the other cohorts were mostly remote communities or rural communities or indigenous or whatever, and this is very different. So it is a bit of an unknown quantity as to just what the impact will be. SH04*

Some stakeholders reported that they anticipated the CDC would lead to an increase in their current workloads. This was mostly due to expectations of assisting their existing clients to understand the CDC and to address any concerns relating to the transition onto the card. Others thought the CDC may lead to an increase in referrals to their organisation as more people chose to access their services.

*The support workers knew that long term it will have an amazing impact on the clients, but we knew that it was going to be very hard to get that message through to the clients...All we can do is for now alleviate their fears and their anxieties and try and support them through the changes as best we can. SH11*

*Because we offer financial counselling, I think it's possible that there may be families that are more interested in working on household budgets because for the first time they might actually, the card...may highlight the fact that they need to focus on where their money is actually going and manage it and learn how to manage it more effectively. So, we're certainly making sure that financial counselling is going to be available to support people in that area. SH36*

## 7.11 Expected impact on housing

A small number of respondents also raised the potential impacts on housing due to the introduction of the CDC. Some stakeholders felt that the CDC would encourage the payment of rent and bills on a more regular basis, leading to greater housing stability, and reductions in homelessness and overcrowding.

*I know people who just are not paying their rent and they're creating situations whether it's perpetually in crisis mode, that this could be good...I just believe that people will be more stable in their accommodation. I believe that their power won't be cut off. SH08*

Conversely, other respondents considered that the CDC could lead to additional issues for CDC participants who were living under unregistered tenancy arrangements including those who were couch surfing or boarding. These informal living arrangements - which were typically paid for in cash - were seen by respondents as being potentially under threat with the introduction of the CDC. As a consequence, several respondents were concerned that the CDC would create greater incidence of youth homelessness. This included concerns of CDC participants about their ability to access sufficient cash funds under the CDC could lead to negative impacts on their current living situation<sup>15</sup>.

*In this area we've got a lot of youth that are couch surfing. So they will be staying at accommodation and they will be paying cash to people that are not real landlords. They, right now, don't want to be putting forward who they're paying cash to because they're not true landlords. That has got the potential to cause an increase in homelessness...Something's missing there to be able to reassure people, "No we need to know. We want to facilitate that you're paying cash to rent, so that you've got a bed." It's so much more important than who they're paying their cash to, to me personally, if you're rolling out a social good program. SH01*

*I don't live anywhere that's stable. I've had to stay with a couple of friends, but it's just like here and there, or sleep under someone's house with my tent...What is going to affect me is situations where you're having to pay cash to somebody to stay there. P32*

## 7.12 Expected card workarounds

Respondents described card workarounds which they expected would occur when the CDC was fully implemented. The purpose of these workarounds would be for CDC participants to be able to access greater amounts of cash; and for some CDC participants this would be to enable them to continue to purchase alcohol and drugs. The likelihood of card workarounds occurring was seen as limiting the effectiveness and outcomes of the CDC policy by respondents (especially CDC participants).

*I don't think getting the cashless card is going to stop it [drug use]. I believe, it's going to make it worse...The Government's not thinking about it in that way. They're thinking, "Oh, if we just stop giving them access to so much money, they're just not going to be able to spend it", but they're not thinking, "Wait, they're going to think of alternative ways to go around this. I'll buy*

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<sup>15</sup> If a participant requires cash, either for regular payments or a one-off purchase, they can contact the Cashless Debit Card Hotline and arrange to amend their 'other expenses' or 'housing payments' limits. By default, the other expenses transfers limit is set to \$200 per 28 days, and the housing payment limit is set to \$0. For a request to amend their limits, a participant needs to provide the Hotline with evidence of their purchase or payment, for example a rent declaration form. Once a limit has been amended, the money is then transferred to a nominated, non-restricted account.

*your groceries, you do this for me”, either way, that’s how it works. P16*

*It's not going to stop anything. That card is going to be turned in to cash regardless. Everyone wants to go and work out a way. It's a waste of time, waste of money. P29*

The most commonly anticipated workaround was via trading or the development of black markets. It was anticipated that this would occur in several ways including purchasing permitted items for others (e.g. groceries) and receiving money in return, and giving the card directly to other people for cash. Other CDC participants were expected to purchase goods and sell these at second hand good stores such as Cash Converters in exchange for cash.

*It doesn't matter what sort of system you bring in somebody will always find a way around it. There may be a slight reduction in the amount of drug taking but somebody on the card if they are totally addicted will go and buy a hundred dollars' worth of groceries and sell them to somebody for 50 dollars and go and spend the cash on 50 dollars' worth of drugs. It doesn't matter what you bring in, there's always people who can find a way around it. SH30*

*I had to go and buy car parts for a friend...she's out of town. I said, "I'll be in town tomorrow. I'll pick them up for you...You give me the money on Friday"...And I was like, wow, if I just do this in life with that Indue card, there's so many ways around it that it doesn't actually stop anything. Because there I am with a wallet full of cash and if I'd paid for it on the Indue card, which you can, you can buy someone's car parts and they just, it's not doing anything. P49*

*Well we'll have to work something out. You'd have no choice would you? Probably still make it hard but definitely...Maybe they go and use the card to go and buy something and then sell it. You know. Go and buy something from the car shop and take it to Cash Converters. P30*

Some CDC participants also reported that they intended to share their card with family members, primarily as a way of contributing towards household expenses such as board and food which had previously been paid for by cash payments. The use of the monthly transfers permissible under the CDC was a further workaround to obtain more cash expected by CDC participants.

*I got a letter in the mail saying that I was going to get it [the CDC] on the 29<sup>th</sup> ...I've got stuff sorted for when I get it like I'm going to give it to my dad to pay the rent and stuff like that with it and then he's just going to give me my money so I can go pay my bills and stuff like that. He's just going to give it to me in money so I can, because it's a lot easier to pay it at the post office with the money just cash in hand instead of having to use this stupid card. P28*

*You can transfer money and stuff so I don't think it's really going to stop the drug people because they can transfer it to their normal bank account and then buy it so I don't see how that's going to stop them. And there's still ways around it. P48*

Further expected card workarounds identified by a few respondents included merchants fraudulently finding ways to provide cash to CDC participants while taking a profit for themselves<sup>16</sup>. The expectation that some of those participating in the trial may sell their card for cash and then subsequently report it as stolen was also anticipated by several respondents.

*I had heard that [NAME OF MERCHANT], and I don't know if it was in Bundaberg or somewhere*

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<sup>16</sup> DSS engages with local merchants to ensure program circumvention is kept to a minimum, while limiting the impost on both merchant staff and participants. DSS monitors transaction data at the merchant level for suspicious behaviour, and will approach merchants with unusual activity. DSS can work with the merchant to ensure compliance in a number of ways, including entering a merchant agreement, staff training and blocking specific EFTPOS terminals from accepting the card.

*else, was actually using the card to scan through purchases, say a \$200 purchase, and then giving the client back 150 bucks in cash and pocketing the \$50 for themselves. So there may be some unscrupulous business out there that'll take advantage of people that are desperate for cash. SH10*

*To me it's just another great big waste of money. Because if they think that it's stopping people from buying drugs or whatever, well then that's not working because they just sell their card to the drug dealers for less. So, they get less money. "Here's my cashless debit card, it's got \$100 on it. I'll sell it to you for \$50." SH56*

## 8. Early Implementation of the Cashless Debit Card

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### 8.1 What is perceived to be working well?

The qualitative interviews explored the elements of the implementation of the CDC which respondents considered were working well or had the potential to work well and those which were considered to be currently not working or potentially would not work in the future.

Aspects of the CDC which were described as working well included the anticipated outcomes of the policy, the cohort selected to participate in the trial, several practical aspects of the card, the establishment of the CDC shopfronts, and the overall premise of the CDC policy.

#### 8.1.1 Anticipated outcomes of the CDC

Respondents most commonly reported that the potential to bring about change in the region (including addressing the social harm caused by drug and alcohol misuse) was the most favourable anticipated element of the CDC. An enhanced ability for CDC participants to better manage their money - in particular to prioritise essential payments such as rent and food - was most frequently considered by respondents (and especially by CDC participants themselves) as an anticipated outcome.

*I think the best things is it's going to lock people into paying their bills that they have to pay, and giving them money to do with what they like. I think, importantly in life, you've got to pay your bills. If 80% is held back to pay those things like rent and all the things that you've signed up for, then that forces people to do the right thing in terms of that. So that's a good thing. SH03*

*It allows you to know you've got to pay your bills and you've got to set up that, so it will pay it for you and allow. Because most people will just think they have all this money on one card and forget to pay those important things and they'd rather spend it on other stuff that isn't important...You can budget more, it's easier to budget and see how much you can actually spend. P48*

The potential ability of the CDC to reduce the amount of spending on drugs, alcohol and gambling products was also often seen as being an anticipated positive outcome of the scheme. It was subsequently hoped that levels of problematic use and the social harm associated with these issues would also be reduced.

*I like the fact that you can't buy drugs and you can't spend excessive amounts on alcohol. I think it will assist, not so much fix it, but it'll be another step towards assisting with the fixing of the problem. P54*

*It's going to take away that drinking and gambling from people, that it's just as I keep coming back too, welfare is for support, it's not for luxury. That's what I really like about it, is it's going to try and stop people from just going and drinking their money over the bar and forgetting about their family. SH46*

The ability of the card to improve the welfare of children in the region was reported as being a further

expected beneficial aspect of the CDC by some respondents (particularly stakeholder representatives). In particular, the reduced availability of cash under the CDC and the restrictions placed on alcohol and gambling products was hoped to bring positive changes to some families with children better able to have their basic needs met.

*What I like about the card is there's more thinking about what the money's being spent on. And that the money's gonna be there to pay the rent, the money's gonna be there to sort of, more or less, a roof over their head, food in their bellies and paying all day things so that they, especially for their children and that they don't have to go without. SH16*

*There is dickheads out there so it should help a lot with people going to the gambling and that. Mothers making sure their money goes to their kids and look after them I suppose. That's what they're getting it for so make sure it does get used in the right places. Instead of them wasting it in f-ing pokie machines...They're pretty addictive machines. P31*

The encouragement of CDC participant motivation to seek employment and enhance participation in the labour market was seen by some as a further anticipated positive element of the policy. The CDC was also perceived to be a potential way of breaking the cycle of welfare dependency by several stakeholders.

*[I like] Just the whole idea of it really. It's a good way of a kick in the butt to go to work. If you don't like what the governments brought in then get a job. P27*

*It probably indirectly will challenge the welfare mindset that sadly too many people have slipped into. Some it's generational, others have just got injured, out of work, had a depression or a family breakdown and then they stay too long out of the workforce, and they lose their incentive to retrain or study and to try something else. So hopefully this will be a catalyst for them to seriously think about trying to retrain or get back into the workforce. SH27*

Furthermore, the perceived ability of the CDC to enable individuals to become more accountable for their behaviour was welcomed by respondents (and especially stakeholders). Thus, it was hoped that the CDC would encourage some CDC participants to take more responsibility for their actions, improve their decision-making, and increase their motivation to address the personal and social issues they faced.

*It's going to assist people who can't assist themselves to overcome their barriers. That's the hope. SH05*

*I think that it is going to have to force people to look at some of their habits, where they've been able to not have to do that, they may have to be in a situation where they have to make a decision about whether they address those habits and things like that so, I think a lot of that is positive. SH22*

### **8.1.2 Policy targeting**

The cohort which had been selected to participate in the CDC trial in the BHB region was seen in a positive light by some respondents. The focus on younger people (aged 35 years and younger) was seen as being an appropriate choice by these respondents. In particular the inclusion of younger people who may be experiencing unemployment and/or issues with drug, alcohol, gambling and domestic violence was perceived as being fair.

*People that are drug addicts and all that kind of stuff because instead of spending all their*

*money on drugs they need to actually be able to not buy stuff like that and buy groceries and stuff like that. Cause you can't sell your card, because next payment whoever has the card, has all your access to your money. But I reckon people that are like that, that don't know how to spend their money properly and don't know how to budget, because then automatically they have no choice but to spend it at grocery stores and that kind of stuff. P06*

*They've gone for under 35s, but we've got a high youth unemployment rate and a big sense of youth entitlement in this area...There are people who believe I want something for nothing and they don't want to work to get anything. A lot of people are doing that. Not all of them. There are some great youth out there. But there are also the ones that go, well I'm going to leave high school, but I'm not going to get a job. SH24*

Respondents perceived younger people as being most likely to benefit from the CDC and to subsequently be able to develop better money management skills (which was thought to be lacking for some).

*Well young ones they don't really have an understanding about how to spend their money. And so then it will help them control, and how to spend their money. And hopefully it will encourage them more to want to look for work, because if they don't like the card, and the want to get rid of it, or off it, is to get a job. P08*

*Thirty five, I think that's pretty good because like 35 and under...I think, above that age they're more responsible, they know what's happening. I respect my elders and it's just like, they know what happens, they know how to do stuff and we're just kids, we're experimenting the new life and that's where, I think, it's the higher authority that showing us and it's going to guide us to a better way. I think, personally. P36*

Moreover, some respondents felt that the exclusion of people with disability and older Centrelink recipients from the CDC trial in the BHB region was appropriate.

*I would not like to see some of my older job seekers put on to this. Because I don't think they need. I think when you're 45, 50, and you've had to go to Centrelink, 95% of the time it's for a valid genuine reason, you're not able to work for a specific reason. It's not because you just don't want work, 'cause they do want to work, but different circumstances prevent that. And I think once you've got to that age too you've got a pretty good understanding of budgeting and being able to manage your own money, and having your priorities straight. So it's the younger ones that need that guidance. SH32*

*The only thing I would never like to see, and we've been assured that it won't, is disability, age. And veterans. I do not think that it should ever be extended to that. But anybody that's on Newstart, parenting payment, and I don't care what age they are, goes on the card. SH26*

### **8.1.3 Practical aspects of the CDC**

Several practical aspects relating to the implementation of the CDC were expected to work well by respondents (and especially CDC participants). The card was perceived to function in a similar way to a regular bank card which made its use relatively simple. A few CDC participants also welcomed the security aspects placed on the card such as the requirement of a PIN to make purchases. This helped to prevent the possibility of the card being stolen and used fraudulently.

*It's a normal card. You can't tap, obviously, which is good because not everyone can use your card, in a way, so that's pretty smart. P48*



*I think best is the fact that it really is just the visa debit card and while it does have a couple of restrictions like you can't use Paywave, you can still do all your direct debits from it just the same. You've just got to change them over, so the functionality of the card I think is very good... The other good thing is that there is a card replacement available if people lose their card or whatever, they can get a temporary card from Australia Post and that's basically available immediately. SH04*

The functionality of the CDC website and the availability of an app to aid card processes (including card activation) were also seen in a positive light.

*I think the website's very, very easy to use so I don't think anyone will have any issues, or not many people will have any issues, setting up the direct debits...The functionality of the card I think some of the banks could learn by. Things like it's got the BSB and the account number on the card. So they can't lose that, they've always got that information with them. They can set up alerts to say, you know, any transaction over this amount I get a text or if someone deposits money into my card I get an alert. I think that's fantastic because it's helping them manage their finances and know what's going on with their accounts. SH11*

*The activation process [was best]. I liked that they had an app that you could activate the card. P51*

Moreover, CDC participants also reported that the type of purchases which were permissible (including being able to buy cigarettes) along with the ability to use the card in a variety of outlets were favourable aspects of the CDC. Several CDC participants therefore reported that the aspect they liked best about the CDC was that it would not affect the types of purchases they made nor where they used the card.

*[I like] the card in general. I think it's good. Like, my personal experience, I can do the same thing I can do with cash on that card. The good about it is you can make the purchases you want to make, you can go pay your stuff at the school, you know what I mean? Like, they're not restricting you from doing stuff. P33*

*You've got a variety of what you can actually use on the card, which I thought might have been less. I thought smokes would have been out of it...But there's still a fair bit of range of what you can actually use on the card. So I think that's pretty good. And that's a pretty good start. P08*

#### **8.1.4 CDC shopfronts**

The establishment of CDC shopfronts as part of the trial in the BHB region was perceived to be a further positive aspect of the implementation by many stakeholders (primarily those based in the Hervey Bay area). The role of the shopfronts in the implementation of the CDC was only discussed by a small minority of CDC participants. This is understandable due to the fact that few people had at the time of the interviews been rolled onto the CDC and therefore the vast majority had not had any personal experience of the shopfronts.

The CDC shopfronts were thought by stakeholders to be able to offer much-needed support to CDC participants with a variety of tasks such as card activation, the setting up of direct debit payments and the arrangement of money transfers. In addition, stakeholders felt that the shopfronts could play an important role in answering questions about the CDC and therefore quell any misinformation and anxieties relating to this.

*It is going to change how they do things. It's obviously going to change like if they've currently got a rent payment coming out direct debit of their nominated bank account then they're going to have to change that. But that's what the assistance is here for...so that if they need assistance to changing the direct debit arrangements there's somebody that can actually sit with them and do that. SH04*

*So we go on and made a phone call [to the shopfront] and there was a couple of questions [my client] had about the card. She was concerned about how she was going to save, how she's going to pay for transport, things like that. So once those questions were addressed, she de-escalated quite quickly. It seemed like her anxiety went down a whole lot. SH53*

Satisfaction was also expressed by stakeholders regarding the staff who had been chosen to work in the shopfronts, reporting positively that they came from a variety of backgrounds and therefore were considered to be able to relate well to the CDC participants.

*And I think this shopfront is perfect because we've got a bunch of really nice, varied people. Very diverse people... And I think that that is the best choice in creating this shopfront. Because if someone's got someone that they relate to specially, parents come in with kids, great, [NAME'S] the person. Young adult job seeker? Put them onto the job person. They can relate to them...so everyone's going to be, hopefully, comfortable talking. SH24*

### **8.1.5 Premise of the CDC policy**

A final positive aspect of the implementation of the CDC which was raised by several respondents (both stakeholders and CDC participants) was the actual premise of the policy. These respondents expressed approval of the introduction of the CDC. For some this was connected with a belief that welfare payments should be used to fund the essentials of life first.

*I can't see any problems with it at all. Because at the end of the day I want my taxes to be used, I'm happy for them to be used for welfare, but I want them to be used for the correct things. To provide that safety net for a job seeker, not to provide a lifestyle to it. So in that way I really don't have any issues with it at all. I can't see any problem with it. When you're on welfare you are on welfare to help you with your rent, and living expenses, food and the necessities of life. Welfare is not there for you to be going on holidays, or going to the pub every day. SH32*

*I actually agree with whoever brought it out. 'Cause I got a note from the MP saying he brought the cashless debit card out and I'm like, "Oh yep, good on you!". It's going to save a lot of people spending all their Centrelink pay on drugs, alcohol. Instead they can actually go out and do something, buy food, put clothes on their backs if they don't have much. It stops those people from spending it on stupid stuff...I am actually 100 percent behind everybody who's brought this out. P65*

Others stated that they supported the trialling of the policy in order to identify whether it may help to address the social and economic issues present in the region. Current service responses were perceived to be limited in their effectiveness and hence the CDC was seen by some respondents as being worth trialling.

*I think the idea's good. I think it's got to be tried. From what I've heard it's worked in other smaller communities, but this is the first time it's gone into a place where it's not the whole of the community being on the card. It can only be a good thing and if it means that it breaks that cycle of dependency and just continual intergenerational welfare dependency, well, it's got to be a good thing. SH13*

*What I like best about the card is that by bringing in the card we have the ability to make some changes to people's lives...So we might make some real social change with this card. We have to do something. We can't simply say, this is a problem that can be fixed by just offering more training services, we've done that for too long where it's just been training services. And as I said, you get people who rock up to those, who've got no interest in being there, they sign the piece of paper, they sit up in the corner, and they have a nap for an hour, and then go out. SH20*

## 8.2 What is perceived to be not working well?

The interviews with stakeholder representatives and CDC participants also explored the aspects of the implementation of the CDC which respondents considered to be not working well, or potentially would not work well in the future. Perceived issues included inadequate communication and information, financial concerns, practical issues with the card, the cohort chosen to take part in the BHB trial, the principles underlying the CDC, and the perceived effectiveness of the policy itself.

### 8.2.1 Communication and information

A perceived lack of official communication and information was the most common implementation issue reported by respondents. The provision of information about the trial was perceived to have been poor and unstructured. This was reported by many respondents to have led to widespread misunderstandings about the processes and practicalities of the CDC. A lack of clarity about the timing and stages of the CDC implementation was also described.

*There wasn't really too much information. I haven't gotten my letter yet, but there wasn't too much information let out. It was just like, "Here you go, you're getting all on cards now. We're going to let you guys get all stressed out in a town full of people that have nothing already." They've just started a cyclone. P45*

*I would have much rather have seen an honest open insightful debate, rather than holding back information and name calling. And I mean the opponents of it are really well organised, they've got what they need to say together, so there's websites that they can point you to that will pick out the individual points out of what the government has said, and exploit to their way of thinking, their way of advancing their argument. So they're well organised, they've done what they can, and they package it up in a way that you can go, my God, that's an outrage. Yet we have nothing much more from the government because they haven't spent money on a campaign to highlight the benefits of it, in reality. SH20*

The absence of adequate official communication about the CDC was reported to have been filled by information on social media channels such as Facebook. While this offered the community an opportunity to find out more about the CDC, it was perceived by some respondents to have led to the circulation of inaccurate information resulting in further opposition and anxiety about the trial.

*On Facebook, [there's the] say no to the cashless debit card Hinkler page. Bundaberg awareness group, say no to the cashless card. There's two different awareness groups. We also get a lot of questions just on random pages that I happen to be a part of...I do a lot of community talking, like talking to a lot of people that are worried about the cashless card coming in. I help look after some of the pages where I do get a lot of private messages asking about what do we do, what's next and stuff like that. P01*

*I mean that concerns me just how stressed people are and I think maybe I don't know if we*

*had done the education around the card a bit differently would it have alleviated some of those anxieties, I'm not sure. But you know I know there are people that are really making themselves a bit sick in the stomach worrying about it so that always concerns me. I'd hate to see someone's mental health deteriorate. SH11*

Some stakeholders described that insufficient information hampered the ability to fully assist their clients with queries and anxieties about the CDC.

*Our financial counselling guys have found it difficult to find out information about the cashless debit card and the impact it will have on the community because a lot of their clients would be directly impacted by the cashless debit card. But it was difficult and challenging to find out information on how it works, who it would be impacted on and even the roll-out of it. It's very challenging for us to find out that type of information. So, I think we still are, even though it's been in the community now for a couple of weeks, we still don't know a lot about it. SH18*

*It would be good to be better informed about it, because I think there's a lot of questions that we as case managers could answer without having to take them somewhere like that [the CDC shopfront]...You know so to be more informed and to be able to answer those questions would be something that would be good for us. SH47*

In addition, stakeholders were critical of a perceived lack of engagement and information targeted specifically towards the young people who would be participating in the trial. These individuals were said to be less likely to attend community forums, listen to the news or read newspapers, and that alternative methods of engagement should have been actively pursued.

*I think with a lot of our age group of people that we have with us, I don't think they're as interested in listening to the news or reading the newspapers and that's where there has been the information. But for the younger people, I don't think that that's been there...So, I'm not sure whether the way that it's been directed to the younger people, has there been enough information, or in a way that they would understand it...[It should have been] Social media. Probably information sessions in places like us that do deal with that age group. SH29*

Many of the CDC participants interviewed were unsure as to what the CDC could be used for and where it would be accepted due to a perceived lack of formal information. There was also widespread confusion as to the practicalities of how it would work such as the proportion of money placed onto the CDC. Respondents also described that it had not been made clear as to when the roll-out would occur and CDC participants would be receiving their card. Several CDC participants who were eligible for the CDC reported that they were still uncertain as to whether they would actually be going onto the card as they had not yet received any formal letters regarding this.

*The initial letters went out in October, November last year. And it's now April here in Hervey Bay. I think it was this is coming, this is coming, this is coming. You're going to get a letter. And people have probably gone, shit, am I going to get a letter or not? And it's probably been a long time in between then and now. So I think maybe some people might be thinking, oh, I've dodged a bullet here. I'm not going to be on the card. And then, all of a sudden now they're going to get a letter and go, you're on the card. So, I think that probably just adds to the people being anxious and well, the, not lack of information, but just the confusion of it all. SH52*

*When the Indue or the cashless card thing came out I didn't [get a letter], whereas my mate she got told that she was going to be on it...I didn't get a letter until two days before I was getting paid and then I figured out I was going to be on the card. And I was like, "Oh crap, I'm going to be on that card this week," and they didn't, like, nothing came through. Whereas, my*

*mate, she got told six months prior to it happening. And I had spoken with my job agency place and they said, "Oh no, no, you won't be on it," and then all of a sudden it just came out of nowhere. P59*

As a consequence of the issues experienced with communication and information, respondents recommended that additional information be shared about the implementation of the CDC. This included a desire for greater transparency and openness on the part of the Government around the aims, costs and progress of the CDC in the BHB region.

*I think more needs to be done, I think better education, more education. In everything around it, like you know, what is the true cost of running this card per person? What are the benefits going to be, are there going to be training and better opportunities and all that sort of stuff? What's the long-term aim? What's going to happen to these guys once they get on it? Is there going to be an opportunity for transition to other targeted training programs? SH45*

*I think just continuing to look at the way that it's communicated with the media, social media, I know they're already working on that. And I think getting some good news stories or anecdotal but then even some stats fairly quickly. Like a school program had 50 kids now we've only got 20. Getting stories fairly quickly that will give some credibility to the trial. SH27*

The provision of additional information about the practical processes of the CDC to stakeholder organisations and CDC participants (including information which was targeted specifically towards young people) was also recommended.

*Official information about it would actually be good, 'cause most of the information that I've got is from people that have looked it up, and Facebook and all that. P21*

*It would be nice to know exactly what I'm in for. Well where it can be spent, if it can be spent at things like Aldi's and stuff as well. 'Cause I do a bit of shopping there. And I don't know, I guess if what bills can be paid on it. 'Cause I was talking to my sister and she said, if I've got bills that really need to be paid and it's going to put me in debt not paying them, 'cause I get charges and stuff, she goes, surely they wouldn't stop you from paying those things. So probably be good to find out that. And just everything that's involved I guess. P02*

*I'd just like to see, probably, more transparent information that is developed, I suppose, and issued at the, to speak to the correct level of the people that are going on there. I think some of the information that has been delivered is a bit too high level. It's hard for people to understand and understand what support's out there. SH48*

## **8.2.2 Financial concerns**

Concerns relating to finances was a further issue raised by respondents (particularly CDC participants) with the implementation of the CDC. For CDC participants, these concerns primarily centred on the proportion of their welfare payments which would be placed onto the CDC. This was considered by many to be too high and many expected it would result in them having insufficient cash funds. Thus, their ability to make cash purchases at the local markets, garage sales and in second-hand stores (both in town and online) was felt to be compromised and would detrimentally affect how far their weekly budget could stretch.

*Being single parent, you come across a nice piece of furniture on Hervey Bay Buy-and Sell or something and it's \$250 and you've got that money but it's on your cashless card, how do you buy it? What do you do? Try and borrow off someone older? It's just silly. Not that I buy*

*furniture every week, but if I wanted to, I can't now. P63*

*We shop at the op shops a lot, and a lot of them don't accept cards. You actually have to have cash for that, because buying clothes is just too expensive these days. P52*

The capacity to spend money on activities for their children, to assist family members financially, or to socialise with friends and family was also anticipated by CDC participants to be adversely affected by the introduction of the CDC.

*It's a bit frustrating because it's all on that card and you can't really do anything with it, say if you wanted to pay someone else, or sometimes my mum sends me money in prison, and I can send her money back so she can get something nice. A lot of my family lives in Melbourne so we'll be sending each other money, and say if all my account money goes then I won't be able to send money or anything. P15*

*Me and my friend wanted to go out for lunch one day, and she was like, "oh let's go to the beach house". I was like, man I can't, I've only got a friggin cashless debit card, and I can't use it there. So things like that I can't do, which obviously I don't do all the time anyway because I couldn't afford to. But that sucked a lot, it made me feel really embarrassed actually because it's not that I didn't have the money, it's just that I'm not allowed to choose where I spend my money anymore...[It's] not being able to live your life fully to little things, like going out for lunch. You can't go to 50% of the places, in Hervey Bay anymore, because they serve alcohol there. P64*

Anticipated problems relating to the CDC and the arrangement of direct debit payments were also described. Systematic delays in the payment of transactions under the CDC were experienced by participants. These delays were anticipated to cause issues in the future for the timely payment of rent and bills. In addition, concerns were raised by a few respondents that the CDC had fees associated to making payments. The need to re-arrange pre-existing direct debits with the CDC was also considered complicated and burdensome by CDC participants.

*The way the card's set up, certain things are a lot harder to pay on your card than your regular bank account. Now I'm on the card, you have up to a six day transaction turnover time and it doesn't go in instantly into other accounts. Like with the Commonwealth Bank, there's a next day processing if you've already transferred to that account before. So your funds will clear to the real estate you're paying rent to within a day. But with this card, it can be up to six days because it's an obscure little thing. P51*

*You can shop with your feet with a banking provider and with those sorts of things, to find the best value for money. This is taking away that choice but it's taking away that choice to the point of adding to financial hardship, adding financial costs that had they been able to choose they could have avoided...So having products forced upon them that incurs fees I think is not necessarily a good choice. SH28*

Finally, for some CDC participants the introduction of the CDC was expected to make it more challenging for them to budget or save money.

*I want to take my son on a trip to the Sunshine Coast and take him to Underwater World and then he can learn all about the fish. He's obsessed with fish. So, that's something I really want to do...It would take me so long to save up that money because I'm getting 20% cash so I would have to put that money away just to be able to afford that one weekend away. P37*

As a consequence, many CDC participants advocated for the cash component of the CDC to be raised,

with CDC participants most frequently suggesting that a 50/50 split would be preferable and provide them with sufficient cash funds. The ability to have individual circumstances taken into account and being able to vary the proportion of payments placed on the CDC was an aspect of the CDC that some CDC participants anticipated would be beneficial.

*Twenty percent is too hard, say 50/50. Make it even, make it fair. That means if you do need that cash you've got it. Say you went and got \$20 worth of fuel at the filling station, eftpos machine is down, you can't move your car, you're grounded, you've got screaming kids in the car. How the hell are you meant to go away from that filling station until that eftpos machine is back up when you've already used your cash reserves first? P29*

*The card's there and they won't take it away because I'm in the area, so what I would respond positively to, is the opportunity to have maybe a much smaller amount of my payments going to the card, to help me in my situation. To make it more personal, rather than, "Sorry, you're in the region, 80 percent, have a nice day. Next caller". P34*

### 8.2.3 Practical issues anticipated with the card

A further common issue raised by respondents (and especially CDC participants) was around practical issues anticipated with the use of the card. Uncertainty around where the CDC could be used was frequently expressed. Thus, respondents were worried that the card may not be accepted in many of the places where CDC participants currently shopped, e.g. in cheaper supermarkets, op shops and online stores.

*I was trying to look through on the website at places you can and can't use it and stuff. It was a bit hard to figure out because instead of saying what it's called, it's like the company that runs it. So it didn't say 'Woolies', it said 'Wesfarmers', that type of thing. And I'm like, "What the hell is Wesfarmers?" P56*

*Probably I can't just go and spend it anywhere. Like I shop at Aldi's, Coles and IGA, and I'm pretty sure now I won't be able to shop at Aldi's because the Aldi's isn't supporting the card. And that Aldi saves me a lot of money. P04*

Concerns were also reported by CDC participants about what the CDC could be spent on. More specifically, there was confusion as to whether the purchase of cigarettes was permissible with the card.

*She's got kids and she's like well am I going to be able to go and spend money at Big W or Kmart or buy kids clothes kind of a thing, or school books and school clothes and stuff like that, that was what scared her because she'd heard the same thing, food and fuel is what it was for. P54*

*I've got that booklet that my card came with and that's where I have been reading all the stuff from...But half the stuff it says in there you can do anyway, so most of it's frigging wrong... Like, it says in the booklet that you get that you can't buy cigarettes, you can't buy alcohol, gambling or stuff like that, and then I only just got told yesterday that you can buy cigarettes on that card... I haven't tried, though. That was the thing. I don't really know. P59*

Other CDC participants were uncertain as to their future ability to pay their mortgage or rent as they had been informed that some banks and real estate agents would not accept the CDC. Concerns were also expressed regarding whether the CDC could be used for the payment of costs relating to informal rental arrangements, e.g. for young people living at home or with friends.

*[I don't like] what you can spend your money on. Like I would want to be able to get money out just to be able to supply money where I'm staying. We put it in a fund and withdraw and the hard position is we can't get money out. P47*

Respondents recommended that clarification be provided regarding the use of the CDC in order to allay these concerns. Moreover, some CDC participants reported that they would like the range of stores where they could use the card (both in town and online) to be increased.

*Probably the biggest thing would be if anyone who buys things online, because that's probably another big issue I feel like people are going to be confused about, because it doesn't really say much about that. It sort of blurs over that and I feel like that's something they also need to tackle. P03*

*Make it so you can use it at every EFTPOS rather than approved places; that would be a good start, so you're not stuck, if you walk into say, a particular bakery to get a loaf of bread you can pull out the card, "Sorry, we can't serve you because we don't cover that card," just little things like that. It should be made widely available at the cost of the government, seeing as they've got the money to hand out for the card. P14*

#### **8.2.4 Stigma and embarrassment**

The CDC was commonly thought to be associated with a sense of stigma, shame and embarrassment by many respondents (and especially by the CDC participants themselves).

*It's kind of a thing that I think you've really got to have an instinctive view on it. I mean if you don't have an instinctive view on separating and stigmatising, and embarrassing people you're not really thinking very deeply...This won't create any jobs, the issues with unemployment is about self-esteem, issues of agency and identity, and this does nothing but really stigmatise people. It really sets people apart, saying they can't control their own money, that they're like a criminal really. SH31*

*As far as an experiment goes, how do you measure its success? Do you measure it on causing poor people shame, stigma, and humiliation? I mean, is that how you measure its success? Because I'm just, I'm not clear on what it is actually supposed to achieve. Other than marginalising an already significantly marginalised community, I don't see any positives. SH43*

Within the wider BHB community it was reported that the card was commonly perceived to be only targeted at individuals misusing drugs and alcohol. Thus, respondents expressed concerns that many CDC participants who were "doing the right thing" would wrongly be assumed by community members to have a drug issue.

*A friend of mine just posted on Facebook this morning that they were in line to buy smokes...The person behind them said, you're on one of those druggie cards. He said he was really embarrassed about that because he's obviously not a drug addict and he found it offensive that someone was able to say that just based on one glance at what bank card they're using...What if I was in line with my four year old and someone said that to me? I would be so upset my four year old child overhearing something like that. P51*

*I just think it lumps me into this basket of things I'm not...A lot of places don't see me as some scumbag alcoholic single mother. But the second they see that card, that's what they're going to think. Because that's how Keith Pitt has made it out to be is to target unemployment and drug addicts and alcoholics. P49*



Many respondents expressed fears that when using the card in public, the anonymity of CDC participants would be lost due to the appearance of the card. As a consequence, CDC participants perceived that they would automatically be identified as a Centrelink recipient.

*Anybody that's a customer service operator and they see the Indue cards, they sort of look up and because they're obviously not on the Indue cards themselves and a lot of them aren't directly involved but they've heard all the furphies about it, they're profiling these people as, "Ah well, you know, there must be something wrong with you that the government's put you on the Indue card"...The thing that I directly see as being bad is that the Indue card is putting negative profiling onto the people that are actually on it or using it. SH41*

*If they're going to go to the shop, the minute they pull that Card out, someone's going to know they're on a Centrelink payment and that can be demoralising for some people...There's a lot of single parents that have been put onto the Card because of their age...The general public wouldn't even know that they're on a Centrelink payment and it can potentially become public knowledge, I guess, when they have to pay for their dinner with an Indue Card. SH19*

Therefore, many CDC participants reported that they were reluctant to use their card as they feared being looked down upon or the target of negative comments by retail and hospitality staff, and also their fellow customers. Indeed, some CDC participants said that they did not want to use the card at all and were planning on giving the card to another family member to use on their behalf to avoid this perceived shame.

*It looks like a credit card with big bloody writing on it, Indue. Do you know what I mean? Like, every time I walk up to make a transaction, people are going to see that I'm on the Indue card and that's not fair...Bundaberg people are, they are so shallow-minded. We do have little yuppies up here and everything, and everyone just looks down on you for certain things so they're definitely going to be looking down on me just looking at that Indue card going, "Oh, she's one of those people." That's how I'm being depicted now. P33*

*I have been very humiliated you could say, and embarrassed. Even going to Woolies to buy \$20-worth of groceries now, I feel people look at me like, "Oh, she's definitely not working. She's one of those horrible parents that aren't feeding her kids. She's a gambler. She's on drugs, She's ..." It's not fair. I feel singled out now. I feel like you sort of look around as you go to put your card in, like people are judging you. I already have mental-health problems...it's degrading. P63*

*If I needed something from the shops, I'd probably give the card to my sister or give it to someone else to go get it for me because, like for birthdays, I wouldn't go and have dinner because I would have to pay with the card. It would be embarrassing. These people that are serving you, they've got jobs and they're like, "Oh, you're on Centrelink". It starts a bit of paranoia with people and it made me a bit paranoid, like, "Oh God, I'm just going to get even more judged now just carrying around this". P45*

In order to address the stigma associated with the CDC, respondents recommended that the government distribute information to the wider BHB community to enhance awareness of the broader targeting of the policy.

*I think another thing the government really should do is make an advertising campaign so people don't automatically, it's like people genuinely think that the only people getting this card are drug addicts...It's not actually just alcoholics on the card; it's working single mothers, it's people working part time and it's people who are studying...I think they should make the*

*public more aware that there's diversity and greyness to it. You can't just be stereotyped as being a certain thing. P51*

Moreover, changing the appearance of the card so that it looked more like a regular bank card - for example, removing the Indue logo - was also suggested as a means of reducing embarrassment around using the card.

*Maybe it could be less noticeable what sort of card it was...It is a silver card with big INDUE written on it...If it was a little less visual of that's exactly what it is, then maybe people won't feel so stigmatised. SH05*

## 8.2.5 Policy targeting

While some respondents were in agreement with the cohort chosen to receive the CDC in the BHB trial site, others (particularly stakeholder representatives) disagreed with the specific focus on Centrelink recipients aged 35 years and under. Several respondents, for example, considered that the CDC unfairly discriminated against younger people in the area.

*It's blatantly political. They would never dream of make it everybody, because they'd lose. They've got to go around saying, and you'll hear from them all the time, this is just for people under 36, 'cause they could never do what they're doing to pensioners, they have to keep a limited cohort so they can be seen to be attacking what they call dole bludgers. SH31*

*I don't feel the age that they've targeted is the right, I think the youth get punished a lot, enough. Especially those finishing Year 12, wanting to move forward. They're probably not the ones that are at the bracket that needs to be targeted...They might be a bit loud or a bit immature, a bit boisterous. Don't want to follow rules. But not with what the Indue card's, the idea behind it with the drugs, the alcohol and the gambling. It's happening, maybe with the drugs and alcohol, to some, a very minority in the teenage, young adults. SH53*

It was considered by some that the targeting of the CDC was not wide enough and as a consequence any potential positive outcomes of the policy would be muted. Problematic behaviour with drugs, alcohol and gambling was reported to not only be an issue facing younger people in the locality. Rather there were individuals in their 40s and older described by respondents as having entrenched addiction issues who potentially should have, but under the eligibility criteria would not, come under the auspices of the CDC.

*I'm not really happy that they made it just for under 35s because I think we have a lot of families between the ages of 35 and 45 that are actually our highest issue in child protection and not delivering the right services to their children because they are high or on drugs of some sort. But I understand they had to cap it somewhere because we have so many and you can only printout so many cards for a trial. SH21*

*I know a lot of people that are 30 plus and they've got a million kids and all they do is just drink on the weekend and let the kids run around. So, it's people like that, that either need to change their act or get a job and fix their life, instead of being so comfortable on welfare. P45*

As indicated earlier in the report (see section 4), some respondents were critical of the location selected for the trial, noting that there were Centrelink recipients living in areas of the BHB region which were outside of the Hinkler electorate - such as in Maryborough - who could have benefitted from being placed on the card.

*Bundaberg is an hour-and-a-half away. Maryborough's 20 minutes away. Maryborough and Hervey Bay share a council, yet we're different electorates. So we somehow run together with these guys who are an hour-and-a-half away, but 26 minutes away, but we all pay the same rates and you share the same council, we're not the same. So I see that as a big issue. P49*

*Some [towns] are in it and some aren't, you know, but they're still classed as the Bundaberg area but they're not in it. But I think it's probably worse in Hervey Bay and Maryborough. Maryborough's a different electorate and I know those two places, they're just, sister cities, they're just a few kilometres apart, you know, 30 kilometres apart. And they're quite big cities and yet one's in it and one's not. I think that's probably one of the oddities with Hervey Bay being included and Maryborough not. SH17*

In contrast, other respondents expressed concerns that the cohort of Centrelink recipients selected to go onto the CDC was too broad. Thus, it was felt to be inappropriate that individuals and families who were already managing their money well had to participate in the trial.

*I thought it was...for parents that were drug addicts or alcoholics or whatever, to stop them from spending the money that's meant for their kids on booze, or smokes and drugs...I know one of my old mates I went to school with, lives in [PLACE], he's a heroin dealer. He's not getting a cash card. He's been on Centrelink for 20 years without a job. But two hardworking men and others I know, get the cashless card. It doesn't make sense. It just doesn't add up in my brain. P50*

*We have some honest families here who are hardworking with their kids and they're just down on their luck. They don't do things that are illegal, they're looking for work, they just can't find suitable employment in the area, they try their hardest and it's just not happening for them. Those people are probably going to be affected more than anyone. SH50*

These respondents therefore felt that the focus should have been placed specifically on people with problematic behaviour and addictions (regardless of their age) who had already been identified as needing additional support by services.

*If the information we were given was to help people feed their children and to stop gambling and stop drinking, I just don't understand it because those people are already identified. They're multiple breaches of not being compliant with meeting their mutual obligations, they have that data already. I don't know why it's everyone...I do not understand why the trial was not provided for the target group. SH08*

*People who come in and look feral and disgusting, give them one. Or the people that are always missing their appointments or always missing their job search efforts or things like that. Look on the system and go all right, give all these people a card who aren't doing the right thing. Well they've just tarnished everyone with the same brush you know what I mean? Instead of just picking out the ones who need the card. P53*

For those respondents who were dissatisfied with the current cohort which had been selected to participate in the CDC trial, a majority recommended that the policy should be targeted more towards people in the area who were experiencing drug, alcohol and gambling issues; and also for parents who were not appropriately caring for their children. As such the age limits for participation were suggested as needing to be higher and to include welfare recipients up to the aged pension age.

*It shouldn't be for just anyone...It really needs to be selected and properly given to people that are clearly not budgeting. Like people that don't have food in their house. People that aren't*

*supporting their children properly, that aren't doing the right thing, that are clearly drug addicts and all that kind of stuff, that clearly aren't living properly, or trying. It needs to be given to those kind of people, not people that are clearly budgeting, people that are clearly doing the right thing, you know what I mean? So it needs to be targeted at people who need to change rather than people that are managing. P06*

*It would have been nicer if the age was extended....Where's the help for those clients who are in need and struggling too. Because drug and alcohol dependencies don't stop at whatever the age is, you know. SH10*

Consequently, some respondents welcomed the possibility of current CDC participants who could show that they did not fit this more targeted criteria being able to opt-off the card. This approach was also considered to provide motivation and a reward for CDC participants to gain more control over their finances and their lives in general.

*One thing we could change is have a process where somebody can demonstrate that they're able to work without the card...If somebody wanted to get off the card and demonstrated they had the ability to be self-reliant, to be able to take control of their destiny, and their economic outlook, then they should be given an opportunity with support. SH20*

*It's all stick at the moment, there's no carrot and so if there was a carrot added whereby after a year or two years someone can prove that they've got their finances under control then they can come off the card...It seems to me to be a great opportunity to help people to help themselves...And so if a person can go for a year or two and show that they've gone from being out of control to now understanding the need to budget, what a budget is then why shouldn't they come off the card? Why be stuck on it till they're 35 or get a job? SH30*

## **8.2.6 Perceptions of the underlying principles of the CDC**

Some respondents were critical of the principles of the CDC policy, perceiving it as being punitive in nature and punishing all CDC participants for the problematic behaviour of a few. As a consequence these respondents argued that the CDC was against the human rights of Centrelink recipients and should be withdrawn.

*Isn't it discrimination to say you can't use your money in this way and everyone else can use it in that way? You know because there are people out there that do the right thing...so why are they getting it? Why are they going to get affected from it because of a few idiots that have wrecked it for everyone else? P31*

*I just think it's poorly thought out, it's misjudged, and the basis for it is, I don't know, opposite to my views on human dignity and the rights for people to exist within society. The actual concept is about dividing and embarrassing, and stigmatising...And the whole idea that an unemployed person can't spend their money the way they want too, what really is that about?...I think it should be gotten rid of as soon as possible. SH31*

The policy was also seen, by these respondents who are critical of the CDC, as imposing unfair control over the lives of CDC participants as they did not have a choice whether to take part in the CDC or not. The CDC was also criticised as it was said to remove the freedom of CDC participants to be able to spend their income as they wished.

*It's the fact that there was a card set up in your name without your consent is what annoys me the most. But then there's nothing you can really do because it's a government payment. It's*

*more the fact that they've opened an account in your name that you didn't say yes to...It's not like I could turn around and be like, oh, Mr Government Man, I don't like the fact that you did that. Because they're going to be, like, you're one person, go away. P55*

*It seems a bit paternalistic and controlling how people spend their money. Because we're in a society where we've got a welfare system...it doesn't seem quite right about telling people how they should spend the money that we've set up that they are able to access when they don't have employment. Something about that just jars with me a little bit. SH49*

*I don't feel in control, like it's more control for the government, when I'm already in control of my money. I feel like I'm just being punished. I'm not trying to be a dole bludger. I'm trying to get work. P06*

Moreover, concerns were raised that the CDC would add to the burdens placed on people in the trial site area who were already experiencing significant economic and social disadvantage.

*I have an anxiety just that it is imposing an additional burden on people who are obviously fairly disadvantaged already. It's one more complication in their lives. And many of these people are going to be people who haven't been perpetually unemployed but have just found it a struggle because they've lost their jobs or because they're just coming into the workforce and so on. So they're not necessarily the endemically unemployed. I think it's, I'm concerned that it will (a) stigmatise them and (b) just add that extra burden for them when they really shouldn't have to worry about it. SH44*

## **8.2.7 Anticipated effectiveness of the CDC**

Some respondents were unable to see how placing a proportion of CDC participants' welfare payments on the CDC would lead to the CDC achieving its aims of addressing issues relating to employment and intergenerational welfare dependence as well as the reduction of excessive alcohol, drug and gambling use in the BHB region.

*My opinion is it's a band-aid solution. I don't think we create change by putting in barriers. I think we create change with positive influences and I think it's another control technique...We're not going to save the world by a cashless debit card. We're not going to change young parenting, unemployment rates and alcohol and DV. There's a lot more to be done than just a CDC. SH12*

*I don't see the whole point of it...Why fix something that's not broke, because a small amount in the community have issues; surely there's other ways we can, and cheaper ways we can have that...to target the right people rather than waste the money on the wrong people because to me that's what it is. P14*

The ability of the CDC policy to bring change was therefore questioned by these respondents. For example, issues relating to unemployment in the region were felt by some to be systemic rather than caused by the lack of individual motivation and, therefore, the CDC could only have a minimal impact.

*I don't like the card. Not because of what they're trying to do, I just don't think it works so I think it's a waste of time. SH56*

*This is one of the poorest areas in the country with the lowest employment rate. You're not really solving anything. It's almost like setting people up to fail...because there are no jobs. You can't get a job so you're put onto this card, you're further disadvantaged...Indue's getting paid,*

*millions of dollars to administer this. And that could have probably created a lot of jobs and a lot of industry. SH23*

Furthermore, the CDC was not considered by some to offer CDC participants the opportunity to learn new skills nor to adequately address the underlying causes of problematic behaviours such as alcohol and drug misuse, and child neglect.

*I don't think it actually addresses the real problems that put people in that position...A lot of them are really traumatised people who need counselling and different actual things to address why they're behaving and doing the things that they're doing. Because a lot of it isn't out of malevolence or I just don't want to work and I want to bludge on Centrelink for 40 years because I think that would be a good lifestyle. It's not really a good lifestyle. So people who are choosing to do that usually have other mental health issues and things that they haven't really addressed. P51*

*If there are parents out there who aren't properly feeding and caring for their children, then there's an underlying problem. It's not like they just wake up in the morning and say, I don't think I could be bothered spending money on my kid. I've got other priorities or whatever. There are going to be underlying, systemic issues for those people. And just quarantining their money may not be the best way to help them. They may need help in addition to that. And I think it would be really important to put those sorts of programs in place so that you can train people to be better parents and better money managers. SH44*

As a consequence of these concerns, many respondents perceived the need for additional support services within the region (either in conjunction with the CDC or as an alternative to the policy). In particular, gaps in service provision relating to wrap-around services and the addressing of drug, alcohol and mental health issues were noted by respondents.

*There could be other ways to do this, there really could be. They could use the money to go into support services, much needed support services for mental health, a drug rehabilitation centre, you know for the people that are doing the wrong thing which is only a very small minority of people in the area. So I think instead of putting money into a card they really need to look at support services and put it into that. P01*

*If they want to address alcoholism and drug use then support the organisations that support alcohol and drugs. Get a youth drug and alcohol program, a different program, bolts to the ones that we've currently got. [NAME OF ORGANISATION] is there, increase what they do and how they do it so that they've got more beds available...So target programs, specific programs, around the issues, rather than give millions of dollars to an overseas company to manage a card that is going to have minimal impact. SH28*

Additionally, the need for better job creation and the provision of free training courses to jobseekers was also recommended as a way of helping to reduce unemployment rates in the area.

*It doesn't get to the heart of the problem, you know, and the heart of the problem is that we need more employers that can employ. It's not about social welfare funding. SH58*

*With employment, if it's got to do with employment, then they should have targeted helping people with employment...I think there needs to be more jobs out there for people to go for. Or make more ways for people to get the job – training and everything. P46*

### 8.3 Opting in and out of the CDC

Finally, the interviews with CDC participants explored whether given the option, they would prefer to be on the card or not. Around twice as many CDC participants stated that they would prefer to opt out of the CDC if they were provided with the opportunity compared to those who wanted to continue on the CDC. For some of these individuals, their desire to not be on the CDC was associated with financial reasons. For example, several CDC participants reported that they already managed their money well and that they already had established budgets and payment arrangements. The introduction of the CDC was therefore perceived to be an unjust imposition on their lives that could potentially impact adversely on their current monetary arrangements.

*If I could [I'd opt off the CDC]. Just so I could keep with my normal schedule of putting money away and do all of that. Because I usually have this purse in my cupboard and I usually stick it in that, like 50 bucks to 100 bucks a week or a fortnight. I get paid a fortnight and I stick it in there. I don't spend it and, hopefully, save up. P42*

*[I'd come off] in a heartbeat, only because the extra stress that it's put on me with just a simple task like paying my rent. P63*

A further group of CDC participants did not want to be on the card as they expressed a preference for the use of cash and disliked the restrictions now placed around this by the CDC. Others were concerned about their ability to manage different accounts and make payments.

*I'm limited with my transfer limits. You do only get a small amount of cash when with kids that is a pain in the butt. And so I just feel like my spending is controlled, and I don't feel it's real fair, like just because some people have a problem, why the rest of us have to sort of suffer for it. So yeah, I would opt out if I could. P61*

*Biggest problem for me is just that there's different payments, different amounts, it's not going to help me, it's not income management because now I've got three separate payments going to three separate accounts, three separate times. So it's just going to mess up [my] income really. P49*

A final group of CDC participants who would wish to opt out of the CDC cited embarrassment and stigma as the reason. These respondents were concerned that they would now be identified as Centrelink recipients and - given the aims of the policy - be unfairly labelled as illicit drug users.

*I would [opt off] definitely because I don't want the embarrassment of people looking at me because I'm on the Indue card. And especially when I'm in plain clothes, no one knows that I'm working, you know what I mean? Even when I'm working, I'm embarrassed that I have to be on that card. You know, even when I'm in my work clothes, I still have to pull out my card and use it and then they're all going to know that I'm on the Indue card. P33*

*It would actually make me feel better to just be able to use my normal card and not have the stereotype put on me, and yeah. Because as soon as you pull out that card people think that you're some kind of like drug addict. People are actually calling it 'the drug card'. P52*

For those CDC participants happy to be on the CDC, this was primarily for two reasons. Firstly, some felt that the CDC would enable them to improve their budgeting skills and to be able to save money.

*I'll stay on it for however long it is going for...I'd rather stay on it 'cause it will help me save up and everything. P65*

Secondly, a further group of CDC participants were willing to be on the CDC as they felt it would have little impact on their lives, e.g. because the payment they received from Centrelink which would be placed on the card was low and was supplemented by other income. Others were satisfied to remain on the CDC as they did not feel that their spending would be altered (neither the types of purchases made nor the places where this was spent).

*Me personally, I don't [want to opt out]. I don't think it would have too much of an effect on me at the moment just because my income from Centrelink is so low. P38*

*I don't really see that much of a difference because I don't spend the money on that kind of stuff [drugs or alcohol]. Most of it's either on groceries, paying bills or a handful of things every now and then I just buy for myself...I don't really see a problem with it and it's just part of life. P39*

Several stakeholder representatives reported that once fully implemented, they expected some CDC participants would apply for an exemption<sup>17</sup> to come off the card. However, the actual processes for exemption were unknown so respondents were uncertain as to how straightforward this would be.

*I do acknowledge that there's some people that are really concerned about going on the card, but I am aware that you can apply for an exception, I don't know that that's going to be particularly easy to get. SH11*

Others were concerned that the CDC trial in the BHB region did not allow currently ineligible Centrelink recipients the opportunity to opt-in the card if they wished. The large cohort of CDC participants in the BHB area was cited as the reason why this option was not permitted when the ability to opt-in was available in all the other trial sites. It was thought, however, that some individuals would choose to be on the card, such as families dealing with drug, alcohol or gambling issues, and also older individuals or Indigenous people wishing to avoid humbugging<sup>18</sup> by other family members who would be placed on the CDC.

*The other area [of concern] is not having the opportunity to volunteer to go on the card. The split households. What's it going to cause? What are the impacts going to be? There was examples that I've had doing stakeholder engagement which I fed through to the department. "My husband's a gambler. I need to manage his affairs." It can't actually be done because he can't volunteer to be on. That's an issue. SH01*

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<sup>17</sup> Interviewing had been completed before the passing of the new legislation which allows CDC participants to exit the trial under certain conditions. The exemptions referred to in this instance instead refer to the well-being exemptions that have been present since the rollout of the inconsistent double spaces throughout the document – sometimes between words, which allow people to be exempted from the trial if they can prove that their well-being is at risk. Wellbeing exemptions are generally granted for people with very serious health concerns and may involve a social worker assessment. Participants may also apply for an exit from the program if they can demonstrate reasonable and responsible management of their affairs, including finances and any children. Participants can access an online form and may be asked to provide supporting documents, such as a rental agreement. Exit and exemption processes are public and available to participants, on the departmental website or by contacting the Cashless Debit Card Hotline.

<sup>18</sup> "Humbugging" is a term that refers to unreasonable demands, particularly financial demands, made on a person. This primarily occurs within family networks, but can also refer to demands from others through street begging or sexual importuning ("Humbug" 2019).



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# 10. Interview Topic Guides

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## 10.1 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 Bundaberg and Hervey Bay region

- 2.1. Can you tell me a little about what it is like to live in the Bundaberg and Hervey Bay [or insert location name]? (Probe for what are the good things about [location name] and what are the bad things about [location name]?) (Probe labour market conditions, unemployment, levels of social harm, perceptions of safety, lifestyle/activities).

The Cashless debit card has been introduced to try to address social issues for children and young people such as high unemployment and intergenerational welfare dependency and reduce the harm caused by alcohol, drugs, and gambling.

- 2.2. Do you think unemployment and intergenerational welfare dependency are a problem for [insert location name]? (If yes, probe: how is it a problem? How big is the problem? Have the problems changed, got worse overtime? Has it caused legal or social problems? Does it contribute to social harm, community safety?) What are the opportunities for employment like in the area?
- 2.3. Do you think unemployment and intergenerational welfare dependency have an impact on child well-being? (Probe school attendance, family functioning)
- 2.4. What about domestic violence?
- 2.5. What about crime? (Probe on types – petty crime, assaults etc.)?
- 2.6. 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. Awareness and understanding of the CDC

- 3.1. What do you know about the CDC and how it works?
- 3.2. Where did you access this information? (Probe: government communication, meeting, media, other)
- 3.3. Do you know where to seek further information or assistance?
- 3.4. 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:

- Your Organisation?
- Other organisations?

(For each of the above probe for positive/negative impacts, demand for services/referrals, funding of services, types of services provided)

4.2. And what did you think will be the impact of the cashless debit card on:

- CDC participants and their families?
- The broader Bundaberg and Hervey Bay region?

(For each of above probe for positive/negative impacts? Why? Impact on health and well-being including employment/training/education, spending patterns and management of money, use of alcohol/drugs/gambling, community health and well-being – employment/safety/pride/violence/crime)

#### **5. Support services (employment and training, family, financial, drug, alcohol, gambling etc.)**

5.1. What employment and training support services are available in the local community?

5.2. What family and financial support services are available in the local community? [Probe for other services like drug and alcohol, gambling, emergency relief etc.]

5.3. 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?

5.4. Are there any gaps in support services that you are aware of?

#### **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: 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?

## 10.2 CDC Participant Topic Guide

### 1. About you and where you live

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 unemployment, lifestyle/activities, 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 they do in a usual day: care provision, education, work, looking for work, community involvement) What about other people you hang around with? How do they spend their time?
- 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. Household spending patterns

- 2.1. Who do you live with? (E.g. family, partner, dependent children, friends, other)
- 2.2. Do you live with anyone else who has a cashless debit card or will be getting one soon? What is your relationship to them?
- 2.3. 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?).

### 3. Unemployment and employment

The cashless debit card has been introduced in the Bundaberg and Hervey Bay region to try to address social issues such as high youth unemployment and unemployment affecting generations of families.

- 3.1. Do you think unemployment is a problem for [insert location name] (Probe if yes, how is it a problem? Has it caused legal or social problems? What are the opportunities for employment like in the area?)
- 3.2. What about for you or your family?
- 3.3. Are you currently unemployed or have you ever experienced periods of unemployment?
- 3.4. If yes, can you tell me about your experience of unemployment? (Probe: how many times have you been unemployed; how long for; income support during times of unemployment)
- 3.5. Can you tell me about any jobs you have now or have had in the past? (Probe: how obtained, type of work, conditions, any opportunity to develop skills, why job ended)

3.6. Are any of your family unemployed or unable to work now or have been in the past? (Probe: how many times; how long for; income support during those times; if unable to work – reason e.g. ill health, caring responsibilities)

#### **4. Alcohol, Drug and gambling**

The Cashless debit card has also been introduced to try and reduce the harm caused by alcohol, drugs, and gambling.

4.1. 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?)

4.2. What about for you or your family? (Probe if yes, how has it been a problem? Has it caused legal or social problems?)

#### **5. Knowledge of the CDC**

5.1. How did you find out about the cashless debit card? (Probe letter from DSS, social media, news media)

5.2. Do you know much about the CDC? (Probe: do they feel well informed, consulted, understand why the CDC is occurring?)

5.3. Do you know how the card works? (Probe: The proportion of your welfare payment that will be on the card, what you can spend it on, the types of places you can or can't use the card, the differences between having a cashless debit card compared to a key card (like an EFTPOS card)?)

5.4. Do you know who to contact/where to go if you need assistance with using the card such as activating the card, setting up direct debits, replacing a lost card?

#### **6. Expectations about the CDC**

6.1. When you first heard about the cashless debit card, how did you think it would impact on:

- You?
- Your family?
- Other cashless debit card participants and their families?
- The broader Bundaberg and Hervey Bay region?

(For all of above probe for positive/negative impacts? Why? Impact on health and well-being including, employment/training/education, spending patterns and management of money, alcohol/drugs/ gambling care of children, community health and well-being - jobs/safety/pride/violence/crime)

6.2. What do you feel is good about the Cashless Debit Card? Why?

6.3. What do you feel is bad about the Cashless Debit Card? Why?

#### **7. The CDC Experience**

- 7.1. Have you received the card yet? If yes, when did you receive it?
- 7.2. If yes, 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)
- 7.3. If yes, have you experienced any problems using the card? (Probe for inability to pay for something, whether problems have been overcome/resolved)
- 7.4. 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)
- 7.5. How does being on the cashless debit card make you feel? (Probe for discriminated against, embarrassed, more in control of money, feel safer)
- 7.6. If you had a choice would you like to opt out of the CDC? If yes, why? If no, why not?

## **8. Interactions with CDC local partners**

- 8.1. Have you approached DSS shop fronts/CDC local partners for assistance with the card?
- 8.2. If not, why is this? (Probe haven't needed help, concerned about going to shop front, other)
- 8.3. If yes, what types of assistance have you received (i.e. card activation, accessing extra cash)?
- 8.4. How many times have you sought assistance?
- 8.5. 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 met? Privacy respected? They explain things well? Understand your circumstances?)
- 8.6. Were you satisfied with the assistance you received from DSS shop fronts/CDC local partners?

## **9. Support services (Employment and training, family, financial, drug, alcohol, gambling etc.)**

- 9.1. What employment and training services are available in your local community?
- 9.2. Does the income support payment you receive require you to be enrolled with a Job Active provider?
- 9.3. If yes, what services do they offer? How often do you interact with the job active provider?
- 9.4. What support do you think you need to help you get a job? (and sustain a job)
- 9.5. What family and financial support services are available in your local community? [Probe for other services like drug and alcohol, gambling, emergency relief etc.] Have you or your family used any of these services?
- 9.6. Do you expect the cashless debit card will impact on usage of these services?
- 9.7. Why/why not? What makes you think/say that?

## **10. Adverse or Unintended changes due to the CDC**

10.1. 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, stealing, begging, abuse or intimidation, violence, drug or alcohol use, stigmatisation/marginalisation/acceptance).

## **11. Wrapping up**

11.1. Overall what are some of the things that you consider to be best about the cashless debit card?

11.2. What aspects of the cashless debit card do you like least?

11.3. Is there anything about the cashless debit card that you think could be improved?

11.4. Any other comments/things that have been missed?