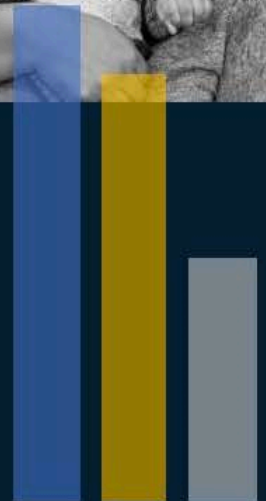




THE UNIVERSITY  
of ADELAIDE

FUTURE OF EMPLOYMENT AND SKILLS  
Research Centre



# EVALUATION OF THE CASHLESS DEBIT CARD IN CEDUNA, EAST KIMBERLEY AND THE GOLDFIELDS REGION

## QUALITATIVE SUPPLEMENTARY REPORT

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JANUARY 2021

# Acknowledgements

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We would like to acknowledge the Department of Social Services, whose background support has been invaluable. We are deeply grateful to the stakeholder representatives and the Cashless Debit Card (CDC) participants in each of the three trial sites for giving us their time with abundant generosity and for sharing their personal experiences with such deep trust. Without them this work would not have been possible.

Megan Moskos led the qualitative components of this evaluation of the CDC, and had overall responsibility for the design, conduct, analysis and reporting of the qualitative components. Linda Isherwood contributed to the conduct, analysis and reporting of the qualitative components of this evaluation of the CDC. Support with conducting qualitative interviews and analysing transcripts was also provided by Helen Walton, Llainey Smith and Zoei Sutton. The Chief Investigator of the overall evaluation of the CDC was Kostas Mavromaras.

We would also like to state that the cover photos are purchased images and not images of CDC participants or people who participated in the evaluation.

# The Supplementary Reports on the CDC Evaluation: An Outline and a Roadmap of the two Supplementary Reports

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This Qualitative Supplementary Report is one of three inter-related documents. The head document is the Consolidated Report of the CDC evaluation which examines the CDC policy and its outcomes as a whole, by combining all findings of the evaluation, from all different sources of data and through the use of all methodologies. The emphasis is on the narrative of the policy and the overall message of the integrated evidence regarding the question of how well the CDC is perceived to be working as a policy, by whom and for whom. Primarily for practical reasons of space and readability, the Consolidated Report needed to be kept as short as could be achieved, given the complexity of the evidence and the many questions the evaluation is attempting to answer.

The full evaluation evidence is presented by two supplementary reports, the Qualitative Supplementary Report and the Quantitative Supplementary Report. These two supplementary reports serve a common purpose, namely, to provide the fullest possible information on the collection and the analyses based of the two respective methodologies. To this purpose the Qualitative Supplementary Report presents and discusses the full analysis of all in-depth interviews with stakeholders and participants. Similarly, the Quantitative Supplementary Report presents and discusses the full quantitative analysis, from all different sources of data, including administrative data, community data, and the full complement of the CDC participants' survey data.

This brief Roadmap is designed to assist the reader with using the supplementary reporting. It provides prospective readers with some guidance and tips on the way the three documents could be read most efficiently. It describes how the supplementary reporting relates with the Consolidated Report and explains the degree of repetition and duplication that may be encountered.

**For whom is the supplementary reporting made?** The purpose of the supplementary reporting is to provide a comprehensive account of the complete qualitative and quantitative evidence underpinning the evaluation. The Qualitative and Quantitative Supplementary Reports are made for the reader who is interested in a complete account of the evidence and its technical side, including a full list of the tables and the analysis of the interviews that informed the thinking and the assessment of the evaluation's evidence.

**How is the supplementary reporting to be read?** The Consolidated Report aims to convey the full narrative of the CDC policy and its implementation and impacts in a self-contained document which is designed to be read from start to end. In contrast, the supplementary reporting (both Qualitative and Quantitative Supplementary Reports) are designed to be read in the way the reader prefers. One reader may wish to read the full document from start to end. Another reader may wish to read one section at a time, in order to add detail and depth to a specific part or aspect of the Consolidated Report. The reader who seeks the full information either on the whole CDC evaluation or on a specific aspect of the CDC, would need to consult with both Supplementary Reports. The choice depends on the information needs of the reader.

**Are there any differences in the results/numbers/quotes between the Consolidated Report and the Qualitative and Quantitative Supplementary Reports?** The supplementary reporting provides

additional and not new information about the evaluation. The Qualitative Supplementary Report provides the full analysis of the qualitative evidence with extensive quotes and the Quantitative Supplementary Report provides many more tabulations, regression results and technical explanatory material.

As there are several instances in the evaluation where the evidence on the CDC impact is not pointing clearly towards one direction or another, the reader will find that the qualitative evidence and the quantitative evidence do not always agree. The reader will need to make their own judgement on such differences and the supplementary reporting will assist and guide in many instances. Another distinct use of the supplementary reporting is that the additional detail that it provides may explain better the confidence that we have placed on a finding and the reasoning behind doing so, in a way that may have appeared less obvious in the Consolidated Report.

**Is there any duplication between the Consolidated and the Supplementary Reports?** Yes, there is a lot of duplication and it is by design, because the supplementary material would become virtually unreadable without preserving the overall narrative of the evaluation, especially as this is presented in the Consolidated Report. There is only one evidence base that underpins all reporting in this evaluation. The Consolidated Report presents the whole narrative in the shortest possible format and focusses on what were considered to be the core findings at the time of writing these reports. Future developments and/or hindsight may prove other findings to have deserved equal if not more prominent consideration within the shorter Consolidated Report. By presenting the full evidence in the supplementary reporting, we preserve the complete evidence in its fullness without worrying about the length of each of the two documents or about instances of repetition. It is by design that the two supplementary reports repeat some of the more general aspects of the Consolidated Report, in order to enhance the readability of all three individual reports and in order to connect the three documents with one another and with the overall narrative of the evaluation.

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# Glossary

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<b>BasicsCard</b>	Delivery mechanism for Income Management that gives a participant access to funds in their Income Management account through eftpos facilities at approved stores and businesses
<b>Card</b>	The cashless debit card
<b>CDC</b>	Cashless Debit Card
<b>CDC shopfront/Local partner</b>	Provides support to those participating in the CDC program
<b>DSS</b>	Department of Social Services
<b>FES</b>	Future of Employment and Skills research centre, University of Adelaide
<b>Indue</b>	Financial institution that is currently contracted as the CDC provider
<b>ISP</b>	Income support payments
<b>N</b>	Number of observations
<b>NVivo</b>	Qualitative data analysis computer software package

# 1. Introduction

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In May 2018, the Department of Social Services (DSS) commissioned the Future of Employment and Skills Research Centre (FES) at the University of Adelaide to undertake an independent collection of baseline data with CDC trial participants and other relevant stakeholders in the Goldfields region of Western Australia (WA).

Subsequent to the collection of baseline data in the Goldfields region, the DSS commissioned FES to undertake an independent impact evaluation of the first three CDC trial sites: the Ceduna and surrounding regions in South Australia (SA) and the East Kimberley and Goldfields regions in Western Australia. The purpose of the impact evaluation of the CDC is to further develop an evidence base for the CDC, to better understand ‘what works, for whom and in what contexts’.

The impact evaluation was underpinned by three inter-connected core methodologies:

- Stakeholder engagement strategy.
- Collection and analysis of qualitative data.
  - In-depth interviews with stakeholders.
  - In-depth interviews with CDC participants.
- Collection and/or analysis of quantitative data.
  - Large-scale survey of CDC participants in the three trial sites.
  - Australian Government administrative data and, where available, community-level data from the Western Australian and South Australian governments.

Findings were then integrated and outlined in the Evaluation of the Cashless Debit Card in Ceduna, East Kimberly and the Goldfields Region: Consolidated Report.

This Qualitative Supplementary Report contains elements of the stakeholder engagement strategy and the complete results of the qualitative fieldwork undertaken in each of the first three CDC trial sites: the Ceduna region<sup>1</sup>, the East Kimberley and the Goldfields region<sup>2</sup>. For the Goldfields region, the relevant results of the qualitative fieldwork undertaken for both the baseline data collection and the impact evaluation are detailed within this report.

Within each of the first three CDC trial sites, the qualitative research collected information around the following key themes:

- Historical evidence about the initiation of the CDC trial within each of the regions, including information about the social issues that were seen to be the impetus behind the trial and the broader social policy environment in which the CDC trial was introduced.
- Perceived impacts of the CDC across a number of domains.
- Aspects of the CDC that were considered to be working well.
- Aspects of the CDC that were not considered to be working well.

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<sup>1</sup> Including the Indigenous Communities of Yalata, Koonibba, Scotdesco and Oak Valley.

<sup>2</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.

- Perceived opportunities for improvement.
- The future of the CDC.

As a qualitative report, it is not the extent of views but rather their nature and depth that are described here. The frequency with which these views are expressed is better addressed by the quantitative survey of CDC participants that forms a separate component of the impact evaluation. The final conclusions from the impact evaluation are derived through the integration of the qualitative depth of the views of stakeholders and CDC participants and the quantitative breadth of the views of CDC participants in the first three trial areas. These are presented in the full Consolidated Report.

The first three trial sites for the CDC are each distinct regions with their own unique histories and populations. While the qualitative research uncovered some similarities between all sites in terms of the initiation and impacts of the CDC, it also highlighted unique differences and subtleties of the operation of the CDC between the sites. Moreover, stakeholders and CDC participants who contributed to this research requested that the evaluation findings not only allow for a universal assessment of the impacts of the CDC across the first three sites, but allowed a deep understanding of the specific impacts within each of the trial sites. For these reasons, the qualitative findings are presented separately for each of the first three CDC trial sites. A summation and in-depth presentation of the qualitative evidence relating to the collective impacts of the CDC across the first three trial sites can be found in the Consolidated Report.

## 2. Qualitative Methodology

The following chapter outlines the methodology used for the qualitative fieldwork in the first three CDC trial site areas.

### 2.1 Ceduna

The FES qualitative research team conducted interviews with CDC participants and stakeholders in four of the five main locations in the Ceduna region (Ceduna, Yalata, Koonibba, and Scotdesco). Interviews were also conducted with Stakeholders and CDC participants from Oak Valley, the latter of whom were visiting family or friends in one of the four areas listed above.

#### 2.1.1 Interviews with stakeholders

Forty-three semi-structured, in-depth interviews were conducted with 60 representatives from various stakeholder organisations operating in the Ceduna region. These interviews sought to explore stakeholder's views on the functioning of aspects of the CDC and the perceived impacts of the CDC. They also collected evidence about respondents' perspectives on the future of the CDC.

Figure 2-1 shows the spread of the stakeholder organisations in Ceduna and the surrounding region, who informed the evaluation, by location. Twenty-four organisations were principally located in Ceduna (although they may have serviced the broader region). Seven were located in Koonibba, seven were located in Yalata, two were located in Thevenard, one was located in Scotdesco and one in Oak Valley. One stakeholder was located in an area outside of the Ceduna region.

Figure 2-1: Ceduna stakeholder organisations who participated in interviews by location

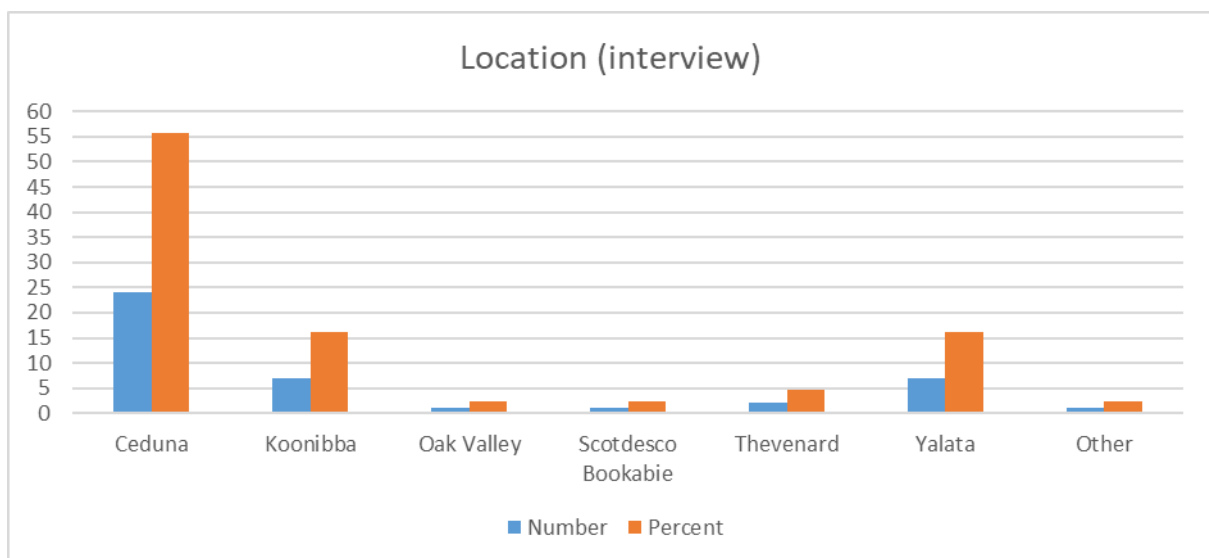
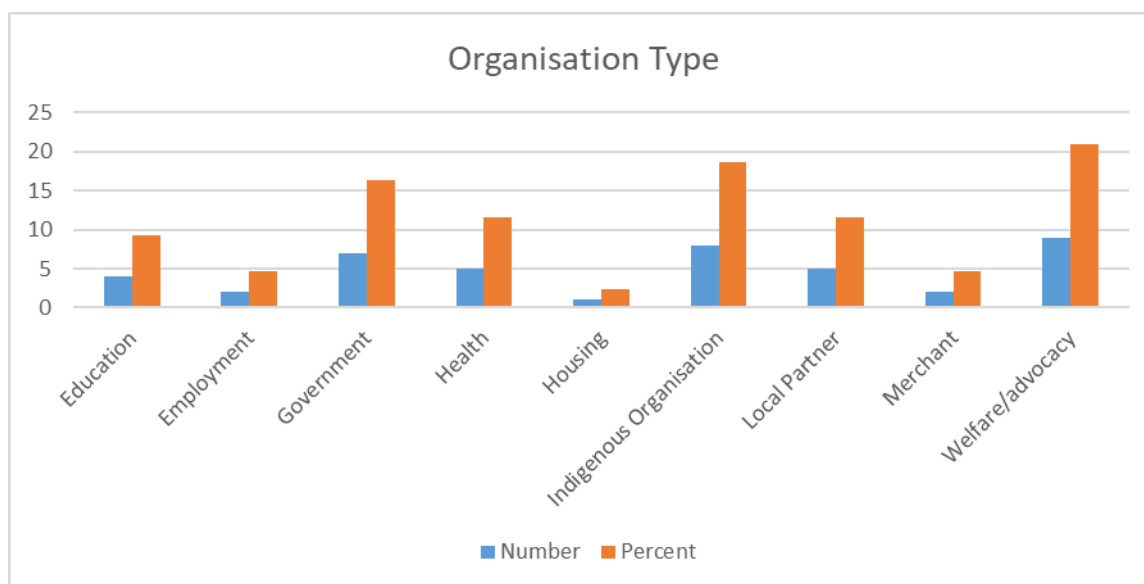


Figure 2-2 shows the spread of stakeholder organisations who participated in interviews in Ceduna and the surrounding region by service type. The stakeholder organisations interviewed included representatives from local, state and federal government (N=7); housing (N=1); local partners (N=5); Indigenous organisations (N=8); welfare and advocacy organisations (N=9); employment services (N=2), merchants (N=2); and the education and health sectors (N=9).

Figure 2-2: Ceduna stakeholder organisations who participated in interviews by service type



### 2.1.2 Interviews with CDC participants

In-depth interviews were also conducted with 78 CDC participants in Ceduna and the surrounding region. The interviews sought to obtain information relating to CDC participants' views about the CDC and perceptions of its impact on their lives and the communities in which they live. Similar to the stakeholder interviews, CDC participant interviews also sought to collect evidence about respondents' perspectives on the future of the CDC. An overview of the profile of the CDC participants informing the research in Ceduna and the surrounding region is outlined in Table 2-1.

Table 2-1: Profile of Ceduna CDC participants who were interviewed

Attribute	Number (N) = 78	%
<b>LOCATION:</b>		
Ceduna	34	43.6
Koonibba	19	24.4
Yalata	22	28.2
Other	3	3.8
<b>GENDER:</b>		
Male	27	34.6
Female	51	65.4
<b>IDENTIFIED AS INDIGENOUS:</b>		
Yes	73	93.6
No	5	6.4
<b>INCOME SUPPORT PAYMENT TYPE:</b>		
Disability Support Pension	11	14.1
Newstart Allowance (now Jobseeker Payment)	50	64.1
Parenting Payment	8	10.3
Other	9	11.5

Note: Due to rounding, the total percentages in this table may not sum exactly to 100.

Forty-four per cent of CDC participant interviewees resided in Ceduna. A little over a quarter of CDC participant interviewees were from the Aboriginal community of Yalata (28.2 per cent) and just under a quarter were from the Aboriginal community of Koonibba (24.4 per cent). A further 4 per cent of respondents were from other communities such as Oak Valley.

An overwhelming majority (93.6 per cent) of CDC participant interviewees identified as being Indigenous, while around a third of interviewees were male and two-thirds were female.

Nearly two-thirds of CDC participant interviewees reported that they received Newstart Allowance (now Jobseeker Payment), while around 14 per cent received the Disability Support Pension. Approximately 10 per cent of respondents received Parenting Payment (Partnered or Single).

## 2.2 East Kimberley

The FES qualitative research team conducted interviews with CDC participants and stakeholders in Kununurra and Wyndham in the East Kimberley.

### 2.2.1 Interviews with stakeholders

Semi-structured qualitative interviews were conducted with 56 representatives from 47 stakeholder organisations in the East Kimberley region. These interviews sought to explore stakeholder’s views on the functioning of aspects of the CDC and the perceived impacts of the CDC. They also collected evidence about stakeholders’ perspectives on the future of the CDC.

Figure 2-3 shows the spread of the stakeholder organisations in the East Kimberley region, who informed the evaluation, by location. Thirty-eight organisations were principally located in Kununurra (although they may have serviced the broader region). Nine were located in Wyndham.

Figure 2-3: East Kimberley stakeholder organisations who participated in interviews by location

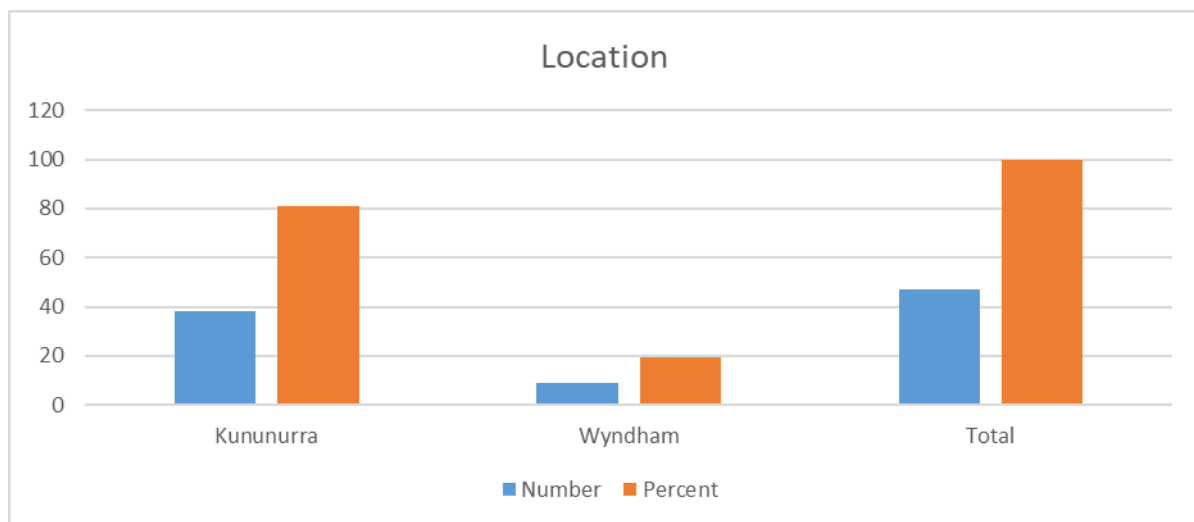
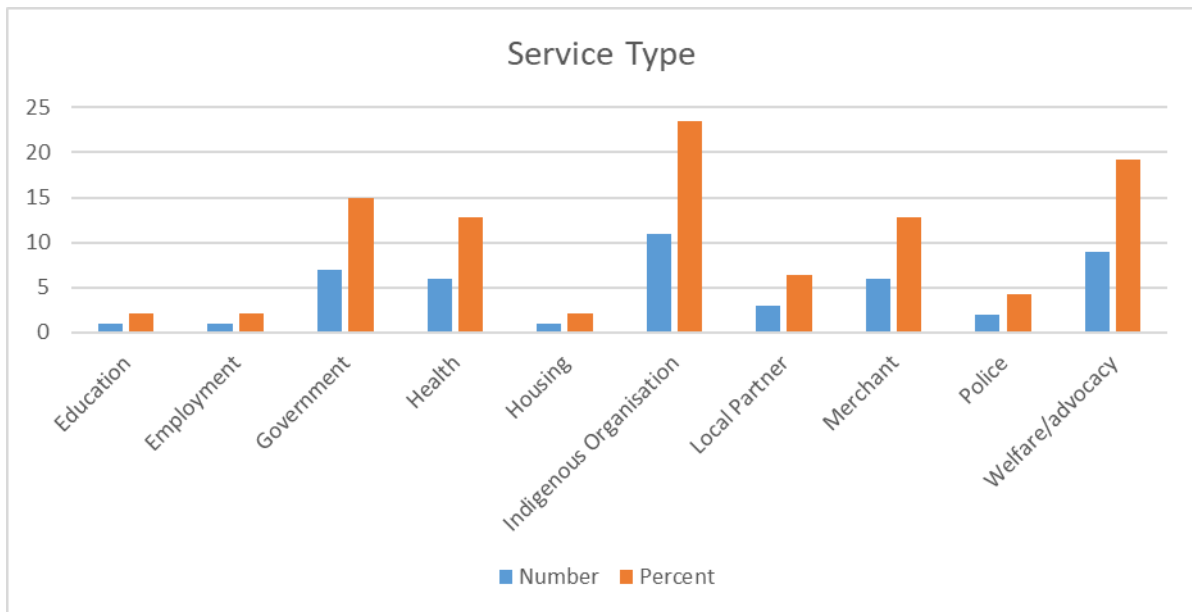


Figure 2-4 shows the spread of stakeholder organisations who participated in interviews in the East Kimberley region by service type. The stakeholders interviewed included representatives from local, state and federal government (N=7); local partners (N=3); housing (N=1); Indigenous organisations (N=11); welfare and advocacy organisations (N=9); employment services (N=1), merchants (N=6); police (N=2); and the education and health sectors (N=7).

Figure 2-4: East Kimberley stakeholder organisations who participated in interviews by service type



## 2.2.2 Interviews with CDC participants

Interviews were also conducted with 75 CDC participants in the East Kimberley region. The interviews sought to obtain information relating to CDC participants' views about the CDC and perceptions of its impact on their lives and the communities in which they live. Similar to the stakeholder interviews, CDC participant interviews also sought to collect evidence about respondents' perspectives on the future of the CDC. An overview of the profile of the CDC participants informing the research in the East Kimberley region is outlined in Table 2-2.



Table 2-2: Profile of East Kimberley CDC participants who were interviewed

Attribute	Number (N) = 75	%
<b>LOCATION:</b>		
Kununurra	52	<b>69.3</b>
Wyndham	23	<b>30.7</b>
<b>GENDER:</b>		
Male	22	<b>29.3</b>
Female	53	<b>70.7</b>
<b>IDENTIFIED AS INDIGENOUS:</b>		
Yes	70	<b>93.3</b>
No	5	<b>6.7</b>
<b>INCOME SUPPORT PAYMENT TYPE:</b>		
Disability Support Pension	13	<b>17.3</b>
Newstart Allowance (now Jobseeker Payment)	34	<b>45.3</b>
Single Parenting Payment	10	<b>13.3</b>
Partnered Parenting Payment	6	<b>8.0</b>
Other	9	<b>12.0</b>
Not stated	3	<b>4.0</b>

Note: Due to rounding, the total percentages in this table may not sum exactly to 100.

Just over two-thirds (69.3 per cent) of CDC participant interviewees resided in Kununurra and just under a third (30.7 per cent) were from Wyndham.

An overwhelming majority (93.3 per cent) of CDC participant interviewees identified as being Indigenous, while 29 per cent of interviewees were male and 71 per cent were female.

Nearly half of respondents (45.3 per cent) reported that they received Newstart Allowance (now Jobseeker Payment), while around 17 per cent received the Disability Support Pension. Approximately 21 per cent of respondents received Parenting Payment (either Partnered or Single). Around 12 per cent of participants reported another type of income support payment or had voluntarily joined the CDC, and 4 per cent did not state their payment type.

## 2.3 Goldfields Region

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

### 2.3.1 Interviews with stakeholders

For the baseline data collection in the Goldfields, semi-structured qualitative interviews were conducted with 66 representatives from 59 stakeholder organisations. These interviews collected evidence around the socio-economic conditions present in the Goldfields prior to the introduction of the CDC and perceptions of the reasons why the CDC had been introduced in the region.

For the CDC impact evaluation, semi-structured qualitative interviews were conducted with 62 representatives from 50 stakeholder organisations. Of the 62 representatives interviewed for the impact evaluation, 30 had previously been interviewed during the baseline data collection. These interviews sought to explore stakeholder’s views on the functioning of aspects of the CDC and the perceived impacts of the CDC. They also collected evidence about stakeholders’ perspectives on the future of the CDC.

Figure 2-5 shows the spread of the stakeholder organisations in the Goldfields, who informed the impact evaluation, by location<sup>3</sup>. Twenty organisations were principally located in Kalgoorlie-Boulder (although they may have serviced the broader Goldfields area). Fourteen were located in the Shire of Coolgardie (which also includes Kambalda), eight were located in Leonora (with many servicing both Laverton and Leonora), and seven were located in Laverton. One stakeholder was located in Menzies.

Figure 2-5: Goldfields stakeholder organisations who participated in impact evaluation interviews by location

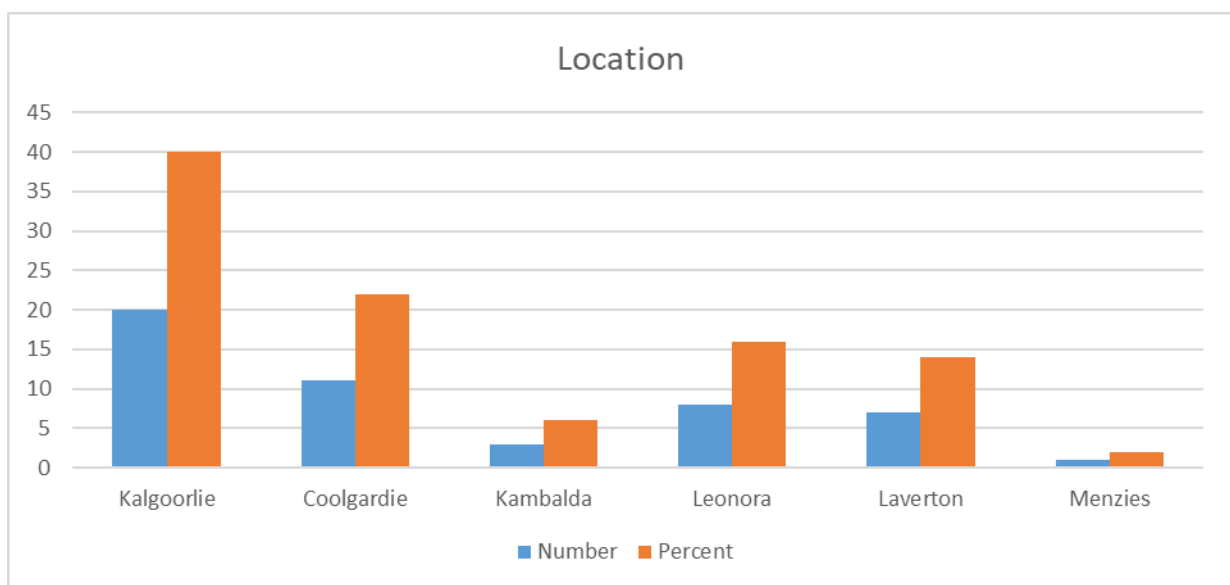
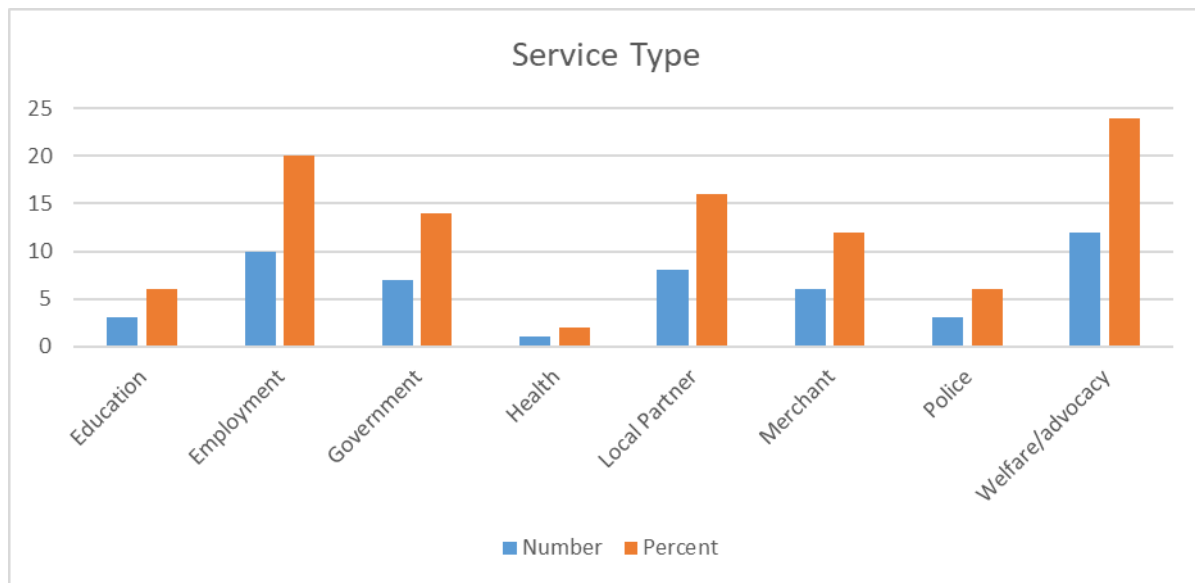


Figure 2-6 shows the spread of stakeholder organisations who participated in impact evaluation interviews in the Goldfields by service type. The stakeholders interviewed included representatives from local, state and federal government (N=7); local partners (N=8); welfare and advocacy organisations (N=12); employment services (N=10), merchants (N=6); police (N= 3) and the education and health sectors (N=4).

<sup>3</sup> For further information about the stakeholders who informed the baseline data collection in the Goldfields see Mavromaras, K., Moskos, M., Isherwood, L. and Mahuteau, S. 2019.

Figure 2-6: Goldfields stakeholder organisations who participated in impact evaluation interviews by service type



### 2.3.2 Interviews with CDC participants

For the baseline data collection in the Goldfields, semi-structured qualitative interviews were conducted with 64 CDC participants. The interviews sought to obtain in-depth information relating to CDC participants' views about the CDC and collect evidence around the socio-economic conditions present in the Goldfields prior to the introduction of the CDC.

For the CDC impact evaluation, in-depth interviews were conducted with 78 CDC participants in the Goldfields. Of these, 11 CDC participants had previously been interviewed during the baseline data collection in the Goldfields<sup>4</sup>. These interviews sought to obtain information relating to CDC participants' views about the CDC and perceptions of its impact on their lives and the communities in which they live. Similar to the stakeholder interviews, the CDC participant interviews also sought to collect evidence about respondents' perspectives on the future of the CDC. An overview of the profile of the CDC participants informing the impact evaluation in the Goldfields is outlined in Table 2-3<sup>5</sup>.

<sup>4</sup> At the time of the baseline data collection there was no plan to reinterview respondents as the evaluation of the CDC had not been commissioned. As such, contact details were not systematically obtained for all CDC participants who informed the baseline data collection in the Goldfields.

<sup>5</sup> For further information about the CDC participants who informed the baseline data collection in the Goldfields see Mavromaras, K., Moskos, M., Isherwood, L., Mahuteau, S. 2019

Table 2-3: Profile of Goldfields CDC participants who were interviewed for the impact evaluation

Attribute	Number (N) = 78	%
<b>LOCATION:</b>		
Kalgoorlie-Boulder	34	<b>43.6</b>
Coolgardie	11	<b>14.1</b>
Kambalda	11	<b>14.1</b>
Laverton	8	<b>10.3</b>
Leonora	8	<b>10.3</b>
Menzies	6	<b>7.7</b>
<b>GENDER:</b>		
Male	30	<b>38.5</b>
Female	48	<b>61.5</b>
<b>IDENTIFIED AS INDIGENOUS:</b>		
Yes	37	<b>47.4</b>
No	41	<b>52.6</b>
<b>INCOME SUPPORT PAYMENT TYPE:</b>		
Disability Support Pension	9	<b>11.5</b>
Newstart Allowance (now Jobseeker Payment)	50	<b>64.1</b>
Single Parenting Payment	10	<b>12.8</b>
Other	7	<b>9.0</b>
Not stated	2	<b>2.6</b>

Note: Due to rounding, the total percentages in this table may not sum exactly to 100.

The majority of respondents (44 per cent) resided in Kalgoorlie-Boulder. Twenty per cent of respondents were from the regional townships of Laverton and Leonora. Twenty-eight per cent of respondents were from Kambalda and Coolgardie, and a further 8 per cent of respondents were from the township of Menzies.

Just under half (47 per cent) of CDC participant respondents identified as being Indigenous, while 62 per cent of CDC participant interviewees were female and thirty-eight per cent were male. The main income support payment types CDC participant interviewees reported receiving were Newstart Allowance (now Jobseeker Payment; 64 per cent), Single Parenting Payment (13 per cent) and the Disability Support Pension (12 per cent).

## 2.4 Further detail on the qualitative interviews

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

The recruitment of stakeholders for interviews 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. DSS also provided information and contact details for relevant stakeholder groups, however, decisions about who to approach/interview were made independently by FES and DSS were not informed about who had been approached/interviewed<sup>6</sup>.

<sup>6</sup> Some stakeholders may on occasion also currently be, or had previously been, CDC participants.

In the main, recruitment of CDC participant interviewees 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 CDC participant 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 were aware of the research and also had the opportunity to inform the research if they wanted to. 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 previous evaluation of the CDC in the East Kimberley and Ceduna trial sites. This allows for the possible comparison of data collected in the Goldfields baseline data collection with data collections from other CDC areas. The interview guides also judiciously introduced additional questions in order to answer the Key Evaluation Questions, including perceptions about whether the CDC had been successful in achieving its aims. Interview guides incorporated culturally appropriate content and protocols for the conduct of the research were developed collaboratively between senior researchers from FES and local stakeholders.

CDC participant interviews ranged in duration from 11 to 73 minutes, while stakeholder interviews ranged from 17 to 75 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 several respondents instead chose for their interview to be conducted in a quiet public space or in their home. 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, interviews were recorded using a digital recorder and transcribed verbatim by a professional transcription service. The transcribed data was entered into NVivo (qualitative data analysis software) 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 in the first three trial sites for the broader CDC impact evaluation (and, where appropriate, draw on findings from the Goldfields baseline data collection). 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 areas where the CDC is being implemented. 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 terminology and quotes

In some instances in our reporting, we distinguish between the views of “stakeholders” who were interviewed and the views of “CDC participants” who were interviewed. In other instances, we do not. 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. Where the report mentions either “stakeholders” or “CDC participants” the reader should assume that what is written applies only to this named group.

In our reporting, we do not identify respondents (either by their name and/or by their organisation). Instead, we use the prefix SH for a stakeholder interview and the prefix P for a participant interview. A suffix follows which consists of the number of the interview and the trial site of the interview (‘C’ for Ceduna, ‘EK’ for East Kimberley, and ‘GF’ for Goldfields). This way we preserve the anonymity of all respondents, whilst allowing the reader to follow an individual’s views using the category prefix, the number of the interview and the location suffix. For example, throughout the whole report, quotes by SH03C refer to the third stakeholder interview conducted in Ceduna. Similarly, throughout the whole report, quotes by P05C refer to the fifth participant interview conducted in Ceduna.

Please note that when describing the views of respondents, terms such as “perceived”, “considered” and “reported” have been used interchangeably. In addition, the terms “most” and “many” have been used when a majority of respondents expressed a viewpoint. Likewise, the term “some” was used when a sizeable minority of respondents shared an opinion. Finally, the terms “a few” and “several” were used interchangeably when only a minority of respondents expressed an opinion.

## The use of the term Wave 1 and Wave 2

In the Goldfields chapter of this report, we used qualitative data collected as a part of the broader CDC impact evaluation in 2019 and also, where appropriate, data from the baseline data collection in the Goldfields, which was collected in 2018.

Quotations drawn from the baseline data collection are denoted by a W1 (indicating Wave 1).

Quotations drawn from the impact evaluation fieldwork are denoted by a W2 (indicating Wave 2).

Where possible, we compared changes in the findings over time. However, given the timing of the two data collections and the focus of the different projects this information was quite different. The baseline data collection aimed to understand the pre-conditions and expectations of the impact of the CDC, while the CDC impact evaluation focused on perceptions of the impacts of the CDC and respondents’ perspectives on its future.

## 3. Ceduna and the Surrounding Region

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The following chapter details the results of the qualitative fieldwork undertaken in Ceduna and surrounding region in South Australia.

### 3.1 Initiation of the CDC Trial

The qualitative fieldwork collected historical information about the initiation of the CDC trial in the Ceduna region in order to better understand conditions in the region prior to implementation and the reasons why the region was chosen as one of the first trial sites. This information is also important to assist in determining the subsequent perceived impacts of the CDC trial.

Respondents (mainly stakeholders) discussed the entrenched social issues that were considered the impetus behind the CDC trial. They also described the involvement of key community leaders in both supporting the trial and contributing to its design. In addition, the interviews explored the broader social policy environment in which the CDC trial was introduced. The qualitative fieldwork also uncovered evidence around community and CDC participant reactions to the introduction of the CDC and how this had changed over the three-year trial period.

#### 3.1.1 Reasons for the trial

Both stakeholder representatives and CDC participants considered that Ceduna and the surrounding region had a long history of social dysfunction and harm being generated by widespread substance use and misuse. This was said by respondents to be detrimental to the physical and mental well-being of individuals, and the community more broadly. While alcohol misuse was often reported to be the main substance abuse issue for the region, it was also recognised that drugs and gambling were an issue for the region.

*We'd long had a history of alcohol-related violence in this region, and that has been acknowledged in various different forms and reports. SH12C*

*It was a very big issue out there because then—I don't know about stat-wise and everything—but myself, personally, just seeing a lot of family members, cousins and all that, their like drug abuse, alcohol abuse, gambling addictions. It's just became an ongoing saga and people were digging them self in holes and that with all that abuse. And, of course, a lot of the children were missing out on money and clothing, food and that and walking around like — not like homeless but being neglected. P75C*

Respondents also associated substance misuse with other problematic issues including homelessness and sleeping rough, anti-social behaviour, child neglect, family violence and crime. In particular, respondents often spoke about the historical high levels of anti-social behaviour in the region. This behaviour included public noise and violence, public drunkenness and street drinking, people walking the streets late at night, petty crime, begging and sleeping rough. Anti-social behaviour was reported by respondents to cause fear among the community and negatively impact on perceptions of safety. Respondents also considered this to adversely affect tourism and the reputation of the region.

*There was people on the road stopping cars on Eyre Highway. None of that anymore, you know. The streets of Ceduna were just full all the time, you know, of begging and prostitution and what have you. Mind you, that hasn't stopped 100 per cent. SH42C*

Of most concern though, this behaviour was considered by respondents to be putting people's lives at risk and had led to the tragic death of a number of people.

*On the way into town from the west, from Western Australia...there's a beach just on the west side of that, which was a very common drinking beach. It's crown land, and that was a common site for Indigenous folks, particularly from Oak Valley, Yalata, come down, particularly in the summertime, go to the beach, down there drinking. The problem really intoxicated; they'd be crossing the highway. There's 500,000 semitrailer movements through there day and night, and not uncommon to be told "Oh last night a truck had to swerve, they hit something, whatever because there was a person lying on the highway". SH01C*

*But the initial impact was that core group of people that were drinking lots of alcohol, were putting themselves at risk through their health or through other behaviours and that was the key group. And it was about reducing the risk of death and harm and injury initially. SH23C*

*People in the community when cash here, people in town was drinking and fighting and get killed; that was before the Indue. P42C*

Stakeholder representatives and CDC participants reported that transient groups of Indigenous people who travelled from dry communities (places like Oak Valley and Yalata) into Ceduna were more likely to have problems with substance abuse. Respondents indicated that some members of these groups would come to Ceduna to abuse alcohol as they lived in communities in which it was banned.

*So high rates of harm related to largely alcohol consumption in transient Aboriginal Anangu communities. So people that were visiting from Yalata, Oak Valley that had effectively almost become detached from their communities and were now living in Ceduna sleeping rough, and were spending more time in Ceduna drinking than back in community. SH23C*

*The Pitjantjatjara Aboriginals, they call themselves Anangus, they live out in the Yalata ways and other big missions. They live in dry zones so they come here to buy alcohol and drink. They just got nowhere safe to be able to go. P46C*

The reason why alcohol misuse in the region was often associated with Indigenous people was generally attributed to the practice of public drinking, which made alcohol use by Indigenous people (particularly those from communities) more visible within Ceduna.

*It's more of the transients, you know, traditional owners that come from Yalata or into up further on the mid, inland and stuff like that. Yeah. But it's exactly the same as people who drink during the night, it's just that that group probably choose to drink during the day and more out in public, where people can see. P22C*

The social and individual harm being caused by these substance abuse issues was evidenced most clearly in the 2011 Coronial Inquest into the alcohol related deaths of six Aboriginal people in the Ceduna region. The harm caused by substance abuse issues, as highlighted publicly in the Coroner's report, was identified by respondents to be the impetus behind the CDC in the Ceduna region. Other factors, such as the timing and release of recommendations included in Andrew Forrest's 'Creating Parity' report, were also seen by stakeholders to be the catalyst behind the trial.

*And probably, the cause of it ...the reason it initiated with the coroner's inquest and deaths and that attributed to drinking or accidents while people were under the influence, that kind of stuff. SH16C*



*Definitely stemming from the coroner's inquest, seeing there's a recommendation that the coroner put in place regarding some people that lost life because of sleeping rough and substance misuse. So, it came as a recommendation from that and then Andrew Forrest released his report, "Creating Parity" and there was a number of recommendations in that, which include some form of debit card. During that time, they discussed it and realised that maybe this is something that they want to explore because it was thought that all other avenues were exhausted and just needed to try something a little different. SH41C*

The CDC was seen by many stakeholders as being a potentially appropriate and positive option to address these issues. In particular, those respondents who supported the introduction of the trial 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.

*That was the motivation to reduce the individual harm, the harm on the community overall and the complete dysfunction. It was pretty bad at times even in 2012. SH01C*

*We wanted change and seen all the deaths out in the communities where they were all involved through alcohol and living rough and all this, and we wanted change. SH24C*

### **3.1.2 Broader social policy environment**

The CDC was not the only policy response or reform arising from the 2011 Coronial Inquest. That report and its recommendations were met with a raft of responses from Federal, State and Local governments. One of the main responses was the South Australian Government's Service Reform Strategy for the Ceduna region. This strategy promoted a new service model, one based on having multiple agencies respond in a joined up manner to the longstanding issues of the safety and well-being of Aboriginal people who were experiencing, or at risk of, alcohol abuse or homelessness away from home. It brought together service providers in the region to share knowledge and make the most of existing skills and resources, towards their common aim of achieving a service system that was coordinated, responsive, active and culturally competent.

*I think when the Ceduna Reform initiative came out, that started to gain momentum where services started to sort of talk to each other about what each other was doing and then realise that a lot of effort was being duplicated. And there was great benefits to be made if there was that collaboration. And so, say, for instance, we'll have clients in here but we might have the health services that might want to check up on a client because they haven't seen them for a while. Well, they know that they can come here and they can talk to that person. SH03C*

While the leadership group of the Ceduna Service Reform Strategy was not the decision-maker around the trial of the CDC in the Ceduna region, the service reforms and the CDC were often considered to be intertwined. For example, stakeholders reported that particular programs were jointly funded by both the Ceduna Service Reform Strategy and the additional funding allocated to social support services, which was included in the CDC trial. These programs include the Street Beat program and the Mobile Assistance Patrol (MAP) program.

*Well, a lot of projects have...developed around the cashless card and that was through the fact that money came into Ceduna to support the beginning of the cashless card. So some of those projects that have developed around it, the Ceduna services collaboration has a keen interest in or might actually be contributing in a partnership towards those projects. So there is quite a strong connection.... Street Beat and the MAP project have three lots of funding; one lot comes*

*from the Commonwealth and I think that was money to support the cashless card, one lot comes from the State government and the other lot comes from local government. SH27C*

Additionally, the Ceduna Service Reform Strategy agenda was said by stakeholders to have fundamentally changed the delivery of many human and community services in the region, around about the same time the CDC was implemented. Stakeholders reported that services were now being provided in a new, co-ordinated multi-agency way; resulting in increased access to, and support for, clients. A number of new services were also being provided including community paramedics, the Vulnerable Person Framework, and the Offender Management Program.

*There's been a change in the way services work so there's a lot more coordinated effort amongst services now and I think that means that people are being picked up and supported a lot more quickly and we've got a lot of work to do now in how do you now engage people. SH20C*

*I suppose, Ceduna services reform was obviously a targeted response as well. So, in a way, it's just complemented that. That's more so about services operating more collaboratively together and being there for the people. Through that process there's been a number of services, changed our service delivery, which is what makes the data obscure. SH41C*

In addition to this, other policies were also at play at the time of the introduction to the CDC, the main being the local Alcohol Accord. Introduced prior to the CDC, this accord placed a number of restrictions on the supply of alcohol, including the amount and types of alcohol that could be purchased in the region. Subsequent to the introduction of the CDC however, the scope of the accord was expanded to introduce new measures including a takeaway management system, which required all people to show their ID at point of purchase and also a prohibition of sales to people who resided in particular Aboriginal communities which were "dry".

*We had dry zones. We had restrictions on the quantity of alcohol you could buy at a time. We had restrictions on the hours that you could buy alcohol. We had agreements with, a Memorandum of Understanding with one of the major communities trying not to bring in—the community leaders wanted access to alcohol reduced, we brought in various initiatives to try and address that. SH18C*

*Now in the drive-in [bottle shop], when you go to the drive-in [bottle shop] you've got to have an ID on you, a driver's ID. When the Indue card came, that's when the driver's and the ID [came too], so that really slowed everything down. P78C*

Many respondents (particularly stakeholders) considered that changes in the broader social service sector and policy environment, as well as the other interventions operating to curb issues with alcohol abuse, would make any assessment and attribution of whether the CDC had caused behaviour change within the Ceduna region difficult.

*We set up the Vulnerable Persons Framework, we set up the MAP program....The liquor licensing changes, so initially there was much more stringent liquor licensing and over time that's changed to some degree, but some of that still in place. And then the card sort of came along just after a lot of those sort of things happened. So there was a whole range of things and work being done to mitigate the risk for those transient guys before the card came along. And then the card came into place. SH23C*

*The Cashless Debit Card is just one of the factors that have contributed to some changes in the community. I think there have been some changes when you look at some of the data for lots of different things, I think that's been a combination of lots of things that have been happening here. We have had different alcohol restrictions put in place, we now the community paramedic we didn't have before as well as the Cashless Debit Card and Ceduna Services Leadership lots of work has been done through that, in terms of improving relationships between services as well as looking at what are the gaps in services and how we can get funding, we have had a couple of new programs start as a result of that so I think, I guess the way I look at it is that I think there have been successes but I think that that's been a combination of a whole heap of things that has happened at the same time, rather than it being about one specific thing has happened, if that makes sense. So I think for me I find it hard to define what the success of the card is and what's a success of what other things we are doing as a community. I see it at one big thing that has contributed to all these different things that have been put in place at one time. SH17C*

### **3.1.3 Community leaders' involvement in the CDC trial**

It was clear in respondents' narratives that they considered the key driver of the CDC being trialled in the Ceduna region to be the Far West Aboriginal Leaders Group. This group comprised of CEO's of the five Aboriginal communities in the Far West region of South Australia as well as representatives from the Ceduna regional council. Respondents reported that the leaders within the region had identified a need to do something more than what was currently being done to curb the social harm evident within the region. Leaders who were interviewed noted that subsequent to the release of Andrew Forrest's 'Creating Parity' report, the Federal Government presented the idea of a cashless debit card to the group. Insisting on community ownership and support, these leaders noted that the Federal Government encouraged the leadership group to have enormous input over the design of the trial in the Ceduna region. The group met fortnightly, and sometimes even weekly, with the Federal Government to discuss and design all aspects of the trial, even down to the appearance of the card. The leaders interviewed spoke about this process positively and considered it was a true co-design exercise.

*The implementation of the card came about by a Coronial Inquest that occurred amongst our community...The government came to us and we had concerns, as Aboriginal leaders, in relation to too much of our people were getting intoxicated and sleeping rough; so, something needed to be done from ASAP...This was going to be unique to our particular region. It was new to us because there was no interventions in place in our particular area at the time. The only interventions we heard of were interventions that were up north, like the BasicsCard and all that type of stuff. The parameters that sat around their intervention programs and their cards didn't suit us, as leaders, for our particular region, in serving our people; it was only to the detriment of our people. I'm happy to say that we helped co-design the card. SH37C*

*It was a very comprehensive process. I had job to be associated with that process every week from then on. We met with the Aboriginal leaders group on a fortnightly basis and we went through the process of establishing the trial. There were many changes to be made before the trial could start...The Department gave us direct access into the design of the scheme and we actually made a large number of changes. Where we felt that the system was causing undue hardship to people, we recommended changes and all of those changes were made. Where we felt that there was a loophole, that people were exploiting, we recommended changes for that*

*and again, with a few exceptions, almost every recommendation we made was adopted. Where it wasn't adopted we were told why not. Really we essentially—our local leaders designed many parts of the operation of the trial. SH18C*

Some leaders who were interviewed expressed a view that some of the promises they considered the government had made in regards to the CDC trial had not eventuated.

### **3.1.4 Community consultation**

Many stakeholder respondents reported that there had been community engagement work undertaken by the DSS prior to the trial occurring in the area. Most of these stakeholders considered the stakeholder engagement work that had been undertaken to have been comprehensive and far-reaching. Consultation work included door knocking, community meetings, and disseminating information material. This was reported by respondents to have occurred both within Ceduna and in the surrounding Aboriginal communities.

*When it was first flagged here and they did the first trial and I think it was PM&C actually went out and did the communication to the communities, I thought that was extremely well done. I know that retrospectively I've read a lot of comments where they weren't advised, but there was a massive consultation process. And I thought it was fairly well communicated to both communities and to the wider community of Ceduna. Some people didn't understand it and there was a lot of scaremongering with it. And I think once a communication strategy was put into play, you know a lot of people had a different consideration around the card. SH10C*

*Two people who were employed by—one was employed by Ceduna Aboriginal Corporation and the other one by the Department, called on almost every card holder prior to the commencement of the trial and discussed any concerns they had. The biggest concern people had really was them not understanding how the system worked and we set up mechanisms to address issues like that, and people had extraordinary access actually to dedicated officers who were dedicated to that particular task. Everybody who went to them with a genuine issue, either got satisfaction or then went to the leaders group and we dealt with the issues. SH18C*

In contrast to the above views, some respondents reported insufficient consultation occurred prior to the implementation of the CDC in the Ceduna region.

*Not many people like it. A lot of people think, they have the idea it was forced on them. The consultation process was a joke. From what we know of it would have been certain community leaders...the Mayor was probably the biggest influencing driver of it all. So, in the Aboriginal community it was just a couple of Elders who made decisions for the rest of the community...And then it got rolled out. They're the hidden agendas. SH05C*

In the main, those respondents that were dissatisfied with the level of consultation considered that consultation was skewed and focused largely on a select group of community members. While it was noted by respondents that it would have been challenging to ensure all members of the community were consulted adequately it was perceived that consultation should also have occurred more extensively with the broader community. This included consultation and discussion around how the funds associated with the CDC should best be spent on service provision within the region.

*I think there was certainly [consultation] with community leaders and council and the leadership group...I wasn't aware of any consultation with affected groups. Certainly with*

*transient vulnerable people, I don't think there was any consultation with them. But I wasn't involved in the rollout really so I don't know the nitty-gritty of it. But it's a hard thing to consult with because you don't know what is until it's going and happening. So you know, we were certainly asked to provide feedback around it and services but I think there was a lack of consultation about the services that were attached to the card and how they would be rolled out and whether they were appropriate or not. SH23C*

*I think the Commonwealth consulted well with the services in Ceduna and probably with the Aboriginal leaders but possibly not too well with the actual people on the ground that were being affected by that change. So initially, people were not happy. SH27C*

*Nothing at Koonibba, just in town. And just high society and they all got together at meetings with them and they approved it, without going around to the community and asking us what we want and how do we want to spend our money. P52C*

Hence, some stakeholders and CDC participants perceived that the CDC trial in Ceduna had commenced without them having had an opportunity to share their opinion as to whether the policy should have been introduced or not.

*It was just rolled out. They came and said, "Oh, it's just consultation," but then that consultation just happened to be, well, this is the date and the card is still here. SH04C*

*The people who voted yes for the Indue card to be in Ceduna, they did not approach the community, like come out and talk to everybody and to explain to them about the Indue card. They just put their hands up and said yes we will do this. We'll put them all on the Indue card. [I] wasn't consulted. P31C*

A few respondents expressed dissatisfaction with the level of consultation that had occurred following the introduction of the Card. These respondents were unhappy because they perceived that little information was forthcoming about the trial's extension and the dissemination of the findings of the first evaluation.

*There's no, not been as far as I'm aware, any further community engagement to advise no the trial's been extended again, the trial's been extended again, the trial's been extended again. There's not been that much discussion in terms of that on community and you know I suppose there's still a little bit of angst in the fact that you know it was supposed to be a trial phase but it still hasn't finished. SH30C*

*The [first evaluation] report said the trial's working really well and that's great, let's make the assumption that that's correct. The community weren't given access to that information. I would have thought that the trial participants should have been the first to receive their report to basically say, "Look what you've done. You've achieved this. It's not us. Your behaviour and you've achieved these amazing results. Your community's doing really well. You should be proud of this", but politicians received it, the bloody mayor at the time received it. Everyone was talking about the report before it came out, weeks before it came out. I can't even imagine how that sounds ethically. SH22C*

### 3.1.5 Reactions to the CDC

Reactions to the proposed introduction of the CDC were discussed in the qualitative interviews. Respondents reported that reactions had been varied—with some reporting that community members supported the implementation of the CDC, and others reporting the community did not. Also over time, reactions to the CDC were described by respondents as having changed somewhat.

#### 3.1.5.1 *Positive reactions to the CDC*

Some respondents (particularly stakeholder representatives) reported that they themselves and others within their communities were in support of the trial, considering it to be part of a necessary set of policy responses required to deal with the individual and community-level social harm being generated by substance abuse issues within the region.

*I think most of the people in the Ceduna services collaboration would say the cashless card is just another tool that we are using to try and support the bigger picture and vulnerability and alcohol and drugs and family violence and child protection in the region. So they sort of see it as one of the tools. SH27C*

*But there was also, quite a bit of support for it with regard to the welfare of children and for people that are drinking a lot and smoking dope a lot. But they thought was that that would reduce the amount of money that they could spend on gambling, drinking and smoking dope, and then leaving the children there with not much support for food. So there was certainly a component of community and I think it's probably fair to say, more the non-drinkers and people that worked and, like foster carers and people that worked with the youth section, anything with the kids that are left behind, they were supportive of it. SH28C*

Respondents said that some CDC participants were looking forward to the introduction of the Card as it would decrease humbugging<sup>7</sup> and allow them to have more control over their money.

*We had some experiences with direct clients that were looking forward to it in terms of not being able to be humbugged by other families around giving them money, because that is something that is quite common here because of the cultural obligation round sharing money. SH17C*

#### 3.1.5.2 *Negative reactions to the CDC*

However, not all respondents agreed that the CDC should have been implemented in the Ceduna region and there was resistance from some about the policy rollout in the Ceduna region.

*The people were growling about it, getting wild about it and swearing about it. P06C*

It was considered by respondents that the CDC was not an appropriate policy to curb the social harm being generated in the region. Some reported that, in order to be fully effective, the CDC needed to be part of a suite of policies and programs such as enhanced health and community services, improved housing, better policing and alcohol management.

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<sup>7</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. [https://en.wikipedia.org/wiki/Humbug\\_\(Aboriginal\)](https://en.wikipedia.org/wiki/Humbug_(Aboriginal)).

*I don't think the cashless card is the answer to addressing the issues, just put it that way, there are other, I don't know what the other solutions are because it's very complex and a hard thing to manage and deal with for anybody, but I don't think this is the answer. SH17C*

Others perceived the CDC to be racially motivated and expressed a view that it penalised a majority of people for a minority of people's actions. Other reasons reported by respondents for community opposition to the CDC was the perception that the policy was a breach of human rights via its mechanisms of controlling the finances of CDC participants. Some even equated the policy to historical times when Aboriginal people were paid in rations rather than cash.

*It's all about child neglect, alcohol abuse, gambling habits. Now that was a very small percentage of our community that required assistance. And now, everybody has been tarred with that same label because that's all the advertising is about. Child neglect, gambling habits, alcohol, drug abuse. So, you know, in any media forum there is a certain amount of shame that comes with the Indue....You're on this card because you've neglected your children, you gamble, you have substance abuse issues. I find that disappointing. SH09C*

*This like it's against human rights and you know unnecessary and racist. I mean everybody's put on this time though, so black and white but yeah. They just really don't like it. The idea of it and just you know the whole thing. P37C*

Many CDC participants themselves reported that the Card resulted in them feeling degraded and experiencing a lack of autonomy and control. Respondents also said that the introduction of the trial had led to some members of the community moving away from the region in an attempt to avoid being placed on the Card.

*It makes me feel like we haven't got no rights over our own income. We got no rights of how to control it, whatever. That's how I feel about it, as us Aboriginal people. P59C*

*Initially it was quite negative. They felt like they were sort of I guess being controlled in a way and they didn't like that initially and there was some families that left the area and went and lived down at Port Lincoln and Port Augusta. Some went to, a couple went to Adelaide, just to try and, so they weren't in the area. They thought that would sort of get them out of that, the cashless debit card rule I guess. SH31C*

Respondents reported that protests had been organised as a form of public demonstration against the policy. However, several respondents noted that these had been organised and attended by a relatively small group of people. It was perceived that those who were most against the Card were non-Aboriginal people.

*There was some level of formal protests but I didn't get a sense—I got a sense that that was a minority rather than a majority of people that were organised to do that. SH23C*

*There's been a lot of negativity in the community, mainly from the white or the non-Indigenous sector who have gone onto the card and believe it's, you know, a blanket response to people on welfare. And number of protests, a number of community meetings, the Minister's been up several times I think and addressed them but it still continues on social media. SH10C*

It was noted by respondents that the protest movement against the Card (albeit while reported to be small) wielded considerable influence on public sentiment. So much so, that some suggested that people would not speak favourably about the trial in public as they were concerned about the backlash

from others. This included Aboriginal people who were supportive of the Card, but were reluctant to indicate this publicly.

*There was a small group of very loud people in Ceduna that were not happy with the card at all, and still aren't, but a lot of people I spoke to, they'd tell you they think it's a great idea and agreed with it, but they don't want to say that publicly because then you risk getting these people come and cause you grief. SH26C*

*In most communities that I've dealt with, and speaking to the women one on one, they say they love it because the money's not wasted on, you know, grog and gambling. But publicly they seem ashamed to say that. They change when they're in a public forum. SH42C*

Some respondents considered the trial to have increased existing racial tensions within the region. It was suggested that beliefs were held that, while targeted more broadly, the Card was actually aimed at Aboriginal people experiencing substance abuse issues. It was considered that non-Aboriginal people who also received the Card felt resentment about this, which was perceived to have subsequently increased tensions between Aboriginal and non-Aboriginal community members.

*Obviously we do have some tensions between Aboriginal and non-Aboriginal people in the community, that's just the way that the community works, but unfortunately the feeling that I got, the non-Aboriginal people who also received the card then felt this hostility that they were receiving the card because of Aboriginal people that couldn't manage their money and couldn't manage what they needed, so then non-Aboriginal people were now stuck in this position of having this card. So I think it creates a feeling of hostility within the community as well... I believe there was a Facebook group initially, like a private Facebook group and there was members of the community who were quite hostile on that and quite racist remarks on that Facebook page and I believe it got closed down by whoever does that. SH17C*

Conversely, a few respondents thought it had brought Aboriginal and non-Aboriginal people together.

*I mean a lot of people have rallied together against the card, protesting against it so I think it's brought a lot of white and black people together. P37C*

One group who were perceived by respondents to be disproportionately subjected to negative community reactions about the implementation of the CDC trial in the Ceduna region were members of the leadership group who had supported its introduction. Members of this group were described as having experienced personal and sustained attacks due to their position on, and support of, the Card. The personal toll this had had on respected leaders was said to have been enormous, causing some to relinquish their leadership roles.

*The sad thing is in the community, which I'm sure you've heard through your interviews, is the community ridicule and slam the group for what they've done because they say it's a breach of human rights. They say it's everything that, you know, it's stopping people from having freedom. People don't see the positives of it. I hope people have been sharing the positives with you, but the community consensus is it's this negative thing and the CEOs get beaten up daily about it. SH38C*

*Like, because it's a tough thing to deal with and I think, everybody agrees with the objectives of what's trying to be achieved, but just people disagree on how we get there, and that's one of the things that was, I suppose, quite tough for anybody involved with introducing it, we saw people, the response to what people have copped during their time. I mean, there are some*



*people now that no longer have those active roles in communities or no longer have those high advocacy roles because they're intimidated or still scarred by the introduction. SH41C*

*And we know who did it here, in this community, not saying anybody's name. And we see that person, that person that did it, agreed for the thing to be here, we give them a hard time in the street or whatever. P04C*

### 3.1.5.3 *Changes in reactions to the CDC over time*

The majority of respondents reported that community responses towards the trial had become less negative over the trial period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested that people had become used to the Card and had worked out ways to manage adequately within the parameters of the Card. The perceived stigma associated with being on the Card was also said to have decreased.

*I think, too, community wise, people have now, who are used to the cashless card, more or less accepted of each other, so to speak, where there isn't that conflict anymore of, you know, you're on it and, you know, why are you on it and there's, you know, not that anger associated with disempowerment because everyone's on it, type of thing. SH03C*

*The reaction, when it first came out, oh, it wasn't so good, it wasn't a good reaction. But as they started getting used to it, you know, and some knew how to, they started working it out, yeah, it was less and less thing then. SH34C*

*I was pretty upset, but after I just get used to it, just live with it. You've got no choice. P14C*

Some stakeholders perceived this to be characteristic of Aboriginal people in the area and reported that Aboriginal people had learnt to adapt to change as a result of historically been subjected to a wide variety of government policies and reforms.

*As far as the Aboriginal clients that are on it, they don't talk about it much. I think they are very hardened to government policies and changes because things happen to that particular group all the time, so for them it's probably just another thing that's been put on them by the government and they might initially not like it but they are in the business of surviving and just get on with surviving and kind of keep going no matter what is thrown at them. SH27C*

However it was also evident in some CDC participant's narratives that they had changed their view of the Card over time because they had experienced positive changes in their behaviour.

*I didn't like it. But...I will keep it now. I want to keep it. My monies in the bank, I didn't, but now I don't care now, cause I don't drink no more. P05C*

Respondents noted however that when the CDC became the focus of media attention, or when people (including researchers) visited the region to speak about the Card, debate within the community about the CDC increased.

*It's not spoken about as much until it becomes a political issue again. And that's when there's elections and all that. SH15C*

A few respondents indicated that there were still particular community groups and people who were unhappy about the Card for the same reasons as those which were voiced when the Card was first

introduced. These reasons included perceptions that the CDC was a breach of human rights and a discriminatory social policy.

*I think, there's still groups that are quite unhappy about the concept and those arguments go back to some traditional issues around Aboriginal people and that whole ...discrimination and all of those conversations. There's some human rights arguments that get brought up and they're all very valid arguments. I don't think that group has budged from their position, which is a fair enough position to have. You can't blame someone for having that position. SH22C*

*I think that the people that were unhappy in the beginning because they thought they were being unfairly targeted are still unhappy and would let, I mean, there's active Facebook sites and people are talking to MPs all the time that don't think it's fair. So certainly there's a group of people that probably will never be happy because they don't feel that they should be on it. SH27C*

*Oak Valley has been vocal about not supporting the cashless debit card right before the first extension and the second extension. We have discussion annually now and last discussion was a few months back. They're still against the card. It just restricts them so much, you know? Money out there in the bush enables them to do all of this other negotiation, cars are purchased. SH43C*

## 3.2 Perceived Impacts of the Cashless Debit Card

The CDC aims to help address the social harm caused by alcohol, drug and gambling misuse. While in-depth interviews elicited the perceptions of respondents as to the impacts the CDC had had on these three issues, there were mixed views as to whether the CDC had fulfilled its intended aims since the introduction of the policy three years earlier. Further perceived impacts of the CDC—including those relating to financial issues, crime and family violence, child welfare, health and well-being, autonomy and control, stigma and shame, transient populations, employment and training, and local organisations—were also discussed and the findings relating to these are outlined below.

It is important to note that the CDC was introduced at a time when several other interventions were occurring in Ceduna and the surrounding region (see Section 3.1.2). This makes it very challenging to ascertain the direct impacts which have resulted purely from the CDC policy alone, as these other interventions also impacted upon social conditions within the region. The findings pertaining to the perceived impacts of the CDC which are outlined in the sections below, should therefore be read with this important caveat in mind.

### 3.2.1 Alcohol use and misuse

The perceived impact of the CDC in relation to alcohol misuse within Ceduna and the surrounding areas was the most common impact discussed by respondents. Stakeholder representatives and CDC participants were fairly evenly divided as to whether the introduction of the CDC had had a positive impact on levels of alcohol misuse or not.

While it was frequently acknowledged that alcohol misuse continued to be a considerable issue within the region, around half of all respondents considered that the reduced ability to purchase alcohol, due to a proportion of income support payments being placed on the CDC, had led to decreased levels of alcohol consumption.

*A lot of people walk around sober now, been drunk too all the time. That's a lot since, you know, help people a lot. Used to see a lot of people in the street drunk and they sit on corners, on the lawn, yeah. But now it change a lot. P48C*

*I think it's successful beyond our wildest dreams... I could go for a month and not hear anything about fighting, brawl, domestic violence, alcohol abuse...Look out the window, walk down the street...They're not drink...We had a program every three days, all around the wider CBD. We have crews out from 7 o'clock in the morning pressure cleaning all the footpaths to get rid of the faeces, the urine, and the vomit from the footpaths. I'm talking to the Council about we actually don't need to do that at all, maybe once every couple of months, anymore. SH01C*

Around an eighth of the CDC participants interviewed provided personal stories of themselves or close family members slowing down or stopping their drinking as a result of the CDC. Examples were also given by several stakeholders of clients who had experienced improvements in their drinking behaviour.

*I like it...Make me stay away a little while from the drink. Buy food. P50C*

*I was full-on drinking before but now slow down. I can't buy alcohol...Plus my ex-partner...we had problems in the drinking together and that. Now because of the card, help me slow down a bit. That was a good thing, in a way too. P48C*

*I had one guy in the community, he drank 24/7. Now, he probably drinks one or two days a week...It was just because of the Indue really...I even heard that he's gone down from drinking heavy beers to mid-strength beers. SH24C*

Respondent said that some CDC participants were now prioritising the spending of their Centrelink payments on food and purchases for their children rather than using these funds to buy alcohol.

*In that 15 years we would have tried 50 or 60 different initiatives to try and address these problems. To me, this one [CDC] is the key. The key is if you haven't got money that you can spend on drugs and alcohol, then you spend it far more sensibly. I stand by that. SH18C*

*For families that are misusing, spending their children's money differently, not worrying about food...Indue is good for them because they can't spend it on drugs and alcohol, and the kids get food. P04C*

Several CDC participants also reported that some people who had previously had problems with alcohol were now sober and using their time productively through participation in community and traditional Indigenous activities.

*Since they've stopped [drinking alcohol] they've tried hunting and going from scrub or didgeridoos, artefacts. What else? Some of them are out for digging wombats. P39C*

In addition, respondents described reduced incidence of alcohol abuse, including observations of less public drunkenness. Alcohol-related incidents such as fights and domestic violence, as well as ambulance call-outs and hospital presentations were reported to have also lessened since the implementation of the CDC. Ceduna and the surrounding areas were consequently said to be safer and quieter as a result of reduced alcohol misuse.

*Everything was stopped. No more fighting, no more accident, no more drinking. Looks like everything changed, you know? People lot less drinking in community. P42C*

*There has been genuine appreciation of the improvements that have been made in their lives. The town itself has benefited. We used to have some horrible behaviour in public, to the extent of riots. We had groups of up to 50 intoxicated people fighting at times in the early days; that's completely gone. SH18C*

*I think we still have the issues here. I mean, you can still walk down our street and see...very high levels of inebriation. That's not changed. But you do see a lot of people who aren't inebriated. Where there would be a large group and everybody in that group would be suffering from a high level of inebriation, now, you know, there'll be four in a group of ten, instead of all ten. SH09C*

A further group of respondents, while recognising that positive changes had occurred in drinking behaviour within the Ceduna area, were unsure as to whether this could be solely attributed to the CDC policy. The adoption of alcohol management regulations and service interventions, which were working alongside the CDC, were also considered to be contributing to change.

*You can't buy port. And I don't think you can buy any more than over a two litre cask of wine. Actually I don't know if you can get cask wine at all in Ceduna any more...If you're a Yalata resident you can't get served heavy beer, takeaway from Ceduna or Penong. So there probably is the array of all sorts of things that have probably helped out the issues. SH35C*

*You still get the occasional alcohol runner who will bring it in. No matter what you do you're always going to have someone who's going to bring it in. But you know I see an improvement. You got to remember that we're working in tandem with like our youth group, we spent a lot of money and we get a lot of funding to work with our youth around drug and alcohol abuse. And we have a really good team there where we talk about it. So in conjunction with that and the card, and the other plans that we're doing and the psychologist that we get brought in we see a difference. So it's really hard to isolate just the card or one thing, and I wouldn't dare do that. But it is part of our strategy and it's a strong part of our strategy, but it's only a part. And if you're going to rely on one thing well nothing's going to work. SH42C*

In contrast, many respondents felt that levels of alcohol misuse in the area continued to be problematic and were unchanged since the start of the CDC. While some early improvements had been noted, levels of problematic drinking were described as quickly returning to pre-CDC levels.

*It's like the Indue card didn't stop them from drinking, they are still full on drinking...You get people drinking for weeks. They will start from today and all the way to Saturday. P03C*

These same respondents, who thought they saw no change, reported that pubs were still as busy as before the CDC and that public drunkenness continued to occur. Some stakeholder representatives said that they had not experienced a change in the number of people presenting to their services under the influence of alcohol. For these respondents, alcohol-related harm including violence and emergency presentations were thought to be happening to the same degree as before.

*I don't think the Indue card has solved the problem from alcohol because there's people still getting drinks. And they're still walking round the street drunk...And it's not just like Aboriginal people as well, it's everybody. P15C*

*I work out of [ORGANISATION] so that's why a lot of people come in and out of every day, and if anything I think the drunks, the people presenting alcohol effects is increasing. I see no*

*change in the issues around alcohol and public drunkenness. I know people are still getting alcohol so they are working around the Indue card, there's no doubt about that. SH27C*

The ability for CDC participants to still have access to 20 per cent of their Centrelink payment in cash, combined with Centrelink payments being made on different days of the week for different people, was thought by some respondents to provide sufficient funds that enabled problematic drinking to continue. A perceived lack of change in levels of drinking was also partly considered to be due to the adoption of workarounds to the CDC including the use of transfer payments to obtain funds for alcohol and the sharing of cash amongst CDC participants. These workarounds are discussed in further detail in Section 3.3.2.4.

*What I don't like is the constant pay days that come through. You know everyone gets paid on a different day so we're forever battling with the alcohol 'cause they'll drink someone's money one day, drink you know next day, drink the next day and that's difficult. SH10C*

*I know a couple on this community...and what money's in her bank, she holds it because that person gets paid the next day and that money from her bank, and his bank go together for alcohol and drugs. And if they haven't got that amount, they take his Indue and they'll go to town and they know where certain people work, they say you buy me this or buy me that and you can go and do shopping with this. That's how they work it out here. They swap. Smart, hey? They thought they stopped the alcohol business here, and drug, whatever. They never, the Indue never stopped. P04C*

The introduction of the CDC was felt by some of the stakeholders to have changed the patterns of drinking and types of alcohol consumed in ways that were of concern to these respondents. Rather than daily drinking, more excessive levels of risky binge drinking were said to be occurring with the CDC. Moreover, with more difficult access to alcoholic drinks, a few stakeholders suggested that some CDC participants were now consuming methylated spirits which could be purchased from the supermarket with the Card.

*It's changed the pattern of behaviour and I don't know whether that's a good thing or a bad thing. So it's gone from someone who drinks every day to someone who binge drinks. So, that pattern is probably more destructive...We do see people getting highly, highly intoxicated at dangerous rates where we weren't seeing that before. SH03C*

*I've seen in the bushes where there's bottles of Methylated Spirits. They're drinking Metho now. 'Cause they can't use the card to go to the Bottle O, they can go to the supermarket and buy bottles of Methylated Spirits. That's the latest thing as well. SH05C*

Overall for many respondents, the CDC was not considered to be adequately addressing problematic alcohol consumption, particularly for those CDC participants suffering from addiction. Alcohol addiction was perceived as being too complex an issue to be resolved through the limiting of cash payments. Moreover, respondents considered that change could not be effectively enforced on those CDC participants experiencing addiction; a personal motivation to address their alcoholism was perceived to be needed.

*It's the same as what it was, 'cause people aren't going to go without grog...They go to sobering up to get it [a place to sleep], six o'clock, sleep all night, get up at six o'clock, go down to the day centre, have breakfast, have lunch, go and get drunk, go back there. It's just a cycle there...It'll keep going until the Indue card's finished. It'll still be going till I'm dead and gone. P14C*

*What things like the cashless card doesn't do, is that it doesn't recognise addiction. So, it just makes the assumption that if you limit the amount of cash available for alcohol or drugs or whatever, then you're going to stop a person from being addicted. Well that doesn't work. Because people who are addicted or are used to a certain pattern of behaviour around drinking or taking drugs are going to find other ways of doing it regardless of what's in place...When people are ready to change, they'll want to make a change. SH03C*

It was therefore recommended (especially by stakeholder representatives) that alternative policies and programs should be put in place (in addition to or as a replacement to the CDC) to more effectively address ongoing cycles of behaviour in relation to alcohol.

*Somehow people are getting cash and getting grog...The reality is that a lot of these people are addicted to alcohol so it is an addiction. It won't just stop and they will do anything they can to get some alcohol and/or other drugs. That's been like that in Ceduna since the day I moved here. And it's been the eternal challenge ever since and probably always will be. Well, I'd like to think it wouldn't be but a lot of this alcohol, you know, what's behind it is grief, loss and trauma. So until we deal with that sort of stuff, I think the generations will continue looking to alcohol and other drugs to cover up those feelings. SH27C*

### **3.2.2 Drug use and misuse**

Impacts of the CDC on drug use and misuse in the region were also described (but to a much lesser extent than alcohol misuse) by respondents. Again, perceptions were very mixed as to the impact that the CDC had had on drug use within Ceduna and the surrounding region.

Some respondents reported that the use of illicit drugs had decreased since the implementation of the CDC. In addition, improvements were noted in the spending of money on essentials and also in the well-being of CDC participants who had previously been regular drug users.

*It's good in some way, people on ice and grog and all that, drug problem. They've cut that back. So, that's slowed them down. P14C*

*Their benefits aren't just being wasted on alcohol and drugs and gambling. I see now that because they don't have that 100 per cent control of those benefits that they are now having to go and buy food and such and which benefits their kids. And they seem to be in a little bit better state of mind themselves, the people, the adults, you know, because they're not just totally hazed all the time with all the substance abuse. P31C*

However, other respondents (particularly CDC participants themselves) perceived that levels of drug use were unchanged. Despite the restrictions imposed by the CDC, many CDC participants with an addiction were described as still managing to find the funds to support their habit.

*No dramatic changes that I've seen. You just only have to go down the street and you can see people still intoxicated, still utilising the same services over and over for assistance. There's a big, high influx of drugs these days and they still get their alcohol and drugs even though they're on the card. SH04C*

*Well the drugs are still around now, like, there's hard stuff kicking around town...like ice, crack and shit like that there...People still get what they want it just makes it a lot more difficult for them, that's all it is. Doesn't really make a difference I've found. P21C*

It was noted by respondents that the continued funding of drug habits was achieved primarily through the use of the cash component of the CDC, groups of CDC participants pooling together their money and the monthly transferring of additional funds from the CDC into a non-CDC bank account. The use of workarounds for cash to pay for drugs was also reported, including the selling of items purchased with the Card or the transferring of CDC funds directly to drug dealers. These reported workarounds are discussed in more detail in Section 3.3.2.4.

*People that have got a high dependency on drugs, this card wouldn't have stopped their behaviour. It may have changed the way they access drugs, but the drug dealers are also changing the way their business works as well. So, what has value becomes a bargaining tool. SH22C*

*There's ice here. My nephew's on it, and he gets it, like, it's here. And they pay for the thing, so the dealers sell it to them for the Indue. They transfer the money to their account or swap their card. Because that's what my nephew was telling me. So they've got a way to get their drugs here. They transfer the money. P74C*

### 3.2.3 Gambling

In comparison to drugs and alcohol, respondents were more positive about the impact the CDC was perceived to be having on levels of gambling within the area. It was reported that the revenue earned from gambling on poker machines in the local pubs had declined dramatically since the introduction of the CDC, with estimations provided of a revenue decrease by 50 to 60 per cent.

*The instances of people going to the pokies and being asked to withdraw money and use money on gambling has changed...There was some talk that, because our pub is community pub so they have to release information, that since the cards implementation that maybe there was half the amount of money spent in the pokies. SH17C*

The incidence of gambling (both poker machines and informal card games) was reported by many respondents to have declined considerably since the start of the CDC trial. Fewer people were said to frequent the gambling areas in pubs, and those who did were workers rather than welfare recipients.

*The gambling and the horse racing that's calmed down a bit but the pokies. I reckon that's come right down because you don't see as many people in there, and the people you do see in there are the workers. P76C*

*The pokie machines, there's people that I've seen going and spending a whole pay on it, yeah. So, Indue, in that sense Indue comes in handy 'cause they can't get the money out, so that sort of encourages them to have to buy food. P77C*

The funds previously used by some CDC participants to support gambling habits were now reported by respondents to be directed to spending on their families instead. Personal examples to support these observations were provided by CDC participants and stakeholders alike.

*Before, we'd spend it in a pub or play pokies. Yeah, I was spending a lot in a pub or on gambling...I can't gamble no more and I can't drink as much as I used to. Things have slowed down a bit. P14C*

*There's significant numbers of non-Aboriginal people who have been helped as well. One of them is a brother to a very good friend of mine. I know him well...He was always poverty*

*stricken because of his problems with the poker machines. Now he can't do that anymore because he can't access the cash and the money is going to his family. Really his family was suffering because of his addiction. He knew that but he couldn't stop. Now he has to stop. To me that's the key. SH18C*

However, not all respondents agreed that gambling use had been curbed with the implementation of the CDC, with a minority arguing that they believed the levels of gambling remained the same as before the CDC. These respondents reported that CDC participants were using their cash component or managing to find workarounds to continue to take part in gambling activities.

*You still go down to the pub and the majority of people are still there. Hasn't stopped anybody from really gambling. So, you go to a majority of the people that are gamblers are still there. And it hasn't decreased it. It's still the same. SH04C*

*It's been packed lately at the pokies, but I notice most of the people been getting their kids money and that and then spending it on the pokies and cashless card have been transferring it to the bank and been getting it and go pokies and all that. P32C*

### **3.2.4 Financial planning and management**

The perceived impacts of the CDC on financial planning and management were very frequently discussed in the in-depth interviews with both CDC participants and stakeholders. Respondents were divided, however, as to whether the CDC increased the ability of CDC participants to manage their finances.

Some respondents reported that the introduction of the CDC enabled CDC participants to budget their finances better. Placing a proportion of income support payments on the CDC was reported to encourage CDC participants to take more responsibility for their money and the ability to arrange deductions for the payment of bills—such as rent and utilities—on the CDC was welcomed.

*I didn't mind going on the Indue card as well because...I had budgeting problems as well, so then, this would help me budget out my money. At one stage, I was going through hard times as well and I was spending my money willy-nilly and then when I did come back here I had certain amounts to spend, which suited me to a 'T' and then I could, of course, budget with whatever I had left over on my card. P75C*

*It definitely has taught people to budget better. It's allowing people to put stuff on layby. It is quarantining that amount of money so that if people don't really understand budgeting, it does quarantine money so that it can't be spent unwisely. SH09C*

*It's good to pay my bills. My phone bill. I am paying it off. I have got six thousand to pay off. I am taking the money out from here, Indue, and pay it off. P05C*

Moreover, the ability to save money was considered by some respondents to have improved with the CDC. CDC participants themselves provided examples of using the CDC as a tool to save money in order to pay off debts, buy big-ticket items such as cars and televisions, or to attend family events and activities.

*Many of the women have been able to save small amounts of money and we heard, you know, people buying Christmas presents and enjoying Christmas trees for the first time. SH12C*



*We save it, you know, for buy some feed, clothes, shopping...saved up too. I saved for, I don't spend it. If I see good things, I'll buy it. 'Cause I buy one TV in the Indue card...'Cause I like it that Indue, it's saving that money. P12C*

Respondents also considered that the Card provided an important back-up for unexpected expenses or ensuring that food was always available in the house.

*But the Indue card I reckon it's really handy for when you've got no tucker or you've run out of milk and sugar, yeah, empty in your household. P44C*

However, the CDC was felt by other respondents to have adversely affected the ability of CDC participants to manage certain aspects of their finances. A common perception and complaint was that the CDC provided insufficient access to cash and examples were given of instances where a lack of cash had been problematic. These examples included the provision of money to children (e.g. for pocket money, and school lunches and excursions), and attending social and sporting activities.

*The ladies that come here, it's mainly they prefer cash and I found in a lot of Indigenous communities, cash is really important to them. They can see what they've got and then you know if they've got kids that go Adelaide for school, it's easier for them to give them cash and it's hard to do that if you've just got Indue. SH40C*

*That's another thing too with the Indue card. You need money for the kids when you go, or to the show here, see the kids cry at the show there. They must see other kids there which walk around presents or whatever, toffee apple sort of thing. Like the Oyster Fest, the kids crying, you know. P72C*

Most respondents also reported a decreased ability to purchase second-hand goods (online and in garage sales) was occurring with the CDC. This was said to adversely affect the financial position of CDC participants as they were now perceived to be forced to purchase new—and more expensive—items. It was also noted that many CDC participants simply had a preference for cash over cards when managing their finances.

*Previously they would have bought a lot more second hand stuff which was more affordable to them, so they would shop on Ceduna Buy Sell and Exchange for example, and if they needed a new fridge or a new bed, or something like that, that's how they would have purchased it previously. But that becomes more difficult when they've got the card, so they're more likely now to have to spend the money on something new rather than buying second hand. SH11C*

*I like the Indue card, it helps and then some things it doesn't help. And that can affect people a lot financially. The community, being on the card because they're so used to having their money in cash in hand that when that card came out it just like it put on hold on a lot of things. P73C*

While more reported an improved capacity to save under the CDC, a smaller number of CDC participants considered that their ability to save money had been compromised. These CDC participants reported that it had been easier to allocate funds for saving under the previous Centrelink payment arrangements. Concerns were also expressed that, even when monies had been saved with the CDC, the ability to access this money as cash was restricted.

*You can't really save on the Indue. I noticed when I was getting cash I could save. I could have a tin and I could put my money in there, now that's kind of really hard...I could maybe put \$20 in the tin and just let that build up over the fortnight. It's hard living on the Cashless card. P13C*

*Some people...they get paid and then it builds up and then they get that back pay and have a couple of grand on the Indue card and that there...You can't get nothing transferred, only \$200 I think a month. You can save money but you can't get all that money out. P54C*

Respondents reported that the processes of the CDC were too complex for some CDC participants who had previously been used to dealing with their money in cash. For example, with the splitting of Centrelink payments into a CDC participant's Card and their regular bank account, issues had been encountered in relation to the ability of some CDC participants (particularly those with poor digital literacy skills) to keep track of and manage these two pots of funds.

*There's been huge implications. Again, pretty much a traditional people who had no understanding, and quite a lot still had passbooks for bank accounts, and then, you know, trying to, in the space of a few months, educate them on the 21st Century world; that was a huge stress. SH12C*

*It actually makes it harder to manage the money I've found because half the money is split into an account that you can't touch, and you can't do anything with that money except go into a supermarket or something. And then the other half is pretty much already taken because you only get a certain amount of cash anyway...I found everything was a lot more easy without it. P21C*

Other difficulties around financial management which were reported by respondents to have occurred with the CDC were centred on the payment of bills. Challenges in paying for informal board arrangements were noted. Also described were issues with paying large bills (such as rental or mortgage payments and car registration) and the inconvenience of having to split these payments across two separate accounts.

*If I've got an adult living with me and I'll say, \$200 board a fortnight, that means they have to give me their card to go and do a grocery. They can't actually pay the \$200 out. So, it's sort of taken away...that independence...and made people more reliant. SH05C*

*So every time I have to pay my rent I have to make one transaction out of this card and one transaction out of my bank card. Because the amount that's on the Indue card is not enough to pay the rent. So I might as well be all in one card...so I wouldn't have to do two transactions, just one. P01C*

### **3.2.5 Spending patterns**

Respondents' perceptions about the impact that the implementation of the CDC had had on the spending patterns of CDC participants were mainly positive. Both stakeholders and CDC participants reported that the CDC was prioritising, and therefore encouraging, greater spending on essential items such as food, bills, clothes, household goods and fuel. As will be discussed further in Section 3.2.8 below, these benefits were said to be assisting the children of CDC participants; some of whom were reported to be better fed, dressed and cared for since the introduction of the CDC.

*First time I got it, I spent \$200 on food and that's the first time I did that, so my kids were happy with that. P48C*

*People might be spending more money on food and clothing because they've got more money because of the cashless card...I hear people saying that there is better local sales in the clothing and home type stores and food stores, which indicates people are spending money on food and clothes for the kids and themselves. SH27C*

The CDC was therefore considered by many respondents to be successfully acting as a barrier to the unwise spending of funds on non-essential purchases. Some CDC participants reported that they were less likely to run out of money under the CDC, compared to when they had access to all their Centrelink payment in cash.

*I've had a few tell me that...they like the card and they said that before they'd buy something they'd actually stop and think, "Do I really need this?" and they said and that's what they found with the cashless welfare card, that's the benefit they've got from it. They are saving money and they're not spending money on things they normally would have done. SH26C*

*Helps you save money a bit more as well. As when I had cash and that they would just go within a quick amount of time, just wanting to buy, buy. P38C*

Respondents also saw the CDC as providing a mechanism to reduce temptation and to re-direct money away from the purchase of alcohol, drugs and gambling products.

*You always got money there all the time, not money, but something on the card. Before, we'd spend it in a pub or play pokies. I was spending a lot in a pub or on gambling...Buying stuff online now. Do more shopping and go online and get clothes for the kids. P14C*

*For people that do have major problems that used to starve their children and stuff to spend their money on drugs, alcohol, gambling, whatever, now they've got that card with money in there to get food. SH04C*

Despite these positive perceptions about patterns of spending under the CDC, respondents also expressed concerns that CDC participants no longer had control over how their money was used. This was particularly perceived as being unfair for people who had previously managed their finances appropriately and were budgeting well prior to the CDC rollout.

*You want to hold your own money and do whatever you want to do with your own money. With the card you can't get money out or anything. I know it's good for people that drinks a lot and on drugs, but you know you got other people that want to hold their own money. P02C*

*I know a lot of people in this community before this Indue card come out, they already had their own little systems in place where they getting their bills paid through Centrepay deductions and things like that there. And then whoever made the Indue card thing come in and just like took that all away from them. People was already being responsible. SH05C*

Respondents also voiced concerns about the ability of CDC participants to use their Card away from the Ceduna trial site area. Some stores outside of the Ceduna region were reported to not accept the CDC.

*Where they went somewhere, often the card didn't work at all. We had a lot of people too, trying to put fuel in the car [in Ceduna] in case it didn't work when you go away because that has happened where it doesn't identify your card. SH32C*

### 3.2.6 Financial abuse and humbugging

Respondents commonly reported the occurrence of instances of financial abuse, fraud and exploitation with the CDC. Older people were considered to be particularly vulnerable to financial abuse. Several examples were provided of older CDC participants having their Card stolen or money being taken from their Card account online.

*We get a lot of elderly clients that come in, that when you look into their account they've got 20, 30, 40, you know, their money's all gone. And it's just all these little small transfers that people have, they've given their password out to grandkids or nieces or nephews and just been totally ripped off. SH09C*

A few stakeholders expressed concerns that some aged pensioners who were not on the CDC were being targeted for cash.

*Some of our elders...didn't go on the cashless debit card...so they were being targeted even more so. So there was a lot more elder abuse that we recognised and we could see that they were being really targeted I suppose for their cash and targeted more so than they used to be and so that cohort...they really found it very difficult. SH30C*

*For the mob that get their cash that are old enough to actually get their cash, the young people hound them for the money...so they end up humbugging the old people for their money. P21C*

Financial fraud under the CDC was reported to be occurring by some respondents, particularly CDC participants, who provided examples of being the victim of fraudulent activity. Two primary methods of fraud were described: the stealing (and subsequent use of cards) and the online transfer of CDC funds conducted without the permission of the account holder.

*At Ceduna Coles I left my keycard the temporary one...One lady she found the card and she went in the shop she do the pay wave thing...She just buy everything from my card...The Indue card you know people steal money when that card got no balance, people do take from the thing, like pay wave steal the money. P25C*

*It's easy for people to steal your money...Say if you got your details written on a paper 'cause you can't remember it that much, if somebody gets that paper or just have a quick glimpse of it they can go log on to your thing without you knowing and then transfer money into their card like that...And that has happened to my partner couple of times. 'Cause when we didn't have a house we were staying at a relative's house and he, I think he was doing it on the phone and that person was standing behind him and seen his details and his password and that. And then he got about \$140 taken. P38C*

In addition, respondents reported the financial exploitation of CDC participants was taking place. A need to feed their alcohol or drug habits was leading some CDC participants to take part in sly grogging (or other card workarounds), which these respondents perceived as resulting in financial disadvantage. It should be noted, however, that some stakeholders reported that sly grogging was already occurring prior to the CDC as a way of circumventing alcohol restrictions in the area.

*If we're looking at the economic impact of alcoholism, you're better off paying \$50 than \$100 for a carton of beer, 'cause then essentially, you've got \$50 for the same amount of beer, and then \$50 to feed your children...So, what we've now got is a situation where the price of cash has essentially gone up because cash is hard to come by. It actually makes things more expensive. SH22C*

*I don't think that's a result of this card. I think that that form of purchasing, a lot of the people that are doing that, from remote communities, that aren't able to purchase alcohol and the liquor restriction anyway. So, it's about their location they're living and the fact that they can't buy takeaway alcohol and that's what they do. These people that prey on them, being prior to the card, they've been buying inflated prices of alcohol for ever and a day. SH41C*

Respondents' opinions were fairly evenly divided as to whether the incidence of humbugging—i.e. demands for money—had increased or not with the CDC. Some respondents considered that there had been no change in occurrence.

*That hasn't changed at all, not at all. That's been the same...so I still get humbugged 'cause they recognise my face so that's why they call me over or come to me and ask for a dollar or \$2 or a smoke or a ride or something. SH26C*

Others (especially CDC participants) felt that humbugging was now occurring more frequently as CDC participants had less access to cash under the CDC and wanted funds to purchase alcohol.

*Sad to say there's been more humbugging because they want cash. Alcohol and drugs. Because they know us and we're family. So, "Hello, sis. Have you got \$10, \$20 for me?" It's all the time. SH04C*

*I think the people begging is the main thing. Because they can't get their carton or their bottle or whatever they want they're begging on the streets for people to buy it for them. P21C*

However, a third group of respondents—mainly stakeholders—thought that humbugging had decreased as CDC participants had limited access to cash and were now better able to refuse requests to borrow money.

*There are some people that think the card is great because it can stop that humbugging of people, so people that might want to be able to quarantine some of their income can do it easier because they can say, "Sorry, I've got no cash." SH23C*

### **3.2.7 Crime and family violence**

Mixed views were expressed by respondents as to the perceived impact of the CDC on crime and family violence in Ceduna and the surrounding areas. While those stakeholders expressing an opinion on this issue were fairly evenly split on whether the CDC had improved, worsened or had no impact on crime rates in the local region, CDC participants were more pessimistic in their viewpoint.

Some respondents felt that Ceduna and the local Indigenous communities were now quieter and safer as a result of the introduction of the CDC. It was noted by these respondents that incidences of anti-social behaviour such as begging and fighting had reduced. This was primarily thought to be associated with a reduction in problematic alcohol-related behaviour.

*The town's a lot quieter than what it is. Where I live we always had the police going up and down the street and mind you there's only I think eight houses in the street...Haven't seen the*

*police in, around there anywhere near as much now. Which is good...But yeah we used to have a lot of trouble with kids at one stage and that but that all seems to have died down. P18C*

*It was worse before, more fights and people sitting around the vehicles and that. Peaceful now, the weekend. But now, so quiet there. P48C*

*Within community...we're getting less and less crime rate, you know. It's quite peaceful at the moment, we've had quite a good run. SH42C*

While other respondents reported that crime rates were the same as before the CDC, a third group of respondents expressed perceptions and concerns that criminal activity had increased. It was reported by these respondents that the incidence of break-ins, robberies and car theft had increased since the start of the CDC.

*It's the same as it was before the card came in. That was something that I used to laugh at and sometimes swear at when I was looking at my phone reading the Facebook page where they were trying to say it was increasing crime and it's not, it's not...I'd say the crime rate, from what I've seen, hasn't changed that much at all. SH26C*

*There's been an increase in break-ins lately as well. Young children too, little ones. I live in Koonibba and my house has probably been broken into 13/14 times in the last year. So now I've got to the point where I've got to screw my windows in. SH05C*

Respondents who perceived an increase in criminal activity attributed this to young people and CDC participants seeking ways of accessing more cash, partly to use to purchase drugs. Several of the CDC participants interviewed also reported that the CDC had directly led to some physical altercations over the Card and the fraudulent use of funds.

*Crime has increased because people aren't getting their drugs and that so they've been running amok to get it, like, stealing and stuff like that there...It has caused problems, like crime has increased because of it. P21C*

*I don't want the Indue card...Too much pressure, too much people stealing and too much going to that person and saying hey you been getting my money from the card where is it where is it? And they fight you know, have problem and the police come around and sort things out. Police saying oh what's wrong with you, this person he transfer all my money out. P25C*

In contrast, more positive effects were noted by respondents (particularly by stakeholders) as to the impacts of the CDC on levels of domestic and family violence. Some stakeholders reported that rates of this particular form of violence had decreased with the CDC leading to fewer presentations to hospital. Perceived reductions in domestic violence were associated by these respondents with declines in alcohol misuse within families.

*Certainly seeing the statistics on presentation to emergency for domestic violence injuries and things like that, or self-inflicted sort of injuries through drug and alcohol, I mean the decrease in that would suggest to me that there's some positives there. SH25C*

Placing a proportion of income support payments on the CDC was also thought by several stakeholder representatives to assist in the protection of women who were now considered less likely to be pressured into handing over cash to their male partners to use to purchase alcohol.

*There are some benefits that also happened as a result. Like, particularly for the women, because culturally, if you've got money, you're sort of obliged really to share it. And if there is something that stops you from sharing that, like if you said no, then you'd either be outcast or bashed. Or, you know, you would suffer the consequences for saying no, type thing. Whereas, if there is something that's saying no for them, then that absolves that responsibility type of thing, and it's not my fault, I'm not the one saying...So some mothers who have a genuine concern for their kids and stuff like that appreciate the fact that they have that. SH03C*

*I think it's gone down. For the ones that did have domestic violence, there was alcohol involved but now the alcohol consumption's gone down and so has the DV. SH32C*

The discussions about crime and family violence with stakeholder representatives included views that the CDC was only one policy which was making inroads into this area. Other concurrent interventions, including police operations and alcohol management protocols, were also noted by these stakeholders to be impacting upon criminal activity and violence in the area.

*We've got paramedics in place that go out to where they're drinking and we've got Street Beat, we've got so many agencies here now since the card. It's going to be really tricky to weigh up what's changed. But we didn't just bring the card in, we brought in all these other agencies and stuff as well that work 24-7. SH08C*

*That's because of a number of different things as well though. It's not just the Indue card. You know, we've had a greater SAPOL [South Australian Police] attendance in the street, we had the canine unit here for a few years, they tidied up a little bit. We've had a lot of people move away...People aren't putting up with it as much, antisocial behaviour. So, it's being reported a lot more. So, I don't think it's just all due to the Indue card. SH15C*

### **3.2.8 Child welfare and well-being**

A further common impact of the CDC reported by respondents (and especially stakeholders) was on child welfare and well-being. On the whole, respondents were positive about the perceived impacts the CDC was having on family functioning and outcomes for the children of CDC participants. Reported improvements centred upon three key factors: greater spending on children, better child welfare and improved school attendance.

It was widely reported by respondents that families on the CDC were now spending more of their Centrelink payments on their children. With less spending on their addictions, more money was being spent by CDC participants on essential items for children such as food, clothes, shoes and bedding.

*I watch some families, yep, they definitely need to be on it because I've seen the way they spend their money on so much alcohol or so much drugs and the kids were starving. But now that they had that card, they were spending it to get food because they had no choice because it was in that card. So, some people you see the positives. SH04C*

*It's a good thing. It helps feed, instead of the cash, you know, people run for a drink. So, the Indue card is good for our kids. You can buy stuff. Clothes, food. P33C*

Some respondents also considered that the overall welfare of children had improved since the introduction of the CDC. These respondents reported that parents were spending more time with their children and providing better supervision and care. The incidence of child neglect was also said to have

lessened. As a consequence of these factors, the children of CDC participants were thought to be better fed and dressed, were physically healthier and happier, and safer in their own homes.

*Children weren't going to school because their home environment was dangerous. The parents were drunk. They had lots of visiting drinkers and they felt unsafe. They got bashed. They were going to school hungry, tired; they were roaming the streets in gangs of up to 50, and that's verified by the police. Now that has stopped. Their family lives and children who rarely got a meal at home are getting meals. Children who wore dirty substandard clothing are now wearing clean good clothing. To me, that is the biggest achievement of the card. The lives that some of these children were leading was miserable. SH18C*

*I see a lot of children now that are walking around happy, in clothing and mothers can shout them food now and that sort of stuff while in town here. It's been a big improvement, in my eyes anyway. And I'm a full supporter, like I said, of the Cashless Debit Card because of the children...and I'm so happy that it's here because now I can see the improvement with children's welfare. P75C*

Several respondents also noted that school attendance had improved and that, due to improved family circumstances, children were more alert and able to learn.

*See the change of other people too...A lot of mums that have been buying a lot of vehicles and kids going to school more now. Going on trips and that. A lot more new uniforms and shoes and things. A lot of changes. They all going to be happy and that now. P48C*

*Often the kids would come here even on a Friday and because of what was happening on a Thursday night, you know they'd be really tired because there'd been a big party happening in their house or something so they'd hardly had any sleep, so they'd come to school really irritable and hadn't had dinner the night before and they'd be hungry and hadn't had a bath or a shower or anything like that and that could go on for days with them. There is still some families that are like that but it's not the majority anymore that it's happening to. So the kids are coming to school, they aren't as sort of uncared for. SH31C*

However, a minority of respondents perceived that little had changed with regard to child welfare and well-being. Thus, some respondents (mainly stakeholders) reported that children were still living in risky environments and, due to a lack of parental supervision, were walking around on the streets at night.

*Drive round any night around Ceduna and you'll see them [children] on the streets all hours. SH05C*

In addition, several stakeholders perceived that child protection notifications and removals remained at similar levels as before the CDC. Finally, a few stakeholders reported that they had not observed an improvement in school attendance within the local area.

*Like they keep saying in the papers or whatever, "The card is working because there's been a decrease in violence, a decrease in children being removed, a decrease in crime." Bullshit. It's all bullshit...Within the last three, four years, there's been a very high increase of children being removed. There's so many children being removed a week it's not funny....Card hasn't stopped it, hasn't helped the situation. SH04C*



*I would have like to have thought that it would make a huge change to domestic violence, to children being removed, and to the attendance at school. And I don't believe it has...The school's attendance isn't any better...We're still getting kids removed. SH08C*

### 3.2.9 Health and well-being

Stakeholders and a very small number of CDC participants reported impacts of the CDC on health and well-being within the local community. Opinion was divided as to whether these impacts had been positive or negative. Some stakeholders thought that the health of some CDC participants had improved due to lower levels of alcohol consumption, more intake of food, and better compliance with medical treatments and attendance at health care services. These improvements were said to have resulted in fewer hospital presentations and admissions.

*There's a lot less people coming in...the hospital, a lot less people admitting to emergency and coming in intoxicated. SH26C*

It was considered however, that these positive impacts may not be solely connected with the CDC. Respondents also thought other interventions, including ambulance service programs within the community, intensive case management approaches and liquor licensing restrictions, played a role in improved health and well-being.

*The people that we're working with have improved their health a little bit, they've improved their medication compliance, but why that is the question. You know, lots of factors involved in that because it's multi-factorial around here. Is it the synergy with all the agencies; is it a little bit more macro involvement by us with health care; is it the card; is it a combination of all of the above? SH21C*

*People are not visiting the hospital and the clinics and that like they were, because the paramedics are going to people's houses and keeping people healthier at home sort of thing. There's more of a service around, you can ring up and they'll come and check your blood. So while the hospitals stats show they've got less people coming in, the paramedic service would show they're full time doing other stuff. And that's all come with the card. So it's hard to tell. Once it would have been evaluated on how many admissions the hospital for DV, and so, there's so much else going on out there now...There's so much in the last five years that's changed. SH08C*

However, other respondents expressed concerns about the perceived negative impact the introduction of the CDC had brought to the psychological well-being of CDC participants. The CDC was thought to be stressful for some CDC participants, particularly those not used to operating in a cashless society.

*My sister went through a thing of depression...She started getting lonely and then things started just happening around her, she couldn't go to functions because she didn't have cash or things like that, it just started making her feel like she was worthless...couldn't go anywhere, like chose but really couldn't go because of the fact that she didn't have any money to go to these things. SH04C*

Concerns were also expressed by a few respondents that the CDC may have exacerbated the conditions of some CDC participants with pre-existing mental health conditions. However, only a small number of the CDC participants interviewed reported that moving onto the CDC had been particularly stressful for them.

*A lot of the Indigenous community, we already know that they suffer with already complex issues before this card come out and now it's just made things even worse and more complex. So, they are going into deeper depression, worse anxiety. Some people they're even shutting themselves right off from society. SH05C*

*Just being on the card it's just stressing me out. I'm frustrated with the card. P32C*

### **3.2.10 Perceptions of loss of autonomy and control**

Around a third of respondents (particularly CDC participants) expressed perceptions and concerns that the CDC took away the autonomy and control of CDC participants to make decisions about their own lives and how they spent their Centrelink payments. Some respondents perceived the CDC to be taking away the human rights of CDC participants to manage their own finances.

*For me, it made me feel that...taking my rights away. I know it's the government's money but...it's taken my respect away, my purpose. It takes a lot of things away...You feel demeaned that your rights are taken away, how to handle your own money. P76C*

*I reckon they took our rights away when we're on Indue, they took the rights. That was our right, our money, they took our money and put it in that card. They took our rights away, that's all I've got to say. And the year trial, which wasn't true, four years now, going on. P47C*

Some respondents—especially those CDC participants who considered that they had previously been managing their money well—perceived the CDC as being a punishment and as removing their personal dignity and independence.

*[We're] being controlled, being forced to say, alright, because you're unemployed, we're going to punish you. People don't choose to be unemployed...Controlling people's money and telling them that just because you're unemployed or just because you're in a wheelchair, we're going to manage your money now but if you're an aged pensioner, we won't, that's okay. So really, you're controlling people and punishing people, treating people differently just because they're not working, I think that's just ridiculous. P46C*

*I don't like that people can't have self-determination, they can't take control of their lives, we can't empower them to make better decisions by putting services in place that helps them with money instead of taking that money away and then forcing them to be only able to get \$50, so I think some of the principles around how we treat people with dignity and respect are really compromised by the card. SH17C*

Several respondents perceived similarities between the CDC and previous government policies which exerted control over the lives of Indigenous Australians.

*A lot of elderly say that's like a rations card...back in the days that they had to do hard general slave labour just to receive rations...It's kind of disgraceful and shame but it's happening in the modern times...The Cashless card and work for the dole has happened here in Ceduna that sort of fits into what happened years ago...That card it's a modern day racial attack but they put it on everyone so it's a big human rights violation on all of us. P13C*

*This has denied our people the ability to self-determine their future. There is no self-determination for our people in this community in this region because the divide is now bigger,*

*and the haves have got all the haves and the nots have got all the nots...Just go back 50 years back to previous policies and protection because that's what we're heading for. The Aborigines Act...the Flora and Fauna Act. Let's all go back there 'cause that's what this is all about. SH05C*

Respondents noted that the choice over where a person could spend their money had been restricted by the introduction of the CDC. While it was acknowledged that some CDC participants may not make wise decisions over the use of their money, these respondents considered that Centrelink recipients should be free to decide how and where their payments were spent.

*I think it's taken away people's ability to choose what they do. And yes they do make wrong decisions, but don't we all? And I don't think that we have a right...I really don't personally see anything too good in it at all, because I just think it takes away people's rights to be responsible and to own their own money, however they choose to use it. SH08C*

*Can't give a child \$20 pocket money...Can't go to garage sales with cash. Can't do Facebook, that buy, swap and swell. You've got a card, you haven't got cash. Yeah, so it's taken away that freedom to spend your money the way you want to spend it and I think it just affects everyone. SH04C*

Respondents reported that some individuals had chosen to either move away from the area or to come off Centrelink payments as a way of avoiding going onto the CDC and having their finances managed.

*There's been a lot of people moving out of town just to avoid being on the Indue card...They might not be big drinkers, they just don't like being told that they have to be on Indue. P46C*

*In that 18 to 25 age group, we've got a lot of young men...that refuse, they don't want to get a Centrelink benefit because they know that they'll be put on the card and they just don't want anything to do with it They want independence, they want freedom, even if that means that...they're sort of creating an extra burden on the household, they could be bringing in a new start allowance but they're like, no, I'm not going to be on that poxy card, I don't want anything to do with it...I don't want to be controlled, judged, manipulated. SH16C*

### **3.2.11 Perceptions of stigma, shame and embarrassment**

Concerns relating to the perceived stigma, shame and embarrassment associated with the CDC were expressed by almost a third of all respondents. Some respondents perceived that the CDC unfairly stigmatised CDC participants. In particular, these respondents considered that the CDC allowed people to be identified by other community members as being in receipt of Centrelink payments.

*I just don't feel like I should have to be on it. Because it's called Indue, when I go into the shops, they all know I'm unemployed. Why do they have to know I'm unemployed or why do I have to be labelled so everyone will know? P46C*

As the primary aim of the CDC was to address the harm caused by issues related to alcohol, drugs and gambling, some respondents considered that all CDC participants (whether they were personally experiencing these issues or not) were being tarnished with the same brush. Thus some CDC participants felt that they were being wrongly branded as alcoholics or drug users.

*Other people they see the Indue card as "Oh you're a druggie", "You're a gambler", "You're an alcoholic", just because we're on the Indue card. Well me, I'm not an alcoholic. I don't gamble.*

*I don't take drugs. But to other people when they see me...walk into the shop with the Indue and they look at the card "Oh Indue card, that's a druggie, that's an alcoholic". It's branding us, the card itself. P31C*

As a consequence of these perceptions, respondents described feelings of embarrassment and shame in relation to having to use the CDC. Some CDC participants reported being reluctant to be seen using their Card within local shops as they felt that it identified them as receiving welfare payments. Feelings of embarrassment were described by several CDC participants as being particularly heightened when they had encountered difficulties using the CDC to pay for purchases.

*You don't pull your card out in front of people in Ceduna because if you pull out that little purple and grey card, that's shame. Like, you pull it out, they're like, oh, yeah, Indue...It's embarrassing. The Indue card has got a lot of bad stigma attached to it. P10C*

*There's a bit of shame in the Indue card. I know when I was working customer service and I'd be serving someone and they'd always put their jumper over their card and swipe it or, you know, they'd be reluctant to give you their card to help them, if it wasn't swiping properly. So, they tend to hide their cards a lot more. Whereas, we'll hand over our card and go, "Here you go," they'll cover it, and there is that stigma that you're on the Indue card. SH15C*

Respondents reported feelings of shame also being experienced by children in relation to borrowing the Card belonging to their parent or grandparent or reportedly not having access to cash for school and social activities.

*My granddaughter, she goes to netball, football, every Saturday, and well there's no cash, and when I tell her to grab the Indue card "No nanna, it's shame carrying the Indue card down to football". Because even the little ones are feeling that shame, for taking the Indue card. Not only us, it's the little ones too that's coming up. P31C*

*[To] pay for their kid's excursion they need cash...It's embarrassing for the young kids because they, "oh my mum hasn't got the money because she's on the Indue card". SH05C*

### **3.2.12 Employment and training**

Only a very small number of respondents reported any impacts on employment and training as a result of the CDC. A few stakeholder representatives felt that the introduction of the CDC was providing encouragement to CDC participants to go out to work. Employment was seen to be a way of addressing the restrictions of the Card either by earning some additional cash alongside their welfare payments or by getting off the Card altogether.

*When they had a community meeting out here at Yalata, so that's where everybody comes together and they use a loud speaker to talk, where one person that's very aggressive and very abusive, he got up and got the microphone and he kept swearing and they were telling him off and he kept saying, "I'm sick of this Indue card. I want cash, I want a job," and he kept saying, "I'm sick of it," and I was thinking, "That's a good advert for the card." SH26C*

*We've found we have more community people interested in working now than we ever used to have. We struggled to get any community members to come and work here at [ORGANISATION] and since that's come in we've had quite a bit of interest of people looking*

*for work that was never there before. So I guess it's sort of made them look for other avenues to get that bit of extra money that they can control. SH31C*

However, a few respondents reported that the CDC had either not led to any change in the employment and training of Centrelink recipients, some of whom were considered to be unable to work (because of their individual circumstances), or had contributed to fewer employment opportunities within the area.

*It's taken away their autonomy, their self-confidence. It's very often that we have tears in the office because they don't have control over anything. And for a lot of these clients, there is no window at the end of the tunnel. There is no employment opportunities because of their lot in life. SH09C*

### **3.2.13 Local organisations**

The stakeholder interviews included discussion about the impacts that the CDC had had both on the representative's own organisation as well as on other services within the Ceduna trial site. While several stakeholders reported that the CDC had had no discernible impact on organisations, others reported that the trial had brought changes to their own and other local organisations.

Several stakeholder representatives reported that the CDC had directly led to new roles for their organisation. This included the receipt of funding associated with the CDC for the setting up of new services, including acting as a Local Partner organisation. Several stakeholders said that they had been directly involved in the implementation of the Card, including participating in meetings and assisting in decision-making regarding the use of the associated funding for additional support services in the area.

*We fought for that support funds to come here, that was part of brokering the deal of getting the card over the line. \$1.1million in funds came into this region which was to be for wrap-around type services...and halfway through that year we thought it wasn't hitting the mark in relation to service delivery on the floor...We did a full day evaluation of six or seven different service agencies around town, seen what the original funding agreements were...We helped reshape after that first year of funding. There was probably half of that, \$1.1 million that got redirected into other areas, and some of them were on some of our communities that come up with different diversionary type programs and got people back up and running again. SH37C*

Stakeholder respondents also reported that a common impact for local organisations had been the need to assist clients with issues related to the use of their Card. This included supporting CDC participants to obtain replacement Cards, accompanying CDC participants to the Local Partner offices, and dealing with instances of financial abuse.

*When people are losing their card, which happens pretty much on a daily basis, then that's spending a lot more time with people trying to help them to get replacement cards. That's fairly significant in terms of the workload. And for people, before they can start looking at some of the other issues that you have to address their immediate crisis, which often involves the fact that they haven't got any money, or they've lost the card and can't get access to the money... if someone is disabled, or they've got an intellectual impairment, or like cognitively they're not very good at organising things themselves, then those people we'd often need somebody to go with them [to the Local Partner]. SH11C*

*We do have clients who come here because they need help...We're not specifically paid to do any kind of work on the card, but we will take them to Ceduna Aboriginal Corporation to get a new card or the post office. If it's something to do with altering their payments and we have the resources, there are people here who can help them jump on a computer and change their payments or sort out their payments. But we do that, not to support the card, but to support the people. SH12C*

While stakeholders considered that these tasks added to the workload of organisations, it was considered to be important work and potentially a way of improving engagement and rapport with clients. No clear impacts were reported as to the incidence of the presentation of CDC participants to support services within the area.

*It also gave us an opportunity to find out a little bit more about our clients and to deliver a better service. To be honest, when they come through the door for Indue, it was a real way to catch people that would normally fall through the cracks. So, that's from a delivery perspective as well. So, we had so many success stories because we caught them when we normally wouldn't have. SH09C*

Several stakeholders also perceived that the CDC had had a negative impact on the income of some local businesses, including hotels and shops.

*It's a community hotel...When it first happened, they were doing 10 million and dropped to eight. So they dropped two million, initially...The accord was the lid on the coffin. The card has acted as the nails in the lid. Because they were already told what they can't buy, now they're not giving the money to buy much else of anything. SH07C*

*A lot of shop owners were affected quite negatively because when people went onto the Indue card...So, a lot of clients had Centrepay that, payments that were going to local business. So, when the Indue card came in, all of that dropped out and businesses in Ceduna were down thousands, and unable to get that money back...And the Indue card didn't offer the same service that the Centrepay did...It's still an ongoing issue. I believe that Indue are starting, are trying to resolve that with the introduction of direct debits...However, it's still in the trial phase. So, it's quite difficult for a business to set up a direct debit. SH09C*

### **3.2.14 Transient populations**

A further potential area of impact explored within the qualitative interviews was the perceived effect of the CDC on transient populations. Respondents reported that Ceduna was a common congregation point for Indigenous people living in neighbouring communities. As discussed in Section 3.1.1, the CDC policy was thought by respondents to have been introduced in part as a way of addressing perceived issues associated with some of these incoming people, e.g. problematic alcohol use and associated social harm.

Several stakeholders reported that the number of CDC participants coming from neighbouring communities into Ceduna had reduced. With the restrictions placed on the purchase of alcohol and gambling products and also the reduced availability of cash, CDC participants were said to now be spending more time in their communities.

*Individuals that used to be in Ceduna a lot but now stay here [in Yalata] a lot of the time...With all the welfare money available to go into Ceduna and drink previously, but now it's been reduced by so much that it's sort of taken away the purpose of going into Ceduna. It generally*

*was for people to go and camp. So to be honest with you, they really, only certain people, they're definitely wanting to get there because they need to drink, or wanted to drink. And I guess if they haven't got the money available to do that so that sort of takes away the need to go there. SH28C*

*All of the community people are also on the community [Koonibba] a lot more than they used to be...A lot of the time there was no adults out here on the community during the day, they'd be all in town, and a few times I had to go into town to, if we had a serious issue happening, and I would drive into town, 45 kilometres in, and, and I knew exactly where I'd find those parents and it was always at the hotel and it was always 99 per cent of the time in the pokie room. SH31C*

However, some respondents (especially stakeholders) expressed a different view and reported that no change had been observed in the incidence of CDC participants visiting Ceduna. Workarounds were said to be occurring and problematic levels of drinking were reported to be continuing for people coming into the town from the surrounding Indigenous communities.

*The cashless debit card was set up for the transient drinkers, the eyesore of Ceduna. And to keep them off the main street 'cause it's not really nice for the tourists...And those same transient people are walking around this community and they have access to alcohol and other substances seven days a week. So, has it affected them, has it stopped them? No. SH05C*

*So it's not going to make them go back to their community...Yalata and Oak Valley like that's all dry zone, and they go out there, they know they can't get alcohol or can't get any drugs, that's why they don't want to be out there. They come into town, they've got the sobering up, they've got day centre, they've got town camps, save the children, they've got all that facilities in town. So what's the point of going back home, when they can get, still get paid and have their money in their Indue card, get fed, whatever, and still get alcohol on top if it and drugs. P15C*

Respondents provided examples of difficulties experienced when these CDC participants had come into Ceduna from neighbouring communities without their Card or were living rough and had subsequently lost their Card. For CDC participants in these situations, the ability to obtain a temporary Card was considered to be difficult, and was reported to leave CDC participants in these situations with limited or no access to funds to purchase basic necessities.

*So for a lot of the community to access services, to access things like licenses and all these things, they need ID and stuff. And unfortunately a lot of them lose them, because they are transient, a lot of—and Indue cards are the same...It's a small card and living that lifestyle, it seems to me problematic in terms of always having it on your body. And if you don't, well, you can't get access to cash and you literally, you are going to be hungry, you just can have to go without until you can get to somewhere where they can give you a temp card. SH19C*

It was also reported by a few stakeholders that, since the introduction of the CDC, CDC participants were increasingly visiting places such as Adelaide where there were fewer liquor licensing restrictions. Thus, in the opinion of these stakeholders, the issues faced in Ceduna prior to the CDC trial were merely being taken elsewhere. It was identified that this was not solely due to the CDC, but also a consequence of the liquor restrictions operating in the region.

*And there's a lot of transients left from here, gone to Adelaide and taken the problem elsewhere and they doing the same thing. They can't, they think they're moving away from the*

*Indue card but they're not. The card follows them...so they still doing the same thing in Adelaide. At least they can go to the Bottle O and they don't need ID, so they can access it. SH05C*

### 3.2.15 Perceptions of no impact

While the discussion above shows that many CDC participants and stakeholders considered that the introduction of the CDC had led to various impacts (both positive and negative), a sizeable group—more than a quarter of all respondents—reported that the policy had not changed circumstances within the Ceduna trial site.

*I suppose really when it comes down to it, it's like is the cashless debit card working? No. But is it not working? No. It's almost as if nothing's changed. SH30C*

These respondents perceived that the aims of the CDC had not been realised and that the social issues within the area were the same as prior to the implementation of the policy. Thus the incidence of alcohol and drug use, crime, family violence and school non-attendance were said to be unchanged. The identification and use of card workarounds (see Section 3.3.2.4 below) contributed to this perceived lack of impact.

*Alcoholic mob are still there getting their alcohol. The drugs users are still getting their drugs. It didn't even change. P31C*

*I think it's reasonable that people shouldn't be spending their welfare payment on things that might be harmful to them like alcohol and/or gambling products. So I think that's a reasonable philosophy but in practice it hasn't really worked that way in my personal view...Initially the card came in about the same time as liquor licensing restrictions or not long after and we saw a drop-off initially in alcohol-related emergency department presentations. But over time that's crept back up to sort of the levels before. And the reality was the data didn't really show a great deal of change...It has reduced people's access to alcohol but people have found other ways to get it. SH23C*

These respondents considered that the social issues within Ceduna and the surrounding areas were too complex to be fully addressed by the CDC. Thus the policy was not seen as being an effective or appropriate solution for these problems.

*I could be cynical and say the cashless card is just another Band-Aid that we've put over really big issues because we are not actually looking at the big issues hard enough. SH27C*

*Like the card...it's just boycotted the main issues. There's no services in this town for people—you either get off the drinking or no counselling session because a lot of people drink because of that, they've got personal issues or problems that goes way back. But now this card got introduced it just boycotts all the issues that never got confronted at all. P13C*



## 3.3 Implementation of the Cashless Debit Card

The interviews with stakeholders and CDC participants discussed the elements of the implementation of the CDC which were considered to be working well and not working well.

### 3.3.1 What is considered to be working well?

The key factors of the CDC which were considered to be working well by respondents included financial management and spending patterns, the CDC local partners, practical aspects of the Card and improvements to social conditions within the region. These are discussed in more detail below.

#### 3.3.1.1 Financial management and spending patterns

Improved financial management and spending patterns were by far the most common aspect of the implementation of the CDC that was considered to be working well. Half of all respondents (and particularly CDC participants) reported that financial management and spending patterns had been strengthened with the CDC. This centred on three factors—better budgeting, the ability to save, and increased spending on essential items.

Some stakeholder representatives reported that, prior to the implementation of the CDC, their clients had poor financial literacy skills. Likewise, several CDC participants described challenges they had experienced in managing their money. It was therefore felt by these respondents that the CDC had acted as a tool to encourage and enable CDC participants to take more responsibility over their financial situation. As a consequence, the developing and improving of budgeting skills was seen as a positive element of the introduction of the CDC.

*It's definitely helped budgeting. It's really been a good lesson for a lot of people who had poor budgeting skills because of upbringings, financial literacy. It does help people...It is quarantining that amount of money so that it's, you know, if people don't really understand budgeting, it does quarantine money so that it can't be spent unwisely. SH09C*

*If I had money on me I would just keep on going, going, going until I spend it. Like if the kids want to go to the toy shop or anywhere or anything and just do anything and like. Yeah it has helped me. Like if I get paid on the Thursday come Sunday and I've still got money on my Indue card so. And that's after doing shopping and putting petrol in and all of that. P15C*

Some respondents (and especially CDC participants) also considered that the CDC provided an avenue for saving money. Reports were provided by several CDC participants that they had been able to use these savings to pay off their debts or purchase items for their household.

*Every now and then there might be \$10 to \$15 left on it. That gets added onto the following week which you can buy maybe a special treat or something like that. P18C*

*It pays my bills and everything and we keep money in the thing can be for later. It's my savings too, you know? I've got no complaints with the Indue. P44C*

Finally, respondents thought that the CDC encouraged CDC participants to spend more of their Centrelink payments on essential items for themselves and their families. Therefore, some respondents reported that the CDC was successfully re-directing funds away from alcohol, drugs and gambling within the local communities.

*Best thing I'll say is that it saves a bit of money for the weekends and for your feed, at least now you've got money for feed. That's the best thing. P52C*

*But the Indue card you get stuff, like feed and water for me. The Indue card is good too. P33C*

*The people that might have a limited understanding of economics and budgeting and finances, the card's actually quite good, because it quarantines that money...There are definitely benefits. Undoubtedly. And it also restricts people's access to cash to purchase drugs, alcohol or gambling. SH22C*

### 3.3.1.2 CDC Local Partners

The CDC local partners—which had been established to provide assistance to CDC participants with the management of processes connected with the Card—were reported by over a quarter of respondents to have played a considerable and positive role in the implementation of the CDC. Having a local on-the-ground presence for the CDC (including in some of the smaller communities within the Ceduna region) was viewed as being important. Many of the CDC participants interviewed reported having sought assistance at a local partner office with processes such as card activation, balance checks, fund transfers, direct debits, replacement cards, and exit applications.

*We had to go into town...or ring up to that hotline. We've got a local bus here, we'd go in the mornings and we had to tell our work supervisors we're going to town to do our Indue cards or activate a new Indue card [for] about a year, two years. Something like that...Having an office here is more helpful instead of going into town. We can see her here and then go straight back to work again. P52C*

*It was a bit haywire in the head; couldn't keep up with the two accounts...They showed us how to, and how to do our email for our Indue card. Like we can check up our account through our email...They're good. They're deadly. P31C*

On the whole, respondents reported that the services provided by the local partner staff were very valuable and had assisted considerably in increasing understanding of, and reducing concerns about, the CDC.

*A lot of people will come through our doors to help them and support them the best we can with everything...We do have them come in really upset or angry sometimes but then once you just explain the processes and how we can fix it, then it calms down. SH02C*

*I think there's less issues because of local partners. The work that these guys do in community is very valuable. SH41C*

While it was acknowledged by respondents that the need for support with the Card had reduced somewhat over time as participants became more accustomed to CDC processes, there was still a significant group for whom ongoing on-the-ground assistance was perceived to be vital. This included older CDC participants; people from remote Aboriginal communities; individuals with low literacy skills; and those with were unfamiliar with, or had no access to, modern technology such as the internet or mobile phones. In addition, an ongoing role for the local partner offices was identified by stakeholders in relation to new entrants to the CDC who required assistance (at least initially) to learn about the CDC and its processes, activate their Card, and set up direct debit payments.

*The majority of the clients will come in that don't have the IT skills. So, when a client first comes onto the card, they usually come in for us to, for assistance to activate everything for them. If*

*they have the skills to carry on and do things themselves, with access to a computer, they understand the app that you can put on their phone, we kind of help them with the first initial process and then they spread their wings and they fly. The ones that we have that are repeat customers are the customers that don't have access to computers. They don't understand the login, they don't understand the transferring. So, probably low literacy or comprehension. SH09C*

Respondents reported that the success of the CDC local partners was determined by several key factors. The most important factor was considered to be the employment of the right type of staff. The hiring of local people—and particularly Indigenous staff—with personal knowledge of their community and the people living in it was perceived to be essential to the effective support of CDC participants. Praise was widely given about the compassionate, helpful and welcoming nature of the local partner staff within the Ceduna region.

*They're fantastic, yeah. They've got good communication skills about it and I appreciate it and I find it welcoming...It works out good too, like good people. P23C*

*It came up as a recommendation during the design phase of it. The community said, "We need some kind of local people employed to help people navigate this very difficult system", like you'd have in a bank, you know, the front of house. We need some form of front of house, but making sure that the people employed are the best people for our communities, individually. So, there are different levels of literacy and numeracy in all the communities, and some speak in multiple language, things like that. SH41C*

Being situated in an open and informal environment was considered by respondents as enabling the local partners to create a safe space for CDC participants (particularly Indigenous community members) that they felt comfortable coming to and asking for assistance. Moreover, the co-location of local partner offices with other services was felt by many stakeholders to enhance the ability of CDC participants to obtain information about, and access, other community supports. Co-location also allowed the support services themselves an opportunity to engage with CDC participants and address any underlying needs.

*It also gave us an opportunity to find out a little bit more about our clients and to deliver a better service. To be honest, when they come through the door for Indue, it was a real way to catch people that would normally fall through the cracks. SH09C*

### **3.3.1.3** *Practical aspects of the Card considered to be working well*

When discussing the implementation of the CDC, almost a quarter of respondents reported that several practical aspects of the Card were working well. In particular, the functionality of the CDC was praised. The CDC was perceived to operate as a normal bank card which was easy to use. Moreover, the ability to purchase essential items with the Card both online and in store was considered to be advantageous.

*What I like best about the card? It's just like a normal bank card...I still use it to pay my bills, do my shopping, as I would with my normal bank card. P22C*

*Many positives. People still got disposal income in another way. People still have been able to transact in a cashless society. There's eftpos machines in every store now, so people can still purchase everything they want anywhere, because not everyone is getting it. SH37C*

Several respondents (and especially CDC participants) welcomed the ability to make monthly transfers from their CDC. These funds could then be used to make purchases or to assist other family members. Likewise, being able to organise direct debits to pay for bills was considered a positive aspect of the CDC.

*One of the biggest good things I suppose, is that the online portal has access to a BPay system so you don't need to apply to the DSS. You can just go on and BPay whatever you need to BPay and it's helped because most payments now do accept BPay. Yeah, like car payments or fines and the online system you set up your recurring and they just come out. A lot of people have found that really useful, really helpful. SH02C*

*[I like that I can] transfer my board money over. You don't have to get out of bed to do it or go down to the bank. You can lay in bed and do it when it's cold. P31C*

A final practical aspect of the Card which was seen in a favourable light, mostly by stakeholders, was the associated use of technology. Thus, the ability of CDC participants to monitor their account and check their balance online or on the phone was welcomed as a way of encouraging greater financial responsibility. The CDC was also thought to be encouraging CDC participants to learn how to use technology (such as the internet, emails and online banking), skills seen as being important in an increasingly cashless society.

*One of the successes coming out of it is that people are learning how to use the Internet or learning how to use an automated service to ring up and get a balance or whatever. So, that was providing a bit of knowledge around those things to people who might never have used Internet or online banking because a lot of people are old-fashioned, especially the older ones...So, sometimes I've just explained that you can go on and have a look if you're having that issue of, "Oh, there's money in my account and now there's nothing," then you go on and have a look where it's gone. They've had some upgrades [to the portal] and I think it's a very easy-to-use service. SH02C*

#### 3.3.1.4 *Social conditions*

Addressing adverse social conditions within the region was a final key element of the implementation of the CDC that was considered to be working well by some respondents (mostly stakeholders). These respondents reported that the CDC had contributed to a reduction in the misuse of alcohol, drugs and gambling in Ceduna and the surrounding areas.

*I think it's made the lives of people who have misused alcohol better for them and for the community at large. I know it sounds a little bit corny but that's the reality. SH01C*

*If anything, well, less drinking and less smoking dope. As a community, and drinking from me personally. That's one good thing about, I've slowed down. P14C*

As a consequence, it was considered by some respondents that conditions for the children of CDC participants had improved. It was also reported that the incidence of alcohol-related assaults (including domestic violence) had lessened and that the local area was now a safer place to live and visit.

*A lot of children are happy now with what has happened and I should think it should be still ongoing because you see more happier children around the place now and there's less money for parents to spend and abusing the welfare system. P75C*

### 3.3.1.5 *No aspects of the CDC perceived to be working well*

Despite these positive perceptions, a group of respondents (including a third of CDC participants) were unable to identify any aspects of the implementation of the CDC which they considered were working well. For these respondents, the CDC was seen as not having contributed to any beneficial changes within the region and, by some, as being detrimental to CDC participants.

*There's no positives for me. P46C*

*As for good, no, I just think it just took too much away from people and it's just, I honestly don't see what the good is that it has done. SH08C*

### 3.3.1.6 *Groups for whom the CDC is considered to be working well*

The interviews with stakeholder representatives and CDC participants explored the groups for whom the CDC was considered to be working well. Overall, respondents considered that the CDC was working best for three groups.

Respondents reported that the first group for whom the CDC was considered to be working well was partnered and single parent families. In particular, the CDC was felt to be enabling mothers to have more control over the family finances and for children to be better cared for.

*Well it's working well for family groups...it's very good for the children. Very good for the mother and the children...In these communities the mother is the main person looking after children. And that means they've got to feed them, and that means they've got to protect them and they've got to clothe them, and without some restrictions on some family members who have access to the money, that can't happen. You know just, it fails. So I see benefits to the family groups. SH42C*

*I've seen a lot of older women who become the carers of the grandchildren who are always at the shops with trolleys of food, and it's great to see...What I liked when the card come out was that women would have their own money and it wouldn't be as accessible to men...You know even if the money was quarantined, it was quarantined for whatever they identified, not what their husband identified, or partner. SH10C*

A second group of people for whom the CDC was considered by respondents to be working well was those who had previously struggled with managing their money. This included individuals such as older people and those with mental health issues who were said to be more vulnerable to financial abuse. In addition, younger people who lacked financial management skills were thought to benefit from participating in the CDC.

*There are some people, like the older people, especially the ones that come from Yalata and that, where they've been exposed to the elder abuse stuff. That's the only thing that's working well for them...I like it that the elder abuse is now being recognised. That's the only thing that I do like about it. P10C*

*Some of the elders in Aboriginal communities felt the card was really useful because they can't be humbugged basically. Previously they would have lost all their money as soon as they were paid to family, that clearly isn't quite like that under the cashless card. So I think they are probably benefiting. SH27C*

Finally, a third group for whom the CDC was considered to be working well by some respondents were those experiencing social issues including substance abuse, homelessness and child neglect. For those CDC participants with substance addictions, the CDC was perceived to assist in reducing access to funds to feed their habit and to have the potential to be a catalyst for change.

*[The] card's built specifically for people with gambling issues, drug and alcohol related...In some cases, it could help some people that do have those issues. P77C*

*Two people I dealt with quite regularly at [ORGANISATION]—and I don't know whether we can credit it to the card or not, but it was around the same time the card came in they stopped drinking, and now they're at Yalata all the time and they just don't drink anymore...So for those two people alone it's [the CDC's] worth it. SH26C*

### 3.3.2 What is considered not to be working well?

Overall, respondents provided more detail about aspects of the implementation of the CDC that they considered to be not working well. Six primary issues were identified and included the limited availability of cash, practical aspects of the Card, policy targeting, card workarounds, wraparound services, and a perceived lack of social outcomes.

However, there was also a few respondents who perceived there to be no unfavourable aspects of the implementation of the CDC.

*I don't have any negatives about the card myself. From what I know of it and what I see of it I don't have any negatives at all. SH31C*

#### 3.3.2.1 Financial management and the availability of cash

The most common issues reported in relation to the implementation of the CDC—which were raised by around half of all respondents (and especially CDC participants)—were issues relating to financial management. The limited availability of cash under the CDC was a particular concern for many respondents. As discussed above in Section 3.2.4, limited access to cash was said to have made it difficult for CDC participants to provide money to children, attend some sporting and community activities, and make purchases of second-hand goods (both online and at local garage sales).

*No I don't want to be on the card, I don't want my people on that card. 'Cause it's affecting them financially. The household, their children, their expenses, on everything. 'Cause the kids want money for sports and big days out and events and mum and dad can't give them that because they're on this card. P73C*

*The bad thing about the card is Ceduna Buy & Swap thingy on Facebook, and they sell a lot of nice things, and we can't actually go there with the Indue and say, "Oh can I get this", you've got to go there with cash, they don't take Indue card. P31C*

Some CDC participants were also concerned that the implementation of the CDC had had a negative impact on their ability to manage their money. Having two different accounts was considered to be confusing, and they reported it was more difficult to keep track and monitor account balances.

*I was on an income management thing called My Budget...all my finances went to them, they paid my bills and I had savings. I was able to have savings sitting there. Whereas now, since this card has come along, it's caused a lot of stress for me personally, you know, just having the two separate accounts and not being able to have that access to that cash when I need it. P22C*

*You get two cards and pin numbers and you put the wrong pin number and the next minute you one gets swallowed. It's confusing when you've got two cards. P69C*

Concerns were raised by respondents regarding the use of the CDC to make payments. While the ability to arrange direct debits had become available to CDC participants and was welcomed, issues were reported with being able to make large payments (e.g. for car loans, mortgages, rental accommodation and utilities) with the CDC. At times CDC participants were having to split these payments across their two accounts, which was considered cumbersome.

*A couple of the non-Aboriginal community that were on it, the girls had a hell of a lot of trouble because it affected their mortgages. And they had a lot of trouble sorting that out. They had*

*to rearrange it, because they already had their mortgage stuff set up out of their Centrelink benefit...It just took them a hell of a lot of time to rearrange that to be taken out of the other...They still had the same amount of money, but it all had to come out of two different cards and stuff like that. And I know there was a lot of complaining. SH08C*

In addition, the ability to save or to access savings was reported by several respondents to have been compromised with the CDC. In these instances, these CDC participants were often not aware that they could apply to have a large purchase made from their Card account.

*There was one time I wanted to purchase a car but I couldn't purchase a car because it was a private sale and I didn't have the money but the money was in my Indue card. So I didn't know how to go buy that or to even get the money out. P15C*

Several CDC participants also expressed the view that an implementation issue related to the CDC was other people fraudulently accessing money from CDC participants' accounts.

*The Indue card you know people steal money...like pay wave steal the money. And people using the internet thing you know...and transfer the money...They think "oh her pay day tomorrow next day" and 10 o'clock they go in the thing and they go take the money out. And next morning we go to the shop and we say "oh no money, how come no money in that?" P25C*

### 3.3.2.2 *Practical aspects of the Card considered not to be working well*

Difficulties regarding practical aspects of the Card was a common issue raised about the implementation of the CDC. While improvements to the CDC had been made over time, many respondents still raised concerns about perceived limitations placed on the use of the Card. An inability to use the CDC in some stores outside of Ceduna and the surrounding areas as well as on certain online sites was noted.

*It limits me. Like, paying people back, paying bills that the Indue card doesn't allow, buying things on the internet that the Indue card may not consider a necessity or something. It just limits life in so many different ways, it's hard. P21C*

*You go somewhere where they haven't, they're not aware that the cashless debit card and, I suppose, their technology hasn't been accessed by Indue card and you're like, probably the first person who's accessed their services with your card and it just doesn't work. SH32C*

Several respondents also reported instances when the Card did not work when making purchases in stores which accepted the CDC. More frequently though respondents perceived there to be inconsistencies in the time that their Centrelink benefits went onto their Card. For many CDC participants, this created embarrassment when expecting a payment to have been processed only to find funds had not cleared as expected.

*After a little while the chip doesn't work, so people get frustrated. And sometimes they're supposed to be paid on a Wednesday let's just say for example, and they come and do a big load of shopping and there's nothing on the card, so they have to ring up Indue and get it sorted. This has happened a few times too and people don't like that. SH14C*

*The worst thing, yes when you go and do shopping and doesn't work on you, that there, that's shame job. Well when it plays up on me I just walk out of Foodland and leave everything. P02C*



Respondents reported that the processes associated with the CDC (e.g. activating the Card, setting up an email account, remembering PINs and passwords, checking balances, and arranging transfers and direct debits) were challenging for some CDC participants. This was particularly the case for individuals who were unfamiliar with modern technology and did not have access to the internet and mobile phones. As a consequence, stakeholder organisations were continuing to support CDC participants in managing their Cards.

*The card is aimed at addressing drug and alcohol issues for people receiving welfare, right? So, I would then argue that that group of people would have lower levels of digital literacy, they'd have lower levels of access to online services, I would say 99 per cent of the people don't have a bloody email address, but you need all three of those things to use the card...It actually doesn't suit the needs of the people that use it. SH22C*

*So most people haven't got a phone...If you haven't got a phone and you lost your pin number for your Indue card, you've got to set up a whole new email account. After that, ring Indue to let them know that they've, you know, they want to update their new email account. Yeah, that happens a lot actually. SH34C*

Some CDC participants (especially those living a transient lifestyle) were said by respondents to be unfamiliar with using a card to access their money. There were frequent reports of CDC participants losing their Card or having it stolen by others. Some stakeholders perceived CDC participants not to value the Card as much as a bank card which contributed to the frequency of card loss. This led to issues regarding the replacement of the Card and a lack of access to money in the interim.

*I think we're probably up to eight or nine replacement cards per participant because people have no respect for it essentially and once the money's gone, just get another one next week. It has no value. Like, your bank card, you wouldn't get rid of that, because it's an Indue card, "I'll just go and get another one". It's almost treated as a voucher. SH22C*

### 3.3.2.3 Policy targeting

Almost a third of respondents expressed reservations about the cohort which had been selected to participate in the Ceduna CDC trial. The aim of the CDC was perceived to address the social harm associated with substance misuse and gambling. Consequently, a blanket approach, whereby all Centrelink recipients of working age would be placed on the Card, was seen as being inappropriate and to be punishing many for the actions of the minority.

*There's more people out there that's not doing the wrong. They're living their lives as normal as and they got to suffer for what about 20 odd people are doing in town and seen doing. Why couldn't they just pick them out and take them to somewhere and say, "right, you people are going on this Indue card and not the rest of youse". SH05C*

It was therefore argued by these respondents that the Card should not have been targeted at Centrelink recipients who were managing their money well, cared for their children, and did not have issues with alcohol, drugs and gambling. Instead these respondents considered that the focus of the CDC should have been directly on individuals experiencing difficulties with these issues.

*I shouldn't be on the card. I don't do anything. Get drunk, take drugs. I don't. P29C*

*They say, "Put them on the Indue to get them off of drugs, alcohol and gambling", well myself, I'm a 55 year old widow. I don't do drugs. I don't drink alcohol. I don't gamble. What am I doing sitting on the Indue card? I don't know what I'm doing on it. P31C*

Concerns were also expressed by some respondents about the choice of Ceduna and the surrounding areas as a trial site for the CDC. These respondents perceived that some communities within the region had been unfairly singled out and considered that other areas were experiencing more challenging social conditions. Several respondents expressed the view that the introduction of the CDC had created a perception of Ceduna as a place with a lot of social issues and were concerned about the impact this could have on visitor numbers to the town.

*Because they did it [income management] in the Northern Territory, in Northern Territory we know everyone gets drunk, domestic violence...not spending enough money on their kids, that's why I just couldn't understand why they brought it out here...In Koonibba people here they don't drink as bad as Northern Territory people or people from Yalata...But really it shouldn't be put out on every community or every town. It should have been just in the outback for people who drink and domestic violence. P57C*

*Everyone said "but we're living in Ceduna, we're not the itinerant mob from Yalata that come into town and are dying from drinking. Why are we being imposed through this blanket response?" SH16C*

*My personal opinion is that people will tend to avoid Ceduna. We've definitely been given this flag of, with the introduction of the cashless debit card came the banner of we've got a lot of social issues in this town...I think we've been given a bad rap. SH09C*

Moreover, disquiet was expressed that the initial three trial sites were in areas with large Indigenous populations. Hence, it was considered by some respondents that the CDC policy had racial undertones and was unfairly targeting Indigenous Australians.

*It almost feels like a racial thing the card...It's really only the black fellow besides maybe a few white fellows. There's not many white fellows on the card, it's really all black fellows. It's basically targeted for us coloured mob. We only account for three per cent of the population so it's like, what the hell? How can we be causing that much of a problem if we only account for, like, three per cent of the whole of Australia? P21C*

*When you look at where the card has been put in place, primarily and apart from...up in Queensland there on the coast at Bundaberg. The places like the Kimberleys and Ceduna to me would be suggestive that it's based around Aboriginal populations. And I don't know if that's correct or not but that's certainly a perception that exists and...I get a bit cynical when I think about why are they targeting this and is it a means of prohibition. SH21C*

#### **3.3.2.4 Card workarounds**

As described above, positive impacts from the CDC addressing the harm caused by alcohol, drugs and gambling were commonly reported by respondents to be compromised by workarounds to the Card. These workarounds or loopholes were said to have been identified by CDC participants soon after the introduction of the CDC.

*The aim of the card was to control the alcohol consumption, the gambling and...drug use. But after three months, when the card first came after three months everyone found a loophole*

*that there's a loophole that it does not stop the alcohol abuse, gambling and also the drug abuse. P13C*

The purchasing of gift cards which could then be used for buying alcohol or sold for cash was reported by respondents (particularly stakeholders) to be a workaround which had been recognised and stopped early in the CDC implementation. While DSS was also reported to have been proactive in blocking merchants who were circumventing the restrictions of the policy, some respondents suggested that this practice was still occurring.

*An example of the lengths that the Department was prepared to go to, there was a loophole through Australia Post where people could buy gift cards, cash them and then use the money to buy alcohol. Australia Post changed their Australia-wide system to address that problem and it was fixed. SH18C*

*When we've come across things like vendors who are doing the wrong thing...the DSS support has been fantastic in terms of addressing those issues really quickly. So for example we got word that there was a hotel in Adelaide that was accepting the card and...it was just one phone call to DSS, they followed it up, found out that there was an anomaly from something within that, how they listed their vendor codes or something and so I think that has been fantastic. SH20C*

The most frequent current workaround, which was reported by many stakeholders and CDC participants, was trading. This involved the selling of goods which had been purchased with the CDC, such as food, cigarettes, fuel and electrical items, for cash. It was suggested that many people were trading goods for a much lower price than the actual purchase cost. This was considered to disadvantage an already disadvantaged group.

*People just work around it. There for a period it was when all the scamming was going on. Buying goods and selling it for next to nothing. People were actually worse off than what they ever were because they sell the goods for less money and then their priority is to get some drink but they've got even less money for food, but government people couldn't understand that. SH43C*

*I've seen it firsthand. Well like the guy across the road he works and one of his mates he's an alcoholic...So what he'll do is [NAME] will go and get him to pay for the diesel in his cruiser which has got dual tanks. And then [NAME] will go and buy the beer. So that's how they're getting around it. They know somebody that's got plenty of money that doesn't worry them. P18C*

Respondents also reported that some CDC participants were selling their Cards or allowing others to borrow and use their Card as a way of supplementing the cash component of the CDC. This would then enable these CDC participants to purchase greater quantities of alcohol.

*The card is good in a way for some people but the card has got loopholes too. Some people find ways around it. They exchange cash for the Indue card and people get paid. P08C*

In addition, respondents reported that access to alcohol was still occurring through the legitimate purchase of alcohol via the cash component of the CDC or the illegal purchase of alcohol via a black market or "sly grogging". While the issue of sly grogging was reported to already exist in the area as a way of bypassing pre-existing alcohol management restrictions, as a result of sly grogging, some CDC participants were reported to be paying a premium for their alcoholic beverages. This put additional

financial pressure upon them and meant that there was less money available for food and other essentials. Moreover, respondents reported examples of CDC participants being able to purchase alcohol from retailers outside the trial site area.

*The alcohol hasn't really stopped here. It's slowed down a little bit but it hasn't full on stopped. You get people going out of town getting alcohol from Port Augusta, Port Lincoln, because they're the only two places that sell those tawny ports...They come back into this town...\$50 for a little box, when it's only \$18...Man, it's kind of like bootlegging or something. P13C*

*I know it sounds weird but that's why they didn't need the Indue Card, because people had money. If they wanted a drink they had money to pay for their \$20 cask, their takeaway food, because they're very big on takeaway food...If they wanted a cask and they drank a cask that day, there was enough left to come in the day after or the next day and buy another one, and still have food. Now, their cask is costing them \$50 or \$100, so there is no money left for food...And the kids go without. SH07C*

*My friend, she got \$5,000 back pay and she went to Adelaide to do her shopping, and she could buy alcohol with it. You can do it at Streaky Bay, they don't know anything about it. So it doesn't flash up 'warning'...If they want alcohol, they'll get it...they're very resourceful in that area. P46C*

The use of the monthly \$200 transfers permissible with the CDC were described (particularly by CDC participants) as a common way for individuals to access alcohol and drugs. Transfers were said to be arranged for non-existent payments (for goods or rent) and then used as cash to purchase alcohol or drugs. Further, several CDC participants reported that transfers were also being made directly into the accounts of local drug dealers.

*When people get paid on a Friday or Thursday they will transfer \$200 to their bank or whatever and they will just use that \$200 in the bottle-o, they will just waste it in there. Or if there's a druggie, a person is on drugs, they will do that, they will just go and waste their money on drugs. P02C*

*There are a few tricks I've seen people do around it. They will use your furniture, as an example, so you can take a photo of a purchase and say that you're buying it from someone and then send all your documents back to the Indue, and they will release the cash for that item. So, there's a lot of ways to get around it. P71C*

*Ice is coming into it badly now, and a lot of the money gets transferred into these dealer's accounts, into their Indue accounts...When they have a habit, they know how to deal around that. Like I said, they can always transfer \$100 or whatever into the other person's Indue account and say, "there you go I've paid for it", so give me, give me. P77C*

Finally, several further (but less frequently used) workarounds were described by respondents as being adopted by some CDC participants to obtain more cash. The creation and selling of art works and working for cash was noted. In addition, several stakeholders and CDC participants reported that some female CDC participants were prostituting themselves for cash. However, prostitution, creating and selling art works and working for cash were all reported to have been occurring before the introduction of the CDC as alternative ways to obtain money.

*With the Aboriginal people in particular and I don't know whether it is, I'm assuming this was going on before the card, but there's a lot of people that do to varying degrees of success, artefacts. Like it might be for example a didgeridoo or a carving of some sort or a painting or a shell painting or something where they do it themselves. It's their own work but then they will go and try and sell that off to people for cash, because they can do that through the Art Centre here but they take a cut. So there's a little cash trade that goes on with artefacts around the place. SH21C*

### 3.3.2.5 Wraparound services

The CDC trial in Ceduna and surrounding areas was accompanied by funding for wraparound services to support the effectiveness of the Card. However, almost a third of respondents (mostly stakeholders) were dissatisfied with the outcomes of this funding. Some respondents (and especially CDC participants) expressed a lack of awareness of any additional support services which had been funded under the umbrella of the CDC in their locations. Others considered that changes in local service provision, which had occurred over the length of the CDC trial, were not directly related to the Card.

*I haven't heard anything. I don't know. I think the services were available before the cashless card anyway. PO1C*

*I think there has been general changes to services that have been offered here. I don't necessarily think they have been triggered by the card though...The things that I am aware of are more in response to the community general needs and I don't think they have been specific to do with the cashless card. SH17C*

Respondents who were aware of the allocation of funding associated with the CDC to support services in their areas, reported that gaps remained in wraparound service provision in the region. In particular insufficient funding was reported to have been allocated for rehabilitation services, mental health and counselling services and for direct service provision in more remote areas.

*You know when this was rolled out there was the commitment by the federal government that they would provide grief counsellors. And it never happened... But you know if people are going to come off alcohol, which seems to be a common factor in just about, you know, every intervention that we're in, they drink sometimes to forget. And there's nothing here. We've got not mental health nurse. We've got no grief counsellors...So it seems to me a lot more thought should've went in to if we are going to stop their access to certain activities, like alcohol, how are we going to mitigate people coming off alcohol? SH10C*

A lack of co-ordination in the way the funding for wraparound services was arranged was also described by some stakeholders. For instance, insufficient notice in relation to funding provided for services in the Ceduna trial site had led to challenges in the filling of staff positions. Finally, some stakeholders expressed uncertainty as to whether the funding of wraparound services to support the CDC had continued beyond the initial first year of the trial.

*So some of the funding just sort of turned up and said, "Here is some funding for this, go and now recruit someone, you've got a week to do it," type thing. And of course finding someone with those skills was really difficult. So one position we had we couldn't fill. SH23C*

*The cashless debit card brought some different services into Ceduna...Now I think there isn't anything that's being funded under the cashless debit card, I think it's all, the ones that were*

*working have kind of gone to, my understanding is other funding streams so they're not tied to card...The services that I'm involved in have now been funded under other streams not under the card. SH20C*

Finally stakeholders reported that the sheer remoteness of some communities meant that there were limited services being delivered to the region to provide the wraparound supports that were needed.

*And I don't think we could get the services out there at Oak Valley to actually address the real problem. SH43C*

### 3.3.2.6 *Lack of social outcomes*

A final perception and concern expressed by respondents regarding the implementation of the CDC—which was raised by around a sixth of all respondents—was a perceived lack of social outcomes since the trial had commenced. Some stakeholders were particularly vocal about their view that the incidence of substance misuse and associated issues within Ceduna and the surrounding areas was unchanged by the CDC.

*To me, the world that I work in and the community I live in doesn't seem much different than it was before the cashless card. And look, I am working in the frontline, but I have to be honest, child protection notifications have gone up, and they go up and down the whole time so that indicates that it's not improving. Family violence is the same as it always is, a big issue, and we have a lot of domestic violence. And pretty well regularly, you will have drunk people, drunk Aboriginal people, in Ceduna. So they are on the streets, they are getting alcohol from somewhere, they are getting drunk and they are around. And it's always been like that ever since I came to live in Ceduna. So I don't think any of those big end things have changed. SH27C*

*To this day, people are still drinking and are carrying on with drugs and gambling and things like that, so to me it hasn't changed it in any way. P22C*

The CDC was therefore not perceived by these respondents to be an effective or appropriate tool to address entrenched social issues in the region. Furthermore, these respondents felt that the CDC did not tackle the underlying factors contributing to alcohol and drug addiction, gambling and child neglect.

*I just think we probably need to be really realistic about what it can and can't do and not make it this is the silver bullet for every social problem. I don't think it can be that. SH20C*

*You have people saying it's working brilliant but it's not. You just go down the street and you can just see it that everybody's not functioning. SH04C*

*It's a very difficult thing to tackle because of the complexity of the issues is so, so great that one card isn't going to fix all that...The card sort of doesn't address the cause, it just puts a restriction on it. But it's not addressing the underlying cause, it's not addressing the financial literacy of people, it's not addressing their understanding of the benefits of the card, etcetera. It's not addressing the addiction side of things...It's just a thing that's come out on its own, it's been put on to people without any of that wrap around stuff to strengthen it. SH03C*

Finally, respondents perceived that the frequent use of card workarounds was undermining the potential effectiveness of, and the outcomes derived from, the CDC.

*They still work their way around it to get what they need to get, and like it's sometimes, it's just pointless having this thing put in place, because people find a way to get around it. And they always do, they have. P22C*

*No matter how good a mousetrap you make you're just going to make a smarter mouse. The people who want to get around it are going to get around it whatever you do, so I really don't know what the answer is for the hardcore drinkers. SH26C*

### 3.3.2.7 *Groups for whom the CDC is considered not to be working well*

Respondents identified five key groups for whom they considered that the CDC was not working particularly well for. These groups included older people, people with physical and psychosocial disability, individuals experiencing addiction, Indigenous CDC participants living in remote communities, and those with limited literacy and IT skills.

Older CDC participants were reported by some respondents to be the group most frequently experiencing difficulties with the CDC. This was primarily due to these CDC participants being more used to having cash finances and being less familiar with technology (e.g. having an email address, familiarity with the internet, or access to a computer or mobile phone). It was also recognised that older CDC participants were sometimes the target of financial abuse and fraud, such as having their Card stolen or their account accessed. Hence, older CDC participants were perceived as often needing support to manage their Card and the practical processes associated with it.

*We get a couple of old gentlemen from time to time who are on the Indue card and...they'll say I don't know where my card is. And then you find out that someone has taken their card and used it, but clearly they've given their PIN number as well. So I see a lot of that in play...I find the older people with access to money that aren't drinkers or don't use the card, it just accumulates, are often the ones that we see where the card's gone and someone's using it. SH10C*

*The other negative impact on the community was that the aged care people were not part of the cashless debit card and the oldies like to feel the money in their hands, alright? So on a couple occasions we've had to take the aged care people out of community to give them a break from the humbugging. So family members continuously humbugging the older people for their unrestricted cash money. SH43C*

Respondents identified that a second group especially challenged by the CDC were people with physical and psychosocial disability. Some of these individuals were reported to find the processes of the CDC overwhelming and to feel a heightened sense of stigma from being on the Card. For those with pre-existing mental health issues, the transition to the CDC was perceived to have brought additional stress and anxiety due to the enormity of change.

*I think people with mental illness, it would impact them because it could be quite overwhelming to have to fill out paperwork, follow a process or sit down with someone for too long to get those things sorted. So, it starts to overwhelm them and they become quite annoyed with it, that it wasn't as easy as, so I think it's just the change. SH02C*

*We've got a disabled client here, and...we're trying to figure out why she's got no food when clearly she's got a huge amount of money that's managed by a public trustee and on her card there was 75 transactions for Hungry Jacks in the last month...The kids have taken it and used it. SH10C*

Although the CDC was thought by some respondents to be working well for CDC participants experiencing addictions (see Section 3.3.1.6), this viewpoint was not shared by all those interviewed. Some stakeholders and CDC participants did not feel that the CDC was assisting those experiencing substance misuse to address their addictions and questioned the effectiveness of the policy for this group.

*You can't for a minute think that by putting in restrictions, that that's going to stop an alcoholic or a person who's addicted from abstaining altogether. It sort of doesn't work like that. So there does need to be other things in place. SH03C*

A fourth group who were reported by several respondents to be experiencing poorer outcomes with the CDC were transient CDC participants who came from remote Aboriginal communities. These individuals were often considered to be experiencing very complex issues (including homelessness and addiction) and as a result were thought to be especially vulnerable. With English as a second language, and a lack of understanding or access to technology, the processes of the CDC were thought to be particularly challenging for this group.

*Ceduna is remote anyway, but then you obviously have people who live in more remotely like Yalata and Koonibba and other places like that. I don't think it works well for any group in general but I think there's extra barriers for people in those scenarios because they already have limited access and English is second language, shame factors in terms of culture, lots of other things happening so I think it doesn't work particularly well for anybody but particularly probably remote Aboriginal, semi-traditional families. SH17C*

*Yalata people, Yalata tribe. They don't know Indue card and they don't know how to do a transfer or PIN number. P25C*

Finally, respondents considered CDC participants with low literacy and IT skills to also be struggling with the requirements of the CDC. These CDC participants were considered to need support with many CDC processes, including the setting up and managing of email accounts, card activation, balance checking, transfers, and the replacement of lost cards.

*The majority of the clients will come in that don't have the IT skills...The ones that we have that are repeat customers are the customers that don't have access to computers. They don't understand the login, they don't understand the transferring. So, probably low literacy or comprehension. I would say that the clients that we have, 90 per cent of them that would come through the door would be of low literacy and, a low comprehension and not very high IT skills. And of varying ages as well, from very young to older. SH09C*

*I found using the card pretty straightforward but then for people that don't know how to use a phone or the internet it could be very difficult. P21C*



## 3.4 Perceived opportunities for improvement

The in-depth interviews sought to obtain CDC participant and stakeholder views on those aspects of the CDC which they thought could be improved. A minority of respondents did not suggest any improvements that could be made to the CDC. This was partly due to these respondents' perceptions that issues had already been identified and that changes—such as the ability to make direct debit payments with the CDC—had been adopted as the trial in the Ceduna region progressed.

However, other respondents suggested five key areas for improvement: policy targeting; changing the proportion of cash placed on the CDC; practical aspects of the Card; wraparound services and job creation; and consultation and information provision. These five areas are discussed in detail below.

### 3.4.1 Policy targeting

The most common area of suggested improvement—which was suggested by a third of respondents—was for changes to be made to the groups targeted by the CDC policy. Many of these respondents disagreed with the blanket approach for participation currently utilised with the CDC. Therefore, it was suggested that it was unfair that all income support payment recipients of working age be placed on the Card.

*I think if it was more targeted and not put on everybody, I'd be probably a bit more comfortable with it but when they just branch it on everybody, even mob that aren't doing the wrong thing, that just feels racial. P21C*

Many of these respondents argued that the focus of the CDC should be on certain groups. These included people with drug, alcohol or gambling issues; who were unable to effectively manage their finances; or did not properly care for their children.

*It should continue for people who...are either in hospital because of alcohol, or are continuously using [ORGANISATION] to get food every week, or going to the places where they are getting that support every week, and not being able to support themselves, or if they're referred to by people, I think where they need that support. P22C*

It was suggested by some respondents that these individuals could be readily identified in the community through problematic behaviour which had come to the attention of the health or justice sectors or as frequent users of emergency relief/crisis services.

*I don't really like it when things are just done to people. Yeah, the blanket approach, I prefer income management which was targeted at people that we knew needed it. I'd target it, if you could, based on social issue evidence. And I think we have enough services and ways of doing things in Ceduna where you could do that using existing programs and working groups. SH27C*

*I reckon that they should go out to the sobering up unit, town camp, get all the names—they've been driving there too. Everyone's buying grog all the time. Get their names, put them on the Indue card. Not the people who look after their money...who are successful, who are doing the right thing. P72C*

### 3.4.2 Changing the proportion of payment placed on the CDC

The second most common area of improvement suggested by respondents (mostly CDC participants) was an increase in the proportion of cash available under the CDC. As described previously in Section 3.3.2.1, many respondents had expressed concerns regarding the proportion of income support payments placed on the CDC and perceived that this resulted in limited access to cash. Having a greater proportion of funds available in cash, it was suggested, would help alleviate these concerns, provide CDC participants with more autonomy over their spending, and make it easier to make purchases and share money with family members.

*More in your bank and then less on your Indue. I wouldn't mind for that change...that'd help. People, they want money for television and that too, or the internet in your house, that help the community with that too. P48C*

*In this ideal world, then basically work out a plan with that person once you know all the background and details and you sit there and you have an honest conversation, work out the best plan for that person—and that might be 50/50, it might be 50 per cent cash because with a discussion you've had you've worked out why they need that cash and then 50 per cent on the card. Or it might be 10 per cent/90 per cent...And do that with each person that receives one of these cards, I just think that would be a winner big time and it's tailor-made for that person. SH19C*

Most of those respondents suggesting a change in the proportion of cash available under the CDC indicated a 50:50 split of funds (rather than the current 80:20 split on the CDC) would be preferable. However, several respondents suggested that this change should only be applied to those managing their money well. For those experiencing issues with addictions or difficulties in the management of finances, however, it was suggested that the current CDC arrangements should remain in place.

*I need to go out to Centrelink and tell them to do 50 and 50. Yes 50 go into the Indue and 50 go into the bank. Change it around...Probably make it a bit easier for my bills. P03C*

*I think there should be a little...incentive-wise. The people doing well with the Indue card or the Cashless Debit Card, after probably being on the trial for so long, you should be able to talk to someone in regards to bumping up your percentage-wise with the Cashless Debit Card. So you'd get about a 50-50 or something. P75C*

The role of the community panel in relation to assessing applications to change restricted amounts was discussed by several stakeholders in relation to requests by CDC participants to change the proportion of their Centrelink payment that was placed on the CDC. These stakeholders suggested that there should be more transparency over who made these decisions and the information which was used to determine outcomes. A few stakeholders also raised concerns about privacy or the relevance of information requested of them by the panel and proposed that this should be reviewed.

*I know some anecdotal evidence of people applying [to the community panel] and then it getting cut back, but not really having any explanation as to why, what that looks like, or even what information they've gathered...Who are the people making the decision and what information are they basing it on, and what information do they have access to? Is it just they've driven past that house and they haven't cut the lawn? It needs to be really clear about how those decisions are made. SH22C*

### 3.4.3 Practical aspects of the Card

Some respondents considered that several changes needed to be made to the practical aspects of the CDC. These proposed changes included greater flexibility over the use of the Card, including expanding where purchases could be made. Moreover, it was suggested that the potential for the product-level (rather than the current outlet-level) blocking of excluded items be explored to improve the functionality of the Card for CDC participants.

*I guess the flexibility of it [could be improved]. Making sure that you can actually use it anywhere and everywhere. SH35C*

*The most important piece that can come into it is product level blocking and whilst it's available with some of the bigger institutions, like Woolworths, Coles and Australia Post, that technology is about to be rolled out Australia wide to all providers anyway...Then there wouldn't be a need for mix merchant facilities, and if you walked into the front bay you could buy anything, but alcohol. People wouldn't be worried about, is this supplier going to block me...So, that's a big improvement that needs to happen. SH41C*

Several respondents suggested the appearance of the Card could be improved. The ability to personalise the look of the Card was suggested as a way of making the Card more identifiable to the owner and as potentially reducing the perceived stigma associated with using the Card.

*If we are on it for another couple of years, then change the colour. It needs different coloured cards...Because me and my friends have all got cards. We go, which one's this, do you know what I mean. We're rushing to grab our card, we go to grab our card and we're look at them, we have to look. That's not mine as well, that's yours. P47C*

Finally, several respondents recommended ways to discourage fraudulent use of the CDC. It was suggested that removing the PayWave function for small purchases and incorporating additional steps (e.g. answering security questions) when making online transfers of funds could reduce instances of card fraud. However, it was not clear that all respondents desired these suggested changes.

*Get it to where you need a PIN for whatever how much amount that you do even if it's down to \$3...People can use up to \$34 on your card and then press credit and then it's paid for if they steal your card...And maybe put a more security thing on your online one. So like where they don't need just your email and password to just log straight in. Maybe some security questions. P38C*

*More stricter rules in regard to transferring from one account to another. One community member noticed her bank was down \$50 and every fortnight...someone from another community hacked her. They got her details and were transferring money from her Indue card. SH32C*

### 3.4.4 Wraparound services and job creation

Respondents also perceived there was a need for improvements to wraparound services and the provision of greater job opportunities in the local area. For some respondents, this was considered to be a way of complementing the provisions of the CDC and increasing the likelihood of positive longer-term outcomes from the trial.

*We consider and can see how so much of our people have gotten better, health wise, education wise, active wise, participation wise. But we now need to either re-direct funds or get additional funds into our particular region to help engage our people in that...We've made our people a little bit better, so it's our job now to move—and hold the government to ransom, to move to the next phase. The next phase is really re-engagement, re-deployment, re-educate, re-training all our people again. SH37C*

*We were talking yesterday about how do you strengthen the Cashless Debit Card and you need to have those wraparound types of initiatives that can actually strengthen the purpose of the Cashless Card. SH03C*

For others the CDC was not perceived to be effectively addressing the underlying social issues within the region and more services were instead thought to be needed.

*Don't try to put a band aid fix on this because it's not, it's only a band aid fix. You know, if you want to do sustainable change and sustainable things, make it sustainable...It's just ridiculous. No referral services, no support services. What happened for those people that have been alcoholics and drug addicts all their life, where's their rehabilitation services here in Ceduna? P10C*

Respondents perceived there to be current gaps in wraparound service provision—such as alcohol and drug services, mental health services, and financial counselling—that they thought would benefit from additional resourcing. Furthermore, additional support was also considered to be needed to assist CDC participants to better manage the processes of the CDC and to develop budgeting skills.

*It was only like a little Band-Aid to fix the big problem. It's not what we need. [We] need more resources and we've got services but I reckon we need more...We don't have a local rehab and counselling is minimal...The majority of the people that want to get help, they have to go away to places like either Murray Bridge or Port Augusta....They go to rehab and they learn how to be off the grog and everything, but then when they get back here there's no continuous support...So, that's what's needed is the ongoing support once someone gets out of rehab or jail. SH04C*

*If the government are giving people money to live on, they should at least put services in to teach them how to live on it, not say this is how you're going to manage it. SH08C*

It was further suggested that collaborative discussions take place with community members and stakeholders to ascertain current service provision in the region, discuss the specifics of what additional supports were considered to be required by CDC participants, and to co-design these proposed additional supports.

*If you're going to provide further funding for wraparound services, talk to the people, talk to the stakeholders so they can tell you what the money needs to be designed for. And that's where the problem was right at the start...Just went to one person I think, and they just said, "put the money, here, here, here and here", not where it was needed. SH05C*

Respondents also perceived a lack of employment opportunities within the region. Several respondents suggested there was a need for more job creation and work-related training to better assist CDC participants to secure paid work and come off Centrelink payments.

*Like Ceduna, everyone wants to get off of the card. This place needs more support and jobs, there's no jobs. People would love to work and earn money and it would help them get off this card. There's just nothing here in Ceduna. P13C*

*Especially remote communities, there's no industries out there. We run our normal government type programs, but there's no industry as such out there...So, you've really got to tease out what's good for each particular area in relation to industry, corporate world. How can we better lift our people in relation to the education and training side of things? Be it a 12 month training package of something to help our people to be more skilled to be able to access the mining places, and the mechanic places and all that. SH37C*

Finally, as discussed in Section 3.3.1.2, respondents considered the CDC local partners to be an important and successful part of the implementation of the Card in the Ceduna trial site. It was seen as being imperative that the funding for these local partner services continue in order to assist those transitioning onto the CDC and to assist CDC participants with any day-to-day issues experienced with the processes of the Card.

*The only advice I could give you, if anyone were to roll it out, was that the local partner involvement is invaluable...I think there's less issues because of local partners. The work that these guys do in community is very valuable...They provide information to help people, to ensure the daily limits are set for them, account balances are set up directly. SH41C*

### **3.4.5 Consultation and information provision**

While concerns regarding a perceived lack of broad community consultation prior to the implementation of the CDC (see Section 3.1.4) were apparent, several respondents expressed the view that it was not too late for consultation to occur to inform decisions as to whether the CDC should continue in the region and, if it did continue, in what format. As described above in Section 3.4.4, community consultation was considered to be needed to better direct funding for wraparound services supporting the CDC.

*I actually think the conversation that we need to be having as a community now is, what does this now mean? The card is a concept that can be tweaked and changed, how do we make this work for this community now?...Let's use this as an opportunity to make some changes to say, "Well, these areas of the card work really well, these are areas we need to change". I think that's really important because nothing's fixed, everything can be changed. SH22C*

*They should've talked about this Indue card before—we don't know. They should keep on talking—"We're going to sit and talk". We would have sit down at Yalata and talk about it, you know? Come in here having meeting. P36C*

Some stakeholders perceived that CDC participants had received insufficient formal information about the CDC, and had often instead gleaned information from the media. As a result it was reported by these stakeholders that there was a lack of general awareness of some of the processes of the CDC including the duration of trial, the existence of the community panel, and the ability to apply for exemptions or to have the amount of money placed on the Card varied.

*Indue should have had a face in Ceduna and Department of Human Services should have had a face here. They outsourced it to places like [Organisation 1 NAME] and the [Organisation 2 NAME] and [Organisation 3 NAME] . And then relied on us to relay the information. I think*

*firsthand information is always the best, even for a little amount of time. They're quite hidden.*  
SH09C

*With such a sensitive issue, I think a huge amount of time does need to be spent to involve people in the process. If it's going to happen, then move heaven and earth to say, hey this is what is happening, not just, oh, they'll read about it in the paper, sort of thing. It just adds to that feeling of being pushed to the side and kept in the dark...Those that are walking around with the card in their pocket probably feel a bit like, well, when is this going to end? We don't know. Like if you asked 900 participants, 750 of them would go, I've got no idea. I don't know how long I'm on this card for, no idea. SH16C*

These stakeholders suggested that more direct education about the CDC should be provided to CDC participants by the Australian Government, particularly around card processes, and the progress and future of the CDC trial.

*I'd really like to see more education about the cashless debit card...If it's not going away, in order for it to really work and for everyone to see its benefit then everyone needs to be on board with it you know and that can only be done through better education. If that means coming and having conversations and getting a translator so the people who don't have English as a first language can better understand what their options are, what it means directly for them. Or if they have desires to better manage their funding or if they have better job opportunities or means of trying to access that, that those options are made available to them.*  
SH30C

## 3.5 Future of the CDC

A final topic which was explored in the in-depth interviews were the perspectives of respondents as to whether the trial of the CDC in the Ceduna region should continue or not. As described below, respondents were divided as to whether the CDC should continue (either in its current form or in an adapted form) or should be halted altogether. Strong differences were found between the views of the CDC participants and stakeholder representatives interviewed. During interviews, CDC participants were far more likely to express the view that the trial should end, whereas stakeholders were more mixed. The interviews also explored perceptions of the potential consequences for the region if the trial was to end and CDC participants reverted to receiving their full Centrelink payment into their regular bank account.

### 3.5.1 Continuing the CDC Trial

Diverse opinions were expressed by respondents as to whether the CDC trial should continue. Overall, slightly more respondents (and especially stakeholders) reported that they were in favour of the CDC continuing in some form, compared to those respondents who wanted the CDC trial to end.

#### 3.5.1.1 *Continue the trial in its current form*

Around a third of respondents who were in favour of the CDC trial continuing wished it to be maintained in its current form. These respondents perceived that the CDC in the trial area was successfully meeting its aims, including reducing access to alcohol and drugs, improving social conditions within the region, and enabling CDC participants to take more responsibility for the management of their finances. As a consequence, these respondents expressed the view that Ceduna and the surrounding areas would benefit from the continuation of the CDC and that the implementation of the policy should not change in any way.

*I dread the possibility that it might stop operating in the future...I think it's the best thing that's ever happened in our community and I'll stand by that. SH18C*

*I think it should remain because it is stopping the amount of alcohol that is bought at any one given time, so obviously it's limiting what cash they can get out of the card. So, that is slowing the process but it's not stopping it. SH15C*

*I think it's better keeping it. Saving money and all. P27C*

Several respondents suggested that the CDC should be expanded to other areas in Australia. While some wished to see the CDC introduced nationwide, others considered that the policy should be targeted specifically to areas outside of the Ceduna trial site which were experiencing considerable social issues.

*I think personally it shouldn't just be here. It should be rolled out across the country. But it needs to be in conjunction with Centrelink, with DCP, and it's high risk family groups and high risk families, not forced onto it, but it's considered as an option to help people...It could be done more positively and for a more positive reason other than just controlling a certain population. SH39C*

*There's towns that's worse than Ceduna, they also need to be on the Indue card. Like even people on Centrelink that's got an addiction like with drugs or alcohol. I think them sort of people need to be on the Indue card as well. P15C*

### 3.5.1.2 *Continue the trial in an adapted form*

Around two thirds of those respondents in favour of a continuation of the CDC trial (particularly CDC participants), wanted this to occur in an adapted form. Most of these respondents expressed a preference for a more targeted approach to participation in the CDC trial and suggested that in future the CDC should be aimed solely at those individuals experiencing issues with alcohol, drugs and gambling.

*I think it should be more targeted for people that are problematic. Not just a whole lot of us. I find it's, kind of, a violation to just put it on all of us. P21C*

*I reckon they should stop it for the mob who know how to budget their money and do good things with their money. And then maybe the people that's still doing the drugs and alcohol maybe keep them on a bit longer until they realise what they got to do. P38C*

Some of these respondents strongly agreed with the approach introduced by recent legislative changes to the CDC, which enabled CDC participants who could show that they were “doing the right thing” to exit from the program. These respondents suggested that CDC participants who were managing their finances well, did not have an addiction, and cared for their children should be able to apply to exit the CDC. The ability to apply to exit the CDC was perceived as providing an incentive for CDC participants to make changes to their lives and address problematic behaviours.

*If people are on the card like me, and they've been on it for a couple of years, they haven't caused trouble, we haven't had any issues, say for example, with the police or the hospital, or the sobering unit or whatever...they should have the opportunity to get an exemption. P01C*

*People that are doing the right thing should be given a reward to say, “Well, you know what? You've proven over the last four, five months you have not spent your money crazily on alcohol, excessive drugs and all that stuff, so you have the option to either, one, stay on it or you can transfer off. It's your choice.” SH04C*

Respondents had divided views, however, as to whether the ability to exit the CDC should apply to all CDC participants—thus making it a completely voluntary program—or whether exits should only be available for those not experiencing addiction or financial management issues.

*At least give it to people who really needs it, than people who don't really need it. Like people that don't smoke, drink, don't gamble...I reckon they should just keep on doing that, but we just got to find a way to stop it for people that don't want to be on it. P32C*

*The most important thing for me... is that it depends on what suits the individual. And that's why I believe that if the card stayed here, that it should be something that people self-nominate. SH16C*

Several respondents expressed a view that the CDC should become a voluntary scheme, whereby only those choosing to opt onto the Card participated. It was suggested that this approach would allow people to take greater control of their lives, and as such the CDC could be used as an effective way of offering support to those in need.



*If it existed still, just purely on a voluntary basis, and it would need to be really well supported, that those people that wanted to take the card up, if it was someone in a domestic violence relationship that wanted to be on the card...that they could take that up sensitively and be encouraged to and empowered to. So quite complex, because you're not just talking about the alcohol and gambling. So just some self-determination. People having the power back because...people feel completely powerless, like they're not able to decide for themselves, being on the card. SH16C*

Finally, some respondents (particularly stakeholders), while in favour of the CDC continuing, thought that improvements to some current processes were necessary. The improvements to the CDC which were suggested by respondents are outlined above in Section 3.4.

*I personally don't see how you could take it away now. I don't think that would make things better...I think if things aren't working or if there's still drug and alcohol issues and gambling issues then we need to look at other ways of dealing with that. SH20C*

### 3.5.2 Ending the CDC Trial

Around a third of respondents (overwhelmingly CDC participants) reported that they wanted the CDC trial in the Ceduna region to end as soon as possible. The reasons provided for this view included perceptions of a lack of impacts from the CDC in addressing the social issues present in the region.

*Take it away...Because I think it doesn't really matter, everything is still the same, like with the drinking-wise...I think the drugs is more worse than the alcohol. I think that got worse and worse over time. SH34C*

*It was 6 months or 18 months trials and then it went from that to two years, maybe three years it's been going on...But it's run its race, put it that way. It's just a waste of friggin time. P11C*

Other reasons provided by respondents for wanting the trial to end were perceptions that the CDC reduced CDC participant choice over the spending of their Centrelink payments and issues related to a perceived lack of access to cash. A few respondents also considered that the trial should end due to their perceptions of the cost of the CDC and the potential for these funds to be diverted into support services.

*[It should be stopped] Altogether yeah. Because we're entitled to have our own money you know. That's ours. P69C*

*I don't think the card is ever going to work properly because it's got too many pitfalls...And from what I understand it costs more to operate the card than the money it supposedly saves anyway. SH07C*

Several CDC participants suggested that, rather than ending the CDC trial completely, a temporary cessation of around six months should occur. During this time, CDC participants would revert back to receiving their Centrelink payments in their normal bank accounts. It was suggested that this approach would provide an opportunity to see whether CDC participants could manage their money effectively or not, and if social conditions within the area would worsen. If the latter occurred, then these respondents suggested that the CDC should recommence in the region.

*Just to stop it, see how they continue with their money or how they spend it or just give them a little trial see how they go with it...Yeah, just give them a go. P78C*

*Trial it for six months and see how they go. Give them back some independence, if they can't prove they're independent with budgeting and that then they are the persons or people that go on the Indue. P77C*

### 3.5.2.1 Views on potential consequences if the trial ended

Opinions were mixed as to the likely consequences of ending the CDC trial in Ceduna and the surrounding areas. Stakeholder representatives in general expressed concerns about the potential negative impact of ceasing the trial. In contrast, CDC participants were evenly divided as to whether ending the CDC would lead to a positive or negative change or no change at all.

A majority of respondents (especially stakeholders) reported that they expected social conditions within the region would be likely to worsen if the CDC trial ended. While some respondents considered that conditions may potentially only deteriorate in the short-term, as CDC participants adjusted to having greater access to cash again, others were concerned about potential longer-term negative impacts on the region.

*I think if the card was taken away, when we see people get potentially a big increase in their disposable cash income and when we've seen that happen where people have had cash injections, we see a short period of really high risk behaviours with people being able to access alcohol in cash and partying basically. Then we seem to see a spike in our emergency department related presentations. Then I don't know what would happen whether that would taper off or not. SH23C*

*If everyone just started getting exited from the card...I honestly think Ceduna will go back five years to what it used to be like. If everyone had 100 per cent disposable income I think a lot of our people would be smarter now because they've been restricted in what they can and what they can't get, and they've got healthier lifestyles; but there's a fair proportion of our people still out there that would just go straight back to the way they were, right back, and that's scary. SH37C*

Thus it was envisioned that the perceived gains made from the CDC would be reversed and that social issues would again become more problematic. This included expectations that there would be increases in the incidence of substance misuse, alcohol-fuelled violence, child neglect and humbugging.

*That's a tough one whether the card should continue. Philosophically I'd probably say no but practically I'd probably say yes. I'd hate to be the person that just removes the card and then all of a sudden the family houses are awash with alcohol and kids going hungry...I would be scared it would happen, but it may not. SH29C*

*If it did stop well you'd see a massive change in Ceduna. And communities. You know communities that are on the edge would fall over. And crime and alcohol and drug abuse would just go through the roof. SH42C*

*I want to keep the Indue because if it stops they'll all be running to me "Cash" and all my money will be given out. I have nothing in the bank. Thinking what do I do wrong? P24C*

Perceptions and concerns were also expressed (mainly by stakeholders) that the additional funding for wraparound services that was part of the CDC policy would also be removed, contributing to poorer outcomes.

*There's over a million dollars in support services, the wraparound support services that fund petitions and alcohol assistance programs with multiple roles in that, they will all be gone. There'll be an influx of cash, so more alcohol, influx of gambling, I see food sales will go backwards, I see people's welfare will go backwards because at the moment we've got a really fine balance. SH38C*

Other respondents did not consider that ending the CDC would lead to any detrimental changes in the trial site. These respondents expressed the view that, since they perceived that the implementation of the CDC had contributed little to reducing the incidence of social harm within the area, the cessation of the trial would not have any impacts.

*The alcoholic will have more money for grog. The druggie will have more money for drugs. It'll go back to normal. It'll be just like with the Indue card, they're still doing it. That's not going to stop them. P11C*

*If someone's an alcoholic or someone's dependent on alcohol, regardless of what systems are in place to restrict that there's always going to be a workaround and whether that be something like the cashless debit card, whether it be banning someone from the pub or from buying alcohol full stop, there'll always be someone there or something else there to take its place...I'd suggest if you stop the card, I don't think a lot would change. SH21C*

Several CDC participants who reported that the CDC had led to improvements in the money management skills of some people expected that these patterns of behaviour would continue, even if the trial was withdrawn.

*I don't reckon anything would change for me, it'd still be normal to me to budget my money out and buy more things for my kids like I've been doing. P38C*

A final group of respondents (comprised solely of CDC participants) expressed a view that conditions in the region would improve were the CDC trial to end. These CDC participants expressed the view that the ability to access more cash and self-determine how these funds should be spent would increase the well-being and happiness of CDC participants and their families.

*Families will be happier...because then the kids'd be happy because they'll be able to get money for sports or when they go on excursions or holidays or out of town. They can just walk into any shop and buy whatever they need or would like to buy without being refused because they might not have that card. P73C*

## 3.6 Summary of the Ceduna qualitative findings

The qualitative research in Ceduna generated information around the following key themes: historical evidence about the initiation of the CDC trial within Ceduna, including information about the social issues that were perceived by respondents to be the impetus behind the trial and the broader social policy environment in which the CDC trial was introduced; perceived impacts of the CDC; aspects of the CDC that were considered to be working well and aspects of the Card that were not considered to be working well; perceived opportunities for improvement; and views about the future of the CDC. Below we provide a summary of the key points pertaining to each of these themes.

### 3.6.1 Initiation of the CDC Trial

Respondents (mainly stakeholders) discussed the entrenched social issues that they considered to be the impetus behind the CDC trial. These included the harm being generated by widespread substance use and misuse. This harm was evidenced most clearly in the 2011 Coronial Inquest into the alcohol related deaths of six Aboriginal people in the Ceduna region. Combined with other factors such as the timing, release and recommendations included in Andrew Forrest's 'Creating Parity' report, this was perceived to be the catalyst behind the trial of the CDC. Respondents also described the involvement of key community leaders in both supporting the trial and contributing to its design.

In addition, the interviews explored views on the broader social policy environment in which the CDC trial was introduced. This included information about the South Australian Government's Service Reform Strategy for the Ceduna region and the local Alcohol Accord. It was noted by many respondents that changes in the broader social service sector and policy environment, as well as the other interventions operating to curb issues with alcohol abuse, would make any assessment and attribution of whether the CDC had caused behaviour change within the Ceduna region difficult.

The qualitative fieldwork also uncovered evidence around community and participant reactions to the introduction of the CDC and how this had changed over the three-year trial period. These reactions had been varied—with some respondents reporting that community members supported the implementation of the CDC, and other respondents reporting that community members did not. The majority of respondents reported that community responses towards the trial had become less negative over the trial period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested by respondents that people had become used to the Card and had worked out ways to manage adequately within the parameters of the Card. The perceived stigma associated with being on the Card was also said to have decreased.

### 3.6.2 Perceived impacts of the Cashless Debit Card

There were mixed views as to whether the CDC has fulfilled its intended aims of reducing the social harm caused by substance misuse and gambling. Respondents' views were fairly evenly divided as to whether the introduction of the CDC had had a positive impact on levels of alcohol and drug misuse or not. While some respondents reported that levels of alcohol and drug use had decreased since the implementation of the CDC three years previously, others considered that there had been no discernible change. Respondents were more positive about the perceived impact of the CDC on levels of gambling within the area, and the incidence of gambling (both poker machines and informal card games) was reported to have declined considerably since the start of the CDC trial.

On the whole, positive impacts were noted with regard to the spending patterns of CDC participants with more priority now said to be given to the purchase of essential items. Respondents were also generally positive about the impacts the CDC was having on family functioning and outcomes for the

children of participants. Improvements were noted in spending on children, child welfare, and school attendance.

Mixed outcomes were reported in relation to financial planning and management; while some participants were now considered to be better able to budget and save, others perceived a lack of access to cash as being problematic and the processes of the CDC too complex. Mixed perceptions on outcomes for crime, health and well-being, and transient populations were also described. Perceptions and concerns were expressed with regard to instances of perceived financial abuse, fraud, and exploitation with the CDC; this was especially reported to be problematic for older people (for both those on the CDC and those receiving the Age Pension). Perceptions and concerns were also expressed that the CDC took away the autonomy and control of participants to make decisions about their own lives and how they spent their Centrelink payments. The CDC was also perceived to have led to experiences of stigma, shame and embarrassment by some respondents. The introduction of the CDC was considered to have had few impacts on participation in employment and training in the region.

While many respondents felt that the introduction of the CDC had led to various impacts (both positive and negative), a sizeable minority reported that the policy had not changed circumstances within the Ceduna trial site. The problematic social issues perceived to be still present within the region were considered too complex to be fully addressed by the CDC by these respondents.

### **3.6.3 Implementation of the CDC**

The interviews explored elements of the implementation of the CDC which were considered to be working well and those considered not to be working well.

#### *3.6.3.1 Aspects of the CDC considered to be working well*

Four key factors of the CDC were considered to be working well by respondents. First, financial management—better budgeting, the ability to save, and increased spending on essential items—was considered by many respondents to have been strengthened with the CDC. Second, the CDC local partners—which had been established to provide assistance to CDC participants with managing processes connected with the Card—were reported to have played an important role in the implementation of the Card.

Third, several practical aspects of the Card were reported to be working well. These included the functionality of the CDC and the ability to make monthly transfers into a keycard. Fourth, some respondents expressed satisfaction as they perceived that the implementation of the CDC was contributing to improvements to social conditions within the region. It should be noted, however, that a group of respondents were unable to identify any aspects of the implementation of the CDC which they considered were working well.

The CDC was thought by respondents to be working best for three groups of participants: partnered and single parent families; people who had previously struggled with managing their money; and participants experiencing social issues including substance abuse, homelessness and child neglect.

#### *3.6.3.2 Aspects of the CDC considered not to be working well*

Respondents provided more detail about aspects of the implementation of the CDC that they considered to be not working well. Six primary issues were identified by respondents. First, issues relating to financial management were noted, with the limited availability of cash under the CDC, and the ability to manage money and pay bills considered to be problematic for some participants. Second, several practical aspects of the CDC were reported to be challenging for some CDC participants, including the capacity to make certain purchases using the Card and the processes associated with

managing the CDC (e.g. activating the Card, setting up an email account, remembering PINs and passwords, checking balances, and arranging transfers and direct debits). Third, reservations were expressed about the choice of cohort selected to participate in the Ceduna CDC trial, with some respondents perceiving the blanket approach of the CDC to be inappropriate.

Fourth, the use of card workarounds, which were perceived by respondents to lessen the potential positive effects of the CDC, were noted in the interviews. The most frequent current workaround was the selling of goods purchased with the CDC for cash. Other workarounds commonly reported included participants selling their Card or allowing others to borrow and use their Card in exchange for cash, obtaining cash via monthly transfers from the Card, and the purchase of alcohol via the black market. Fifth, some respondents reported being either unaware that funding for wraparound services to support the CDC had been implemented, or expressed dissatisfaction with the focus of these services. In particular, a need for broader wraparound services to address substance misuse and mental health issues, and to also better service remote areas, was highlighted. A final concern regarding the implementation of the CDC expressed by some respondents was a perceived lack of social outcomes in the region since the trial had commenced.

Five key groups for whom it was considered that the CDC was not working particularly well for were reported by respondents. These groups included older people, people with physical and psychosocial disability, individuals experiencing entrenched addiction, Indigenous participants living in remote communities, and those with limited literacy and IT skills.

### **3.6.4 Perceived opportunities for improvement**

The in-depth interviews discussed respondents' views on aspects of the CDC which they considered could be improved as the trial continued. A minority of respondents did not suggest any improvements that could be made to the CDC. This was partly due to these respondents' perceptions that issues had already been identified and that changes—such as the ability to make direct debit payments with the CDC—had been adopted as the trial in the Ceduna region had progressed.

However, other respondents perceived that the CDC could be strengthened further and suggested five key areas for improvement. The most common suggested area of improvement was in the groups targeted by the CDC policy. Many of these respondents suggested that the focus of the CDC should only be on certain groups including people with drug, alcohol or gambling issues; individuals unable to effectively manage their finances; and those not properly caring for their children. A second suggested area for improvement was a change in the proportion of cash available under the CDC. However, it was considered that this change should only be applied to those managing their money well and that the current arrangements for the proportion of cash available remain in place for those experiencing issues with addictions or difficulties in the management of finances.

Third, some respondents considered there was a need for several changes to be made to practical aspects of the CDC. These suggested changes included extending the range of outlets where purchases could be made with the CDC, the ability to personalise the appearance of the Card, and improving security to reduce the perceived risk of fraudulent use. A fourth area of improvement was the enhanced development and funding of wraparound services and a need for more job creation schemes in the local area. Finally, some respondents suggested enhanced community consultation and the provision of more information around the future of the CDC trial. Respondents also suggested it was imperative that funding for the CDC local partners continue in order to assist CDC participants when transitioning onto the Card and to assist CDC participants with any day-to-day issues experienced with the functionality of the Card.

### 3.6.5 Future of the CDC

A final topic which was explored in the in-depth interviews was the perspectives of respondents as to whether the trial of the CDC in the Ceduna region should continue or not. There were mixed views as to whether the CDC should continue (either in its current form or in an adapted form) or should end. Strong differences were found between the views of the CDC participants and stakeholder representatives interviewed. During interviews, CDC participants were far more likely to express the view that the trial should end, whereas stakeholders presented more mixed views.

#### 3.6.5.1 *Continuing the CDC Trial*

Of all respondents, slightly more than half (and especially stakeholders) reported that they were in favour of the CDC continuing in some form. Of those who were in support of continuing the CDC, around a third wished to maintain it in its current form as they felt that the trial was successfully meeting its aims. However, two thirds of these respondents (and especially CDC participants), wanted the CDC to continue but in an adapted form. This included a preference from these respondents for a more targeted approach to participation so that the CDC was aimed solely at those individuals experiencing issues with alcohol, drugs and gambling. It was, therefore, suggested by these respondents that participants who were managing their finances well, did not have an addiction, and cared well for their children should be able to apply to exit from the CDC.

#### 3.6.5.2 *Ending the CDC Trial*

Around a third of respondents (overwhelmingly CDC participants) reported that they wanted the CDC trial in the Ceduna region to end. The reasons provided for this view included: (1) perceptions of a lack of impact to date, (2) perceptions that the CDC reduced CDC participant choice over the spending of their income support payments, and (3) issues related to a perceived lack of access to cash.

The interviews also explored views on the potential consequences for the region if the trial was to end and participants reverted to receiving their full Centrelink payment into their regular bank account. Opinions were mixed as to the likely consequences of ending the CDC trial in Ceduna and the surrounding areas. Stakeholder representatives in general expressed concerns about the potential negative impact of ceasing the trial, anticipating an increase in the incidence of substance misuse, alcohol-fuelled violence, child neglect and humbugging. In contrast, the views of CDC participants were evenly divided as to whether the ending of the CDC would lead to a positive or negative change or no change at all.

## 4. East Kimberley

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The following chapter details the results of the qualitative fieldwork undertaken in the East Kimberley region in Western Australia.

### 4.1 Initiation of the CDC Trial

The qualitative fieldwork collected historical evidence about the initiation of the CDC trial in the East Kimberley region in order to better understand conditions in the region prior to implementation and the reasons why the region was chosen as one of the first trial sites. This information is also important to assist in determining the subsequent perceived impacts of the CDC trial.

Respondents (mainly stakeholders) discussed the entrenched social issues that they perceived to be the impetus behind the CDC trial. They also described the involvement of key community leaders in both supporting the trial and contributing to its design. In addition, the interviews examined the broader social policy environment in which the CDC trial was introduced. The qualitative research also uncovered evidence around community and CDC participant reactions to the introduction of the CDC and how this had changed over the three-year trial period.

#### 4.1.1 Reasons for the trial

Both stakeholder representatives and CDC participants considered that the East Kimberley region had a long history of social dysfunction and harm being generated by widespread substance use and misuse. This was said to be detrimental to the physical and mental well-being of individuals, and the community more broadly. While alcohol misuse was often reported to be the main substance abuse issue for the region prior to the CDC, it was recognised that drugs and gambling were also an issue for the region. Substance misuse was associated with other problematic issues including anti-social behaviour, family violence and crime. The issues with substance use and misuse were considered to stem from a long history of cultural dislocation, dispossession and poverty.

*There was a lot of youth disengagement, there was a lot of family dislocation. There were high rates of abusive alcohol, high rates of domestic violence, it goes on, all signals of a poorly functioning community where the family norms are broken down. In some ways, desperate measures, desperate times. SH34EK*

*Yes, alcohol has always been a problem here. Yes, you see it a lot more here compared to other places, it's every day. Yes, it seems to be the norm I think for a lot of people. It's like you are born into it or have grown up around it, it's a bit of an issue. Drugs isn't really a problem here, there's a bit of gunja floats around now and then but there's no harsh drugs I don't think, I don't see any of it so. It just causes family problems I guess. Yes, they witness a lot of things that you sort of other children wouldn't witness in cities, they grow up here rough. P30EK*

Before the implementation of the CDC, substance abuse and gambling were considered by respondents to have been having a negative impact on the well-being of children. Some children were reported to not be appropriately cared for or be adequately supervised as their parents were intoxicated. Children were also reported to not be provided with adequate food because parents spent their money on alcohol, drugs or gambling. Stakeholders reported that this was negatively impacting on children's health and well-being, for example, children were reported to be attending school tired from not having an enough sleep the night before and hungry. In some cases it was said



that children did not want to return home at night due to the alcohol consumption of their parents and concerns for their own safety.

*There were families that were suffering obviously. There was a lot of alcohol being bought. Money was being mismanaged on alcohol, not on the needs of the children and the families. I think, this is where something had to be done about it and this was a part of that. That's what my impression was, that there was a lot of chaos in families, there was break-up of families because of alcohol. Mismanagement of funds, kids were suffering, kids were going into Child Protection. I mean, that's still happening now, if you know what I mean, but we've got processes and systems in place that's supporting that. SH41EK*

*Kids don't do well at school because the parents are up all night and the housing is overcrowded. So as kids, and the parents aren't working. So the kids on welfare can't concentrate properly and there may be malnutrition, don't do well at school, don't go, well, maybe not finish, don't finish school, can't get meaningful employment and they end up the same as their parents. So the whole cycle rotates around. So you can't just come in and solve the housing issue without solving unemployment issue without solving the health issue without solving the alcohol without solving domestic violence without solving, you know, a whole suite of things. SH30EK*

*The alcohol problems were starting to exceed; like murders and drunkenness and just gambling and drunkenness and just outwardly behaviour. It was getting unruly. A lot of violence. The children were suffering and the little kids, some of these babies that are born, they've got no hope, because they're born with brain damage. P54EK*

Extremely saddening, respondents linked the substance abuse and associated problematic behaviours, to the suicides of around 13 young people that occurred in the East Kimberley region over a very short period of time. These suicides, and the broader social issues that were said to have contributed to the young people taking their own lives, were considered by many respondents (particularly stakeholders) to be the impetus behind the CDC trial in the East Kimberley region.

*One of the 13 or 15 suicides in the Kimberley. He was one of them, one of the numbers. I think, it boiled down to the domestic violence, alcohol, I don't know, lack of family support. Not knowing who to trust. All that sort of stuff. SH24EK*

*But at the time we had a spate of about 13 suicides in about a two-week to three-week period of young people in Kununurra and the question was well you know where's the parents and usually we were told they were at home partying or they were gambling but they weren't actually being parents and looking out for their children. So my support of rolling the card out was try and make a difference with those parents in taking responsibility of their children. SH19EK*

The CDC was seen by many stakeholders as being a potentially appropriate and positive option to address these issues. In particular, those stakeholders who supported the trial saw the CDC as a way of preventing spending on alcohol and drugs and thereby reducing consumption and addressing social harm related to these issues within their communities.

*I think usually all the gaps that are indicated, kids not going to school, the amount of incarceration rates, the number of kids out of home care, the number of suicide rates, I mean it's just in my view it's sort of a crisis and we just felt that there's no point in just keep on doing the same things you've got to try and do something different .... I think anyone with, given it a*

*lot of thought would have thought well the current system just doesn't work we've got to do something different. So that was the basis of everything. SH02EK*

*Well we had to make changes in our community to see, because we had, you know, rates of so many of our children were going into care and also there were criminal episodes and then the children were taken away from their parents, put into the welfare system by the Department of Childcare. Yeah. And also we had like lots excessive drinking and domestic violence was one of those and...we had to get together to make a change, you know like change is always a good thing. SH37EK*

#### **4.1.2 Community leaders' involvement**

Respondents considered that the key drivers of the CDC being trialled in the East Kimberley region were a select number of Aboriginal Leaders. Respondents noted that these leaders had identified a need to do something more than that which was currently being done to curb the evident social harm. Subsequently, some of the leaders were reported to have actively lobbied government to try to stimulate a reform agenda within the region, and were presented with the proposition of the Cashless Debit Card trial.

*Then soon afterwards they then came up with the idea about the cashless debit card. At first I didn't really support it mainly because I didn't understand it and Tudge was the minister at the time and he spent a little bit of time out here...and he told us we don't want to support another what they call a trigger model because the trigger model is a system where it's triggered by some bad behaviour including children or whatever .... I said well what's the alternative then and he said well I was thinking about this cashless debit card. SH02EK*

*I think it was a political initiative, to a degree, which actually matched up with the values of a lot of the leaders in this town who wanted to address issues in people spending their money on alcohol and gambling and other—what they'd class as 'priorities'—so that they could strengthen looking after the children so kids were fed properly. Just to change people's lifestyles, really. So I think that's the priority that they saw and then that gave people an opportunity, if they limited their alcohol intake and things like that, and then they could get on with their lives and move forward. SH16EK*

Respondents (mainly stakeholders) reported that while the Federal Government consulted about the CDC more broadly with other stakeholders in the community such as merchants, health, welfare and education representatives and representatives from the Police, without the support of key leaders it would not have been possible to implement the Card.

*We had some strong Aboriginal Leaders who said yes this is what our people need which is a reason that it was able to kind of move forward and be endorsed, that it wasn't a government dumping you will do this. That there was actually local appetite and enticement for it. And we also have some extraordinarily challenging social situations here...But the fact that we had local support saying, from the people who are, you know the local traditional owners, saying yep we want this, that's why we would have moved ahead. SH10EK*

*Government came round and spoke with us and others...And I know that the government spoke with the Police, the hospitals, and every service, every agency you can think of. But I really strongly believe I reckon was ...[the] leaders that really tipped that influence into coming here to Kununurra and have, be the trial here. SH42EK*

Some stakeholders considered that a lengthy period of government consultation and negotiation occurred at the time. These stakeholders reported that Aboriginal Leaders requested certain conditions to sit around the CDC if it was to be trialled in the region. The first of these conditions was that the trial be accompanied by wraparound services as Aboriginal Leaders were all cognisant that in and of itself the Card was not enough to reduce the social harm that was being generated by substance misuse. The second of these conditions was that the community would determine which wraparound services were to be funded. Finally, Aboriginal Leaders were said to have advocated for a community panel which would allow people to apply to adjust the proportion of their income support payments which were placed onto the Card and, more significantly, apply to be able to exit the Card if they were meeting their responsibilities in regards to the five social norms<sup>8</sup>.

*We told the Minister at the time, Minister Tudge, that we would support the card on certain conditions. Being that there needed to be wraparound services to address issues of what's happening in Kununurra. Two, allow the community panel to get people off the card if we thought they weren't on it because we don't think everybody should have been given a blanket approach, not everyone needs to be on the card. And thirdly that when the wraparound services funding came in that we would direct where those fundings should go and what organisations and what programs 'cause we know what works and what doesn't work within the community. SH19EK*

*And we had numerous conversation, then it was that Minister at the time for DSS, they did a lot of trips to us and we were even meeting with him even on the weekends....So when we looked at it, so there was the conditions we put to the government, we said one was we wanted a community panel in town so that the town can through the panel had the delegated authority, or to remove someone off the card if they were doing good things, you know, by living the way they're living, you know making changes to their environment...We want wrap around support services and especially to your heavy alcoholism, drug additions, but just where families were really disadvantaged and vulnerable in our areas. So that was our trigger to, you know, get us even near that position. SH42EK*

Respondents indicated that the subsequent perceived failure of the government to implement the CDC trial according to the conditions set out by Aboriginal Leaders resulted in some Aboriginal Leaders withdrawing their support of the trial. It is on public record that one of the key leaders who was initially a signatory to the trial, subsequently withdrew his support as a result of what he saw as being the flawed implementation of the Card, and perceived deficiencies in the wraparound services which accompanied the trial (The Guardian 2017).

*And then he saw what was happening, that the government wasn't delivering the support services it said it would, or in the method, because they were promised that the support services would come first, then the card, or the trial. And that didn't happen, it happened in reverse. SH30EK*

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<sup>8</sup> The five social norms of the East Kimberley are:

- Adults who are capable of work will find employment so that they may find purpose and economic prosperity.
- Vulnerable people, young people and old people are cared for so that they feel secure and loved.
- All kids go to school so that they may compete for opportunities in life.
- No crimes are committed so that individuals and families enjoy a safe and supportive family life.
- Tenancy obligations are met so that living conditions may improve and better housing opportunities are made available. (see <https://www.bby.org.au/our-work>).

### 4.1.3 Broader social policy environment

The CDC trial was implemented at a time when there were other significant reforms being pursued or implemented within the region. One of these was the Empowered Communities reform which is still in operation to date. Arising from a meeting of Indigenous leaders from eight regions across Australia, this reform agenda aimed to shift the paradigm from government welfare to the empowerment of Indigenous families and individuals (BBY 2020).

Some stakeholders indicated that the discussion surrounding the CDC stemmed as far back as 2012-2013 and was entwined in the discussion that precipitated the Empowered Communities Design Report (Empowered Communities 2015). Other stakeholders considered the CDC to be one of the structural reforms that arose out of that Empowered Communities model and its associated five social norms.

*The cashless debit card actually came with the five social norms...the kids had to be going to school 95 per cent of the time and they had to have, tap into some type of services, like the money management and the housing, you know. And they had to look after their house and not get in trouble with the police...manage their money properly. SH37EK*

While these five social norms were identified by some respondents to have informed some of the parameters of the CDC trial in the East Kimberley region, it was considered that the CDC was not a structural reform driven by the Empowered Communities model and that the equation of the two was quite damaging to the advancement and achievement of the Empowered Communities vision.

*It's become obvious that the cashless debit card which is a program of government, and yes its welfare reform and it has a significant impact in the region, but it's only one element of a much broader range of objectives that the leadership and the people have in the region. And so we focused on I guess setting out that broader stuff and we've left the cashless debit card off to one side to be negotiated in the discussions to continue between the leadership who are still willing to engage on it and government. And I don't coordinate it, it doesn't go through me and it happens separate to this organisation. SH15EK*

The other significant reform agenda that was reported by stakeholders to be occurring at the same time or just prior to the introduction of the CDC was the Regional Services Reform agenda. This was a state-based initiative and a cross-government approach which aimed to achieve a new way of working into the regions to improve outcomes for Aboriginal people (Government of Western Australia 2020). This was said to have fundamentally changed the delivery of many human and community services in the region, around about the same time the CDC was implemented. Services were subsequently provided in a new, co-ordinated multi-agency way; resulting in increased access to, and support for, clients.

*Again there is that kind of concerted community effort to address some of these issues. I think we've moved, in terms of reform as well. Not just the card but reforming the way governments, our state government services are being delivered. There's a lot of things that have been happening in these last few years particularly the Aboriginal corporations and government coming together in a much more cohesive way. So there's a lot of that stuff that's happening as well....the community itself in terms of partnerships and ways of working, particularly state government and non-government have come together. They have district leadership groups...sitting together, every month for a good three or four hours discussing the issues...being honest and open and trying to target responses to these things. So that happens, that then builds good partnerships outside of those meetings which, you know, there's better*

*trust, there's better relationships, there's better allocation of funding towards targeting some of this stuff. So all that's happening quite intensively for the past couple of years as well. SH10EK*

Another major social policy development was the Centrelink's shared responsibilities model that outlined the participation requirements expected of Centrelink recipients in order to receive their income support payments. This was reported by stakeholders to have increased engagement of CDC participants with programs and activities across the East Kimberley region.

*I don't believe that the Cashless Debit Card by itself provided all the answers. I think that the Centrelink Shared Responsibilities was critical at the same time. So getting people involved in activity I personally believe that activity is a positive thing. You help break people out of their low self-confidence. You give people an opportunity for hope and that brings it all together and makes for something that works well. SH03EK*

*So, but there has been an increased tightening around hours, you know, people are subject to more penalties for not attending and all these things, which, you know, so that's probably what directs people to be more engaged there. So, there were other little things like that. SH01EK*

In addition to those listed above, other interventions were also at play, the main one being the local Alcohol Accord. Introduced prior to the CDC, this Alcohol Accord placed a number of restrictions on the supply of alcohol, including the amount and types of alcohol that could be purchased in the region and on the sale of takeaway alcohol. Subsequent to the introduction of the CDC, however, the scope of the Alcohol Accord was expanded to introduce new measures including a trial of a takeaway management system, which required all people to show their ID at point of purchase to monitor the amount of alcohol that was purchased as well as to prohibit sales to people who were listed on the banned drinkers register.

*See it's a combination here. We've got liquor restrictions. We've got the cashless debit card. P67EK*

*So, the TAM system is actually a takeaway alcohol management system...where you scan your driver's licence and it gives you, you can only buy a certain allotment of alcohol for that day, and it records what that ID has purchased and whether they are able to purchase anymore. Essentially, what it does here is, it stops people from going from one bottle shop to the next, to circumvent the restrictions that we have here....It was a very similar time, I think, maybe just prior, and then the cashless debit card came along and I think, in my opinion, that had the most pronounced effect. SH40EK*

The alcohol restrictions, however, were perceived by some respondents to have caused additional problems with black market sales of alcohol.

*But, with the restrictions became a black market in the sales of alcohol. Whereas, you're paying 150 for a carton that you'd only pay 50 bucks for in the bottle shops. So, I felt like that solution created another problem. SH09EK*

Many respondents (particularly stakeholders) considered that these concurrent changes in the broader social service sector and policy environment, as well as the other interventions operating to curb issues with alcohol abuse, would make any assessment and attribution of whether the CDC had caused behaviour change within the East Kimberley region difficult.

*And I think they'll all impact on each other and that's, that's, the challenge I suppose for you guys in trying to work out what is a direct and what is an indirect impact in terms of that card. At the end of the day maybe the best solution for us is a combination of all of those things working together and getting the right balance. But yes I'm sure that things we're doing over here with alcohol and alcohol management probably do affect and change behaviour in terms of people who are on a, on that cashless debit card. SH11EK*

*We don't know if it's the card, we don't know if it's the programs that we all put in place. We're not sure if it's the alcohol restrictions, you know because the alcohol restrictions and the TAMS system, the takeaway management system, put into the pubs and the restrictions came around about the month before the card came out. So you cannot honestly say who know what's making the change. Is it card or the restrictions? SH19EK*

#### **4.1.4 Community consultation**

Respondents indicated that there had been community engagement work undertaken by the DSS prior to the trial occurring in the area. A few stakeholders gave positive reports about the community consultation work that had been undertaken.

*There was a lot of work done, a lot of good intent...there was a good effort to engage. SH10EK*

*There was a lot of community leaders that came together to form this Wyndham Advisory Group. To actually talk about the cashless debit card and how is that going to work...Alan Tudge was part of that project. And then he brought some of his workers over from Canberra and around Broome....They came to do the work on the ground, like ask the people, interview the people and the community, you know, around the place, around town and Wyndham to get a better insight of what they thought about the change. SH37EK*

However, the majority of respondents (particularly participants) perceived that the level of community consultation had been very limited in the East Kimberley. It was considered that the consultation that occurred tended to be with a limited group of Aboriginal Leaders. While some respondents perceived that this was appropriate, given that these leaders were elected representatives, many felt that consultation should also have occurred more extensively with the broader community. These perceptions also related to consultation and discussion around how the funds associated with the CDC should best be spent on service provision within the region.

*I think the consultative process was fine. There will always be criticism that there was never enough consultation. I think Minister Tudge was here on a regular basis and had a profile with the Aboriginal leadership. There were public sector professionals that were also engaged with the Aboriginal leadership. Largely the consultation was with leaders though as opposed to with the general population...You've got to trust Aboriginal leaders to be representative of their people and there was a pretty broad scale interaction with the leaders. SH34EK*

*Now in regards to the cashless debit card, we were all pretty much taken aback because there was no consultation to the community members of the community. Of course, everybody was very angry and frustrated and didn't know what the cashless debit card was, what they would do with it or was at the same as the basic card. Having said that, it took quite a while for people to basically accept the fact that, no, this is really happening now, they basically don't have a choice. SH21EK*

*No. Nobody knew nothing about it. They threw it in their lap here. This is a test trial. It went for one year. They said right we'll go for another year. Bang, went for another year. Bang, another year. The Cashless Debit Card, ever since I've been back it's been going for bloody four years. Right. It was meant to stop last year. It's gone again. P24EK*

In addition, it was noted by several stakeholders that the government had ignored advice provided by Aboriginal Leaders on the time they needed to consult with their community members about its introduction.

*There was talks, there was a few sessions leading up to the rollout of the card. One of the things they totally ignored us was we need at least six to eight months more time so we could actually really engage the community and tell them what's happening with the card and how what the pros and cons may be. But why, and the reasoning why it was brought out. SH19EK*

In addition, a few stakeholders reported that the area's representative in the Legislative Assembly of Western Australia was unaware of the CDC trial in the region.

*The one person who was quite upset was Josie Farrer. I met with Josie about something entirely different... and we were talking about the card and she didn't know anything about it, and she hadn't been consulted, which was, I think that's clearly remiss. She was with another federal politician at the time and they were both fairly upset that they hadn't, they had no idea it happened, so it was actually rolled out and commenced before they knew, pretty ordinary. SH25EK*

Respondents indicated that a number of community meetings about the Card occurred as a forum for community members to voice any concerns about the CDC to the leaders whom initially supported the trial. However, some stakeholders and participants felt that the CDC trial in the East Kimberley had commenced without them having had an opportunity to share their opinion as to whether the policy should have been introduced or not.

*They never asked us. Oh, you've got to, I would have said no. So, they just put us all on, whoever was on Centrelink, if, bang. P14EK*

*I didn't know what it was. I didn't understand. Other people was making decisions about us. Like we didn't, they didn't directly come to us and ask us about the Indue you know and what's going to happen. They just said oh you're getting the Indue. This is what's going to happen. We said what, we don't even have a say you know. We didn't have anything to do with anything today you know. It's like they're making the decisions and we just, we just got to go along with them. P37EK*

Some respondents (particularly stakeholders) perceived the limited level of community consultation was an artefact of the way DSS undertakes engagement and consultation work. It was said that DSS operated on a one-on-one basis rather than in a group or community forum setting. The latter was reported to be a preferred meeting format for Aboriginal communities.

*The way as well that DSS tends to do the engagement and consultation is I will go to this organisation, this, this, and this, rather than doing it systematically, having a conversation in which everybody can share so everybody can step back and say, okay, that looks a little bit more like a family responsibility commission, maybe we need to think about the administrative parameters that are operating in and around that legislative change and it might result in a different approach to implementation than the one the department is, say, thinking about. But*

*what tends to happen is a very quick visit, for a week at a time, very little notice, not a lot of information and so you end up with administration policy development on the run. SH15EK*

Many stakeholders, including the Aboriginal Leaders who were interviewed, reported their dissatisfaction with the consultation that had occurred following the implementation of the trial. These respondents spoke about feeling abandoned by government after the trial commenced, particularly by senior members of government.

*I started seeing a pattern where government wasn't really then coming as frequently as they was. So we noticed at the start they had every staff member they can have here in Kununurra and they were... you'd trip over a DSS worker, that's how bad it was just to get it running. Even with the Minister...he was hungry to make sure that this come across the line, and rightfully so. You know as a Minister you got a portfolio, you got to make sure it works 'cause it's your credibility, reputation. So he was coming frequently. And then...we didn't see him, less frequent. And everyone that we knew that was here all bolted. So then they either shift to Perth I think, and some people went right back to Canberra. SH42EK*

*We never had anyone after Minister Tudge. We had one more meeting with him and he never showed his face again. Then we had, Andrew Forrest we never saw again at all and he's the one that come up initially. And since then there's been, I think this is the third minister since Tudge isn't it? And we haven't seen any of them. Even to come up here and find out how it's going themselves and yep and show that they believe this, especially you know not being hung out to dry say thank you for your support, catch you later. SH19EK*

#### **4.1.5 Reactions to the CDC**

Reactions to the proposed introduction of the CDC were discussed in the qualitative interviews. These reactions had been varied—with some respondents reporting that community members supported the implementation of the CDC, and others reporting the community did not. Also over time, reactions to the CDC were described as having changed somewhat.

##### **4.1.5.1 Positive reactions to the CDC**

Some respondents (particularly stakeholder representatives) reported that they themselves and others within their communities were in support of the trial, considering it to be part of a necessary set of policy responses required to deal with the individual and community-level social harm being generated by substance abuse issues within the region.

*It's designed to change the way people, people live, and if, and if that takes away that alcohol and drugs and money. Gives you a better quality. And gives them a better quality life then absolutely, let's do it. And if, you know if they're feeding their children, whether it be 2 minute noodles, better the 2 minute noodles than no noodles. SH38EK*

*The community, it's funny who you speak, well it's interesting who you speak to, I think that the community, probably those that are not on the card, mostly see it as a positive thing but I think that's because they're not on it. I think people who are not on it, and certainly others would see it, you know, service providers and people at that front-line response, I think by and large, would say they do think it has merit in terms of being a potentially useful strategy. SH06EK*



*It was like a good new because, for some people it's bad, but to some people it's good. Then I was like, I reckon it's good, the Indue card because it's limiting people from drinking and smoking and things like that. Their bad habits. P56EK*

Some respondents indicated that there was a lot more support for the Card and the trial in Wyndham, compared with Kununurra. There was no clear explanation given by these respondents as to why this perceived division existed. However, one stakeholder respondent expressed a view that people in Kununurra perceived that more shame and stigma was associated with the Card, compared to people in Wyndham.

*It's very different opinions between Kununurra and Wyndham. So Wyndham average person's happy with it, doesn't find it a drama in the world, think it's the best thing since sliced bread. Kununurra on the other hand, complete disaster. Everyone hates it. It's a big—they call it shame, and generally what that means is they're ashamed to be seen with it. It seemed to me. Yeah, it is a bit of embarrassment because it's a bit like if you've got that card, then you're not responsible. You're not a responsible person. It's actually quite disempowering for a lot of people. SH43EK*

Many CDC participants themselves reported that they had no problem with the trial and having the CDC. These CDC participants reported that the Card helped them to manage their finances better so they always have money for food and other essential goods.

*Yeah. It's all right for me. Like, it's right for, I don't know who else, but yeah, maybe some people like Indue card, some people don't. Maybe, I don't know. It's good for me. You spend money on, I just spend the card on feed. That's all I worry about, nothing else. Yeah, it's all right. As long as I save money on the Indue card for my feed, for the weekend. P02EK*

*When I got cash, it just go, like, I don't think straight. And then at the end of the day when I got cash, like, say I got \$200 for cash shopping, now with cash I don't have nothing left over. Now when I got my card, I still got that money sitting there for me when I want to go shop. P72EK*

A few respondents indicated that, while they did not necessarily support the CDC, they considered it necessary and that some intervention had had to take place given the social harm that was occurring in the region.

*I believe the Indue card is the same thing, so there's going to be problems. It has to be fixed, but going forward how we were was not an option, whereas the Indue card, no, it's not perfect but if you come up with something that's better, look, I'm sure everybody would listen to it but everybody that's against it, I haven't heard one person come up with a better or an alternative. SH08EK*

#### **4.1.5.2 Negative reactions to the CDC**

However, not all respondents agreed that the CDC should have been implemented in the region and there was resistance from some about the policy rollout.

*Oh they're complaining about the card, people complaining. P55EK*

Respondents themselves considered, or reported that the community considered, the CDC as being racially motivated and penalising a majority of people for a minority of people's actions. Other opposition to the CDC was based on the perception that the policy was a breach of human rights via

its mechanisms of controlling the finances of CDC participants. Some even equated the policy to historical times when Aboriginal people were paid in rations rather than cash.

*I think there's been a perception, by a lot of people, it's targeted at Indigenous people and that Indigenous people have got a trouble with drugs and alcohol and gambling, rather than seeing that as a mainstream issue. So...a lot of the conversation has been around, "This is for Aboriginal people" and even people seeing the selecting of which communities and things like that have got very high Indigenous bases. SH16EK*

*People don't feel empowered by it. It just reaffirms that you know, the government or whoever, or Centrelink, is saying you're not capable and we need to make this decision for you. SH39EK*

*Basically, why are we being singled out from everyone in Australia to be put on something that, taking away my basic human rights. Nobody else in Australia have to do that and have such strict guidelines by it...And why use us as guinea pigs all the time? Why don't they start in the city? They want to find out what people think about these kind of trials, go to the city and put it there, see if any of them will put up with the shit we have to. P64EK*

A few respondents considered the negative reaction to the trial to primarily relate to perceived delays in the provision of additional social support services that were said to have been promised to have accompanied the card. Negative reactions had also been influenced by the perception there were limited avenues available to CDC participants to have the proportion of their income support payment that was placed on their Card reviewed or to apply to come off the CDC.

*And the main criticism was the delay in the programs following the introduction. The social supports. So that was probably the most critical part of it. Otherwise, I don't think there was much feeling against the card or the introduction, it was really about what accompanied the card. SH17EK*

*The next thing I found out about it is there is no exit. There was no exit out of the cashless debit card unless, you know, you go down the path of having mental health involved to say that you're depressed. Now I wasn't going to go down that path and I refuse to go down that path. I could have got off the card probably four years ago because of how it would affect me but I wanted to make a point that I'm not going to go down that path and so I've silently, not exactly silently, but I haven't signed or activated the card, you know, for all of these reasons and after a year of the cashless debit card, after a year, never signed it, never activated it, never had one cent of that money go into my account except for the 20 per cent into my account. P67EK*

Many CDC participants themselves reported that the Card resulted in them feeling degraded and experiencing a lack of autonomy and control. The introduction of the trial had led to some members of the community moving away from the region in an attempt to avoid being placed on the Card. Respondents also noted that some people who had moved to Kununurra or Wyndham during the CDC trial were reluctant to inform Centrelink of this change in residence as they did not want to go onto the Card.

*And I'm aware of people who have relocated here, who still keep their address as Halls Creek or Balgo or whatever because they don't want to be subject to the card. Because once you've got it, it follows you. SH01EK*

*I was told that the cashless debit card was coming in and, you know, so I was devastated that my financial control is being taken away. P67EK*

Some respondents considered the trial to have increased existing racial tensions within the region. It was suggested that beliefs were held within the community that, while targeted more broadly, the Card was actually aimed at Aboriginal people experiencing substance abuse issues. It was considered that non-Aboriginal people who also received the Card felt resentment about this, which was perceived by these respondents to have subsequently increased tensions between Aboriginal and non-Aboriginal community members.

*I think it's really divided the community between those on it which are primarily Indigenous people and those that aren't, which are primarily non-Indigenous people and that's not something that Kununurra needed was more division. So I think at a community level it's really kind of just done an 'us and them'. SH14EK*

One group who were considered by respondents to be disproportionately subject to negative community reactions about the implementation of the CDC trial in the East Kimberley were members of the leadership group who had supported its introduction. Members of this group were described as having experienced personal and sustained attacks due to their position on, and support of, the Card. The personal toll this had had on these leaders was said to have been enormous.

*We were the leaders in the community and then all the time we were targeted, you know because they, the people were thinking that we put it in place but it was the government because the government wasn't very transparent with the fact that they did put the reform in place for the community. The government did it, not the leaders. But it was us, the leaders, who were sort of reprimanded for the actions that happened in the town. SH37EK*

*A lot of the local leadership who absolutely still 100 per cent support it and think it's a good thing have copped significant amount of that flak themselves for standing up as a strong local leader to say this is what our community and our people need so I absolutely admire that. SH10EK*

#### 4.1.5.3 *Changes in reactions to the CDC over time*

The majority of respondents reported that community responses towards the trial had become less negative over the trial period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested that people had become used to the Card and had worked out ways to manage adequately within the parameters of the Card. The perceived stigma associated with being on the Card was also said by some respondents to have decreased.

*Yeah, I think it's fading into the background. At first, people were approaching it like, "We can get rid of this thing if we shout and stuff". Now people just accept it as just like the sun comes up, it just is, it just is. Some people wish it wasn't. But tomorrow might be raining, wish it wasn't but we don't pretend that it's not going to rain. SH18EK*

*People have largely incorporated it now. You don't hear a lot of talk or grumbling about it, necessarily. I think that's because people are kind of resigned to it, not because they're happy with it. They're just like, "Well, this is how it is". So their focus is workarounds. SH12EK*

It was evident in a few CDC participant's narratives that they had changed their view of the Card over time because they had experienced positive changes in their behaviour.

*At first, I was angry because a big chunk of my money got put into this card, but then gradually, I started realising that it is handy because most of the people just blow all their money in one go and don't really think of the important things. P61EK*

Respondents noted, however, that when the CDC became the focus of media attention, or when people (including researchers) visited the region to speak about the Card, debate within the community about the CDC increased.

*Look it's been quite mixed and it does kind of, it waxes and wanes. So there seems to be times where it, you know, fires up again. And I can't quite pinpoint what those fire up times are but there's been moments where it's back on the agenda and people are talking about it again but for the majority of the time it just seems to be, it's just ticking over. SH10EK*

A few respondents indicated that there were people who remained unhappy with the CDC and that in some instances this discontent had grown over time. Continued dislike of the CDC was largely due to perceptions that the CDC was a breach of human rights and a discriminatory social policy. However, some stakeholders considered that it was also due to a perceived breach of promises made in relation to the implementation of the CDC.

*I would say anecdotally that people have turned more and more against it. Again, it probably comes back to those promises that weren't kept especially around things like being able to get down to the 80/20 split. People have been able to do it but barely anyone's been able to do that. The community has been hard to deal with. SH14EK*

*But it was the third condition that we weren't too happy with, is that after like meeting with Mr Tudge and we said we support it on these conditions, within a month the card got rolled out and then we got told after the card rolled out that restrictions could only go into 50 per cent, no one's going to get taken off the card. So we've had some of those leaders have turned around now and don't support the card and I think there could be various reasons. My thinking is that it's because of that third condition not being complied with or meeting us with the third condition. But it has now happened. After two senate committee hearings and myself and others saying the same thing over and over that you know there's community members out there who we don't think should have been put on in the first place, but if we had eight more months of consultation maybe that could have been worked out prior to the card coming but it didn't happen. SH19EK*

## 4.2 Perceived impacts of the Cashless Debit Card

The CDC aims to help address the social harm caused by welfare-fuelled alcohol, drug and gambling misuse. The perceptions of respondents as to the impact the CDC had had on these three issues were a key focus of the in-depth interviews in the East Kimberley trial site. However, there were mixed views as to whether the CDC had fulfilled its intended aims since the introduction of the policy three years earlier.

Further perceived impacts of the CDC—including those relating to financial issues, crime and family violence, child welfare, health and well-being, autonomy and control, stigma and shame, employment and training, and local organisations—were also discussed and the findings relating to these are outlined below.

It is important to note that the CDC was introduced at a time when several other policy reforms and interventions were occurring in the East Kimberley (see Section 4.1.3). This makes it more difficult to determine the direct impacts from the CDC policy alone, as these other reforms and interventions also affected social conditions within the region. The findings pertaining to the perceived impacts of the CDC which are outlined in the sections below, should therefore be read with this caveat in mind.

### 4.2.1 Alcohol use and misuse

Respondents most commonly discussed the perceived impact of the CDC in relation to alcohol misuse and its associated social harm within the East Kimberley. Stakeholder representatives and CDC participants were divided, however, as to whether the implementation of the CDC had contributed to any beneficial impacts on levels of alcohol misuse or not.

While it was acknowledged that alcohol misuse continued to be a problematic issue within Kununurra and Wyndham, around half of all respondents reported that the CDC had led to decreased spending on alcoholic beverages. As a result of a proportion of CDC participants' income support payments being placed on the CDC, some CDC participants were now said to be prioritising the spending of their welfare payments on food and purchases for their children rather than on alcohol.

*Since the card...we still have alcohol issues, but it's not as bad as it used to be when everybody had free reign to mismanage their money. SH41EK*

*Drinking did actually slow down a bit. Like way more. And because the money's going straight on the keycard, especially when you've got a bit of a few cans in you, you just go overboard, so it's like a good balance. It's like controlling. I find it good because sometimes people do get carried away and buy up too much and realise you know, there's not enough money for tucker. So it's good and it's limiting people to have a certain standard. P23EK*

*Much quieter. There's hardly any drinking. People eating food you know...Kids going hungry [before] you know....Now everyone's full with food. P37EK*

As a consequence, these respondents reported that levels of alcohol consumption had reduced in the region since the commencement of the CDC trial. Around a fifth of the CDC participants interviewed provided personal examples of the positive impact the CDC had had either on their own drinking or that of close family members.

*'Cause I was a bad drinker, sometimes I couldn't control how I spent my money and stuff. So, I would waste it and then sober up and think, "Where's all my money gone?" I think now, on the*

*Indue, I find it good for me 'cause I still have that money there if I spend all my cash...I probably drink once a week. P59EK*

*I don't spend too much money on alcohol. I like to spend money on my food than alcohol, my food and my supplies what I need. And I can do all that with my Indue card. I get my little bit of money in my bank account, I can spend that... Before I got this Indue card there was a lot of money going into my Centrelink payment going into my keycard...I used to get over \$500 cash for myself, but that money could go like that in one day. P09EK*

In particular, respondents described that there had been a considerable reduction in the incidence of public drinking and drunkenness. Moreover, alcohol-related aggression, violence and trauma (both self-inflicted and towards others) was also reported to have lessened since the implementation of the CDC.

*I think some of the other people need it because, the main ones are just on the street drinking. It slows some people down in this town from drinking and that...I think that it's good that most of the things are slowing down, like everything is slowing down now. When I first moved into town it just was, drunks nearly every day, it is but it's really slowing down. P50EK*

*I feel that the shift in workload has shifted from alcohol related trauma, both self-inflicted and assault based to medical cases. I feel that there's been a definite shift there and hand in hand with an overall reduction. Not a drastic reduction, but nonetheless, significant. SH40EK*

Respondents (most commonly by stakeholder representatives) also discussed other interventions to address problematic drinking behaviour within the East Kimberley that had also been occurring alongside the CDC. These interventions included the Alcohol Accord and Takeaway Alcohol Management System which limited the amount of alcohol an individual could purchase and placed restrictions on the opening hours of local bottle shops. Perceived reductions in alcohol misuse were considered by many of these respondents to have been the result of the CDC and other local interventions working in tandem.

*I think they'll all impact on each other...At the end of the day maybe the best solution for us is a combination of all of those things working together and getting the right balance. But yes I'm sure that things we're doing over here with alcohol and alcohol management probably do affect and change behaviour in terms of people who are on that cashless debit card. SH11EK*

In contrast, around half of all respondents felt that access to alcohol and levels of alcohol misuse in the region were unaffected by the CDC. Some CDC participants reported that the CDC had not changed levels and patterns of drinking for themselves or their family.

*My participation in the alcohol accord suggests that there hasn't been any tapering off of volumetric sale of alcohol. So it still being bought and still being consumed. SH15EK*

*I see people doing the same thing...Alcohol, that's the main thing here. I've been around seeing my family drunk all my life. There's either one family member drunk. No change at all. It's still the same. P53EK*

While some of these respondents described public drunkenness as still occurring, others expressed a view that it had reduced but speculated that more drinking may now be occurring behind closed doors.

*There are less people passed out on the lawn asleep in the park and other things...Now whether all we've done is shifted the problem from a public view to a private view, and maybe these things are still occurring but they're behind closed doors, I don't know. SH11EK*

Despite the CDC restricting the amount of money one could use to purchase alcohol, respondents reported that CDC participants were still able to easily access alcoholic drinks. This was said to be occurring through the use of the cash component of the CDC, the sharing of cash funds between family members and friends, and the humbugging of cash or alcohol from others in the community.

*The people who are dependent on alcohol, they find their workarounds, they get their grog. SH12EK*

The intermittent receipt of royalty payments, which were received directly by some CDC participants, was also considered by respondents to encourage a continuation of excessive drinking behaviour.

*A lot of money that comes into this town is through royalties to mining companies, that seems to be paid out as cash and it overwhelms anything we might have achieved with the cashless debit card. When it hits it's lots of money...People just get drunk for days and everybody's drunk. SH18EK*

*We have periods of quietness where there's no cash available but when the royalty money is paid there's so much drinking and violence associated with that, so there's still access to cash. SH27EK*

Furthermore, respondents reported that CDC participants were able to work out ways to access more cash than that available through the CDC. For example, the use of workarounds to the CDC were reported to be occurring as a way for some CDC participants to obtain alcohol. Card workarounds included the trading of goods to access cash funds for alcohol. These reported workarounds are discussed in more detail in Section 4.3.2.4.

*When I'm down town and I've got a bit of cash on me, some people who's really alcoholic could say, "Can I borrow \$60. I'll give you \$60 on my white card", you know? And I was like, "No, I'm not going to support you and for your life to go shorter and shorter". They still do find a way to get the cash. P12EK*

Respondents also reported that the purchase of alcohol with the Card outside the East Kimberley trial site was occurring. In addition, some CDC participants were reported by respondents to be utilising pre-existing black market ("sly grogging") networks to access alcohol.

*BasicsCard you can't buy alcohol. With this card you can...I seen that in Derby lots of time...It's just like your normal card. It's not like restricted at all. P57EK*

*I don't think the card has done anything to alleviate that whatsoever. I think it's driven it more underground. I think it's made it more expensive on the black market. It's definitely dealing with the symptoms and not the cause of why people are turning to alcohol, why are people gambling. It's just like oh well, we'll just cut them off. We'll stop doing it. We all know that won't happen. People will just think of more imaginative ways to do it. SH14EK*

For some respondents then, the CDC was not seen as effectively addressing problematic alcohol consumption and associated social harm in the region. In order to overcome their addictions, some respondents considered that people had to first want to change their own behaviour. The CDC by itself

was therefore perceived to be unable to impose lasting change for those with entrenched alcohol problems.

*They never stop anyone from their drinking, no. And they're still the same problem there. This is like the government using it as a Band-Aid to say they're doing something about our so-called problem. P64EK*

*The thing is see before the cashless debit card these people were drinking there, there and there forever. Just because this has come in they're not going to go "oh"...You're talking about an addiction...You can't change one aspect and then it's not, because the addiction hasn't been, the addiction hasn't been dealt with...If you make it hard all you do is just make it hard. It doesn't effect change. SH38EK*

Some stakeholder representatives perceived a need for wraparound services, which could address the underlying reasons for alcohol addiction.

*From what I understand there's been, there's no reduction in the level of alcohol abuse in the community...because when people have addiction they will do what is required to meet those needs...And really, there needs to be funding around the sort of holistic stuff around why someone has an addiction or, you know, planning around that for the community. SH39EK*

#### 4.2.2 Drug use and misuse

Around a quarter of respondents discussed their perceptions of the impacts the CDC was having on illicit drug use in the region. As with the issue of alcohol misuse, respondents' perceptions were divided as to whether the CDC had had a beneficial impact. Some respondents reported that illegal drug use had decreased since the implementation of the CDC.

*There's not so many drugs coming into town because people can't afford it on this Indue card. You know they can't afford to buy an ounce or, you know, buy this and buy that so, and they can't, they don't want to use money from their bank card because they want to buy alcohol with it...With the Indue I think they stop a lot of people from buying drugs. P36EK*

*I've seen a few people in town who used to smoke marijuana and...like the Indue slowed them down a bit...But there were few actually stopped so actually it's helping people in quitting wise for that. P23EK*

Examples of the positive impact of the CDC were provided by CDC participants and stakeholders. These respondents considered that the restricted availability of cash had encouraged some CDC participants to reduce their drug use and address their addictions.

*You do need to buy food and stuff and that sort of thing. Because I do drink alcohol and smoke gunja myself and cigarettes. So instead of me wasting money, with the card, you can't buy them things. P05EK*

*There was a young fellow, he's about 21, 22 that approached us not long after the card came out and said he's still against the card but the only good thing he's seen that come out of the card is that he could not afford to buy Ice anymore so he's given up Ice which to us was a bloody great story. SH19EK*



However, other respondents perceived that levels of drug use in the region were the same as prior to the CDC. A few respondents considered that illicit drug use had worsened over the previous three years. However, these respondents had mixed views about whether this perceived increase in drug use was associated with the CDC or with broader social issues still affecting the community.

*I don't think there's been any reduction in drugs. Because there's a lot of intake of marijuana here. And it's reaching young kids...We really need to tackle it, we need to get on top of the issue because it's just becoming a joke. SH36EK*

*There has been an increase in Ice in town as well. That may have been a factor but again, I think when you take access to alcohol away, people with an addiction are going to look for whatever they can get. If access to Ice is cheaper and easier, they're going to do. SH43EK*

Despite the restrictions imposed by the policy, interview respondents considered that many CDC participants with an addiction were still prioritising their drug habit and were managing to find the funds to support this. The use of the cash component of the CDC and the monthly transferring of additional funds from their Card were said to be enabling the purchase of illicit drugs for these CDC participants.

*With the bit of money going there they still buy alcohol with it. And drugs. P31EK*

*The alcohol issue. Drugs. But people still find a way to get cash you know? They transfer from the Indue to their account and we've got rights to do that. P01EK*

### 4.2.3 Gambling

A third of respondents discussed their perceptions of the impacts of the CDC on levels of gambling within the East Kimberley trial site. While there were mixed views, slightly more respondents reported that gambling had reduced since the introduction of the CDC, compared to those who felt there had been no change.

Within Kununurra and Wyndham, respondents indicated that informal card games was the main type of gambling activity. The incidence of public card games (either in the park or at the front of houses) was reported to have declined since the start of the CDC trial by some respondents.

*The gambling one, I mean I think it has lessened...Thinking back on probably the past eight months or so, particularly the usual spots, I haven't seen as much. There's still some occasionally at the park. But in terms of those sitting out of the front of houses, where they were gambling...You'd see them all the time, usually the ladies and the kids are kind of off to the side. I haven't seen it for a long time. SH10EK*

*Gambling [in the park], it's stopped now, most of them must be in their house. It has settled right down. P50EK*

Several CDC participants reported that their own participation in gambling activities had decreased since they had been placed onto the CDC.

*When I was in NT, I still had some cash, you just go crazy about gambling...I've been a worse gambler all my life but ever since Indue came, I thank God for Indue because, you know, it settled down, I don't even think about gambling anymore. P68EK*

*The gambling just went down a bit...Oh, yeah, it changed my life because I used to play cards but I don't play anymore. Yeah, I just don't feel like playing now. P22EK*

Some respondents considered that reduced access to cash under the CDC meant that the funds previously used by some CDC participants to support their gambling habits were now being directed towards spending on essentials such as food.

*No-one don't have any money to gamble. P29EK*

*The gambling's cut down. Everything has settled, everything has cut down heaps. The drunkenness, a lot of has died down on its own after this was introduced. People are starting to buy food, more food...It's waking them up a bit too, realising that there are more important things than alcohol, gambling, everything else. P61EK*

However, not all respondents perceived that the incidence of gambling had decreased since the implementation of the CDC. Some respondents reported that levels of gambling remained the same as before the CDC. Through the use of the cash component of income support payments or the reported utilisation of card workarounds, some CDC participants were said to be continuing to participate in gambling activities.

*Gambling has really picked up again recently. You know of card games that happen around town, but it wasn't ever really in your face. But the last couple of months [in] White Gum Park, because I live near there. The last couple of months there's been several games, massive games going there on a nightly basis. It's insane. There'll be hundreds of people there in that park. There'll be a few different games going on. Lots of money. SH43EK*

*The gambling hasn't slowed down, you go out to the park whatever, they're gambling \$100 a round there. I don't know where that money is coming out from but this card isn't stopping the gambling. P07EK*

Furthermore, some respondents reported that the local police had become more active in breaking up card games which were held in parklands and moving these people on. Occurring concurrently with the CDC, this police activity was considered to also be impacting upon the occurrence of public gambling.

*It's slowed down gambling, nobody gambles here. Nobody gambles here. Even if they go sit with a park and get a packet of playing cards, the Shire is all over them...You look now there's nobody there because the police and the Shire instantly just close them down. P52EK*

*There was a lot of gambling in the park. That did come back up at a certain time this year...But I think the cops cracked down on it just recently, the one that started up again. P60EK*

However, some respondents questioned whether gambling behaviour had decreased as a result of this police activity or if it was instead now hidden and being conducted away from public areas.

*It's absolutely bullshit because it doesn't work...When the police moved the gambling out of White Gum Park that was happening six months ago it all went to this house in a park opposite my house...became a casino for six weeks. Every night 4:00 in the morning, every night yelling and screaming...We had these gambling sessions going on until 4:00 in the morning, you know all night. P67EK*

*It hasn't impacted much on the gambling. As we're local people we know where they gamble but they don't do where people can see them basically. They still play cards...and they just like mould into their money situation. SH23EK*

#### **4.2.4 Financial planning and management**

The perceived impacts of the CDC on financial issues were very frequently discussed in the in-depth interviews by both CDC participants and stakeholders. These discussions centred upon three key issues: financial planning and management (outlined below), spending patterns (see Section 4.2.5) and financial abuse and humbugging (see Section 4.2.6).

A majority of respondents felt that the CDC had had a positive impact on the ability of CDC participants to manage their finances. Many respondents reported that the introduction of the CDC, which placed a proportion of CDC participants' income support payments on the Card, encouraged participants to take more responsibility for their financial situation. As a result, some participants were budgeting more effectively and had better control over their finances.

*They prioritise a bit more, being on the card...When we do get them on their paydays, they do school stuff like paying for uniforms and taking them to get school supplies and shoes and stuff like that. You can see that the parents are like, oh, well, I can pay that with my cashless debit card. And that's a difference, if they had cash, don't think they would be as willing to pay those things. SH09EK*

*You used to go outside our shop and there'd be always 10 cents, five cents, 20, whatever, just money just thrown around. Just not there anymore, you know what I mean, so it's just a funny little anecdote going through. But, I think they do probably sort of respect that money that little bit more. SH28EK*

In particular, some CDC participants reported that they were now more able to keep track of their spending and had adequate funds available for essential items until the next payday.

*When it came out if came it I found it fantastic. It means I get to spend what I want. I can shop and still have money...Manage our money properly. P37EK*

*It is good that you get to go to the shops and still have money in our card if we didn't budget it properly and save it and stuff. I bought a bouncy castle for my daughter. Before I couldn't buy it with cash money because I would spend my money too quick before I even get to the shops...With the Indue card I've been budgeting my money now and I get to buy whatever my kids want without spending it the wrong way. P47EK*

A few stakeholders also noted that the establishment of financial management services through additional funding associated with the CDC had also assisted CDC participants in the development of improved budgeting skills.

*It has helped some people budget because some of the services that were attached to this did help budgeting and did actually provide services that people didn't have before. So I'd actually say probably the services that are associated with that have actually been quite helpful to build people's skill bases and address issues. SH16EK*

Moreover, while acknowledging the challenges of living on income support payments, the ability to save a little money each month was considered by respondents to have had improved with the

introduction of the CDC. Some CDC participants themselves reported that prior to the CDC they had struggled to keep any money aside for savings. Examples of utilising the CDC as a tool to save money in order to buy large items such as cars, toys and white goods for the home were described.

*Some people have been saving their money in their CDC card and purchasing bigger items. It's working. It's like that kitty, that savings. If they look at it like that and they're obviously, some of them, if they're not drinkers or they're not spending all their money in one go, it can be that kind of savings holder. SH41EK*

*They even buy motor car. They buy motor car with it. They tell them to put the money in the Indue card. They use it a little, it's just like a saving for them...Well bang, they got that money in there to buy a car, a four wheel drive for themselves, for their family. It's just like a saving, a bank. P58EK*

However, not all respondents perceived that the CDC had had a beneficial impact on financial planning and management. Some respondents reported that the CDC had adversely affected the ability of CDC participants to manage their finances. These respondents' concerns centred primarily on their perception that there was insufficient access to cash under the CDC. The ability of CDC participants to provide money to children (e.g. for pocket money, and school lunches and excursions) was a common difficulty, that was noted especially for boarding school students.

*I normally give the little boy \$10 or \$5 for his little pocket money and I can't even do that now 'cause of the Indue card and he finds that frustrating with me. He thinks that don't like him because I'm changing now because of the Indue card came out and he doesn't get his pocket money anymore. P56EK*

*I worry about my children, that my daughter will be going next year to Perth for schooling and I need money for her. I can't send money away to her for her schooling, and that will be a problem for me. I'll be worrying and I'm taking another son away next year. P25EK*

The capacity for families to attend community activities and events was also considered by some respondents to have reduced after the introduction of the CDC. While some of these activities were reported to have begun to accept the CDC, these respondents reported that this remained an issue.

*You've got sideshows, things like that coming into Kununurra, you've got parents asking around, "Is there any cash? I'll give you my keycard". There's no cash for the sideshow, you know, for kids...The kids are suffering. P43EK*

*There's also not a good side to it as well. Because parents don't have cash for their kids, and they want to go to the shops and buy stuff...When the sideshow comes as well, you have to have cash on you. And also at the leisure centre, the swimming pool, that as well. You need cash for that. SH04EK*

With reduced access to cash, a decreased ability to purchase second-hand goods (at garage sales and on online sites such as the Facebook Marketplace or Trading Post) was also reported by respondents to be occurring with the CDC. Respondents considered that this negatively impacted upon the financial situation of CDC participants as they were now compelled to purchase new—and therefore more expensive—items.

*The bit that they often don't like is because a lot of them garage sale. They do their garage sale stuff and so they don't have enough of that cash to be able to garage sale to get the*

*bargains. So you know they might, they could have gone round the corner and got towels for three bucks but now they'll have to go to Target and buy the new towels, pay the full price because that's the only access they've got for that. SH10EK*

*My biggest issue at the moment is doing up a bedroom for them and I was unable to do that before with the Indue. Because a single bed cost us almost \$400 at the shop and there's ones for \$100 on Facebook that you can buy it from somebody else...You can't buy second hand and the majority of the people that's not on Indue through Facebook wouldn't want, you can't go there and say here you can have the Indue card. They'd be like I don't want that, we need cash. P60EK*

While an improved capacity to save money under the CDC was reported, some CDC participants expressed concerns and uncertainty about the processes which had been established to access this money.

*It's really hard mainly when I get all thousands in it, because I got my own license and trying to get a car out of it, I can't because the Indue, you need to transfer to someone's account and don't know how long it takes. You can't with the amount that you want. P50EK*

Some respondents considered the processes of the CDC to be complex for some CDC participants, who had previously had a preference for, and had been used to, dealing with their money in cash. For example, the management of two different accounts (the CDC and regular bank account) was difficult for some CDC participants. Issues had been encountered with managing two separate cards, PINs and funds.

*But sometimes I forget you know, all my details and stuff...Sometimes even for PIN numbers I just go blank and forget PIN numbers. P01EK*

*The chap I was just talking to, he just stressed so much because when it came out they had to remember which one was a credit card and two PIN numbers. He couldn't cope with it at all. He came up to my place on a Sunday morning in tears. He couldn't pay for his—and he was just messing up the card at the shop. Of course, he blocked himself out of everything. He couldn't pay for what he wanted. SH46EK*

Challenges were also reported by some respondents regarding the payment of bills under the CDC arrangements. This included issues regarding rent and car payments which, in several examples, were reported to have led to people falling behind in their payment schedule and encountering more debt. For these respondents, there appeared to be a lack of awareness of the assistance that the CDC local partner or the CDC Hotline could provide to amend 'other expenses' and housing payment limits.

*My daughter though, got evicted from her house because of the white card. Because the payments, you can only do a certain amount every 28 days. She set it up for the 28 days, but...it started getting mucked up, and then she'd call and ask, "Look, I need to either boost it, you know, make it a higher amount or whatever," and sometimes they just didn't get back to her and everything and she ended up with a \$2,000 debt, and she just had to give the house up and she moved back in with me. P44EK*

*A lady had a direct debit coming out and it was supposed to come out of the Cashless Debit Card; before that it was coming out of her bank thing, where she didn't have enough money. Then it would have to be topped up....She had been charged overdue fees on her ordinary card and everything because it wasn't getting paid and like they were trying to pay it, throwing it*

*from one card to the other. More and more into debt, plus the thing hadn't been paid. There's been a few people that have had direct debits that it's very hard to control that between the two cards for a lot of people. SH46EK*

#### 4.2.5 Spending patterns

Respondents were mostly positive about the impact that the implementation of the CDC had had on the spending patterns of CDC participants. Many stakeholders and CDC participants reported that the CDC was encouraging greater levels of spending on essential items and especially food. It was frequently observed by these respondents that the local supermarkets were busier and that, rather than just purchasing a few food items, families often had full trolleys of shopping. It was further noted that some CDC participants were now buying healthier food for themselves and their families.

*They always go into the shop now and buying food you know and not like before when they had cash. They'd just pass the shop and going to the bottle shop. P37EK*

*After it was rolled out, we did have some conversations with some of our supermarkets and food outlets, and they certainly had an increase in much healthier foods and things that were being bought. There was an increase reported across the board of Aboriginal people purchasing more and better food. SH22EK*

In addition, respondents reported increased spending on other essentials, such as bills (rent and utilities), household items and white goods. As discussed further in Section 4.2.8 below, the children of CDC participants were said to be particularly benefiting from this outcome and were reported to be more likely to now have new clothes (including school uniforms), shoes and toys.

*People don't seem to be lacking in food so I think that's certainly a positive for Indue and people don't seem to be running out of power either as much as before. P39EK*

*Simple things like maybe the increases in Coles shopping trolleys, increases in kids with a scooter, increases in kids with new clothes, maybe that...I know I was thinking about it the other day and remembering when I was first up here and you never saw evidence of kids being bought things like that. SH03EK*

Placing a proportion of income support payments on the CDC was therefore considered by many respondents to be successfully encouraging the prioritising of spending on essential items. Thus, it was seen to act as a barrier to the spending of funds on non-essential purchases, most notably alcohol. Several CDC participants gave examples of how being on the Card had changed their own spending patterns and assisted them in reducing their spending on alcohol.

*[Before] just spending it, spending it on alcohol. Now it sort of, you know, you'll just limit what to spend. P38EK*

*From what I've seen I think that the white card has actually improved a lot of the families here, 'cause on a Sunday you'll see, even the mob that don't have kids and that, and they'd usually be drunk on a Saturday, but they've got their money in the white card so they are there and they're doing shopping, and when I was a kid I didn't used to see that very often, you know, and it's like, this is what it's supposed to look like. P44EK*

*I remember seeing, about a year after the card had been in, the sales figures. I think, from memory, the grog shop had dropped about 30 per cent and food sales had gone up 40 per cent*

*in the supermarket...We saw the figures that showed one dropped, one rose. It's exactly what we wanted. SH31EK*

## 4.2.6 Financial abuse and humbugging

The occurrence of financial abuse, fraud and exploitation with the CDC was reported by some respondents. While a few of these respondents suggested that elder abuse had been occurring prior to the implementation of the CDC and was unchanged, others felt that older people had become more vulnerable to financial abuse since the start of the CDC. Elder abuse was said to be occurring for two groups of older people—those participating in the CDC and those receiving Age Pension, who were outside the auspices of the CDC.

Respondents considered that some of the older cohort participating in the CDC trial were less familiar with the use of bank cards and modern technology. As a result, these individuals needed more support with managing their Card (e.g. checking their balance, remembering their PIN) and were therefore considered to be more vulnerable to family members taking advantage of them. Examples were provided of older CDC participants having their Card stolen or money transferred from their CDC account.

*There's a lot of elderly abuse, even these nanna's have cashless debit cards, you know, which is good. But, their family members, their nieces, the granddaughters, the grandsons, take the card off the old people and spend it. And I go, well, where is your card? Oh, my niece has got it. Why has your niece got the card? Oh, I gave her the card to do some shopping but she never came back. SH26EK*

*Bad things about the card, a lot of people get it stolen. A lot of the families, like a lot of the old people get ripped off. Some of their families take their card and just spend all the money...It happens all the time. There was a case where a grandmother had to take her grandchild to Court because she stole her Indue card and spent all the money. So, had to tell the police, police had to report it and luckily, Indue gave the lady the money back because they investigated it. P61EK*

Some respondents expressed perceptions and concerns that Age Pension recipients, who were not CDC participants and therefore did not have a proportion of their payment placed on the CDC, were now being more frequently targeted for cash. To allay this issue, several stakeholders reported that older people receiving Age Pension were being encouraged by those around them to voluntarily opt-on to the CDC and that some had chosen this option.

*I think the old people, though, they're finding it hard, the pensioners, because they get cash, so the other families that are on the white card will sometimes threaten the old people for their cash; they get a really hard time for their cash. P44EK*

*Once over a certain age they don't have that cashless [card], unless they opt to have it. So then a lot of the elders have actually been suffering, that was recognised straight away. So I think there was a big move to get, because it was something that looked like it was going to stay in that they actually signed a lot of the elders up. So then they weren't getting that elder abuse, put in that situation. SH44EK*

In addition to some respondents' perceptions and concerns that elder abuse was occurring in relation to the CDC, broader instances of financial fraud were reported by some respondents, with personal examples provided by some stakeholders and CDC participants.

*My family was actually robbing me, getting my details, my email address and password for the Indue, they go and use another phone and they put my email and password in their phone so they can steal money from my account. I actually put a stop on that, on my family from stealing money from me. I told them I am really struggling you know, I have three kids, I don't have a mother or father to see in this world to help me, I am struggling, I am a dependent woman and I really needed this money in the Indue card for my kids. P49EK*

Two primary methods of financial fraud were described by respondents. Firstly, the stealing (and subsequent use) of Cards was reported. Secondly, the online transfer of CDC funds was said to be occurring without the permission of the account holder. Those individuals who needed assistance from others to manage their Card—for example, older adults and people with disability—were said to be particularly vulnerable to this latter form of financial abuse.

*If you don't spend over \$30 you can just put it in the machine without pressing any numbers, PIN number. If somebody steal your card they can just go and buy something under \$30. P71EK*

*As with all banking financial institutions, if someone gets a hold of your bank details or your account login details, anyone can access your accounts and transfer money over. The same being with the cashless debit card. That's another thing that you see...Unknown to them, they reach out and ask for help, but people tend to take advantage. Family. Friends. SH24EK*

Furthermore, some respondents perceived that CDC participants were being exploited. In order to feed their alcohol or drug habits some CDC participants were reported to take part in card workarounds or sly grogging. As a consequence of these actions, CDC participants were considered to be being financially disadvantaged and not having money available to pay for essentials such as food. These issues are discussed in further detail in Section 4.3.2.4.

*So people they go and trade and...they'll say well if you buy me a carton or you buy me a bottle of wine or whatever you can get it out of my Indue but you can spend an extra \$20 or \$50 and people are doing it...and they're spending all that for something that doesn't cost as much as they're spending out of that person's card, so they're ripping them off at the same time. I know somebody who bought somebody a couple of bottles of wine and then they said oh my pay go in there, this old person and he had over \$900 in there, she's spent the lot. P07EK*

*The biggest issue we have at our local accord is from a sobering up shelter and every month they complain about people selling alcohol on the black market and the price of alcohol on the black market is so expensive and they're complaining about that, that that's actually eroding people's money because the alcohol is too expensive on the black market...The police are powerless to do anything about it. SH08EK*

Respondents frequently discussed humbugging—i.e. demands for money from others—and their perceptions as to whether this had increased or not with the CDC. Despite the reduced access to cash under the CDC and the restrictions placed on the purchase of alcohol, only some respondents considered that humbugging was now occurring more frequently than before. Working people and older people on the Age Pension were considered to be especially targeted for money. It was reported that some people were opting to participate in the CDC as a way of avoiding humbugging from their relatives.

*For them [CDC participants] the humbug has been cut down significantly. Whereas for the old people, not so. So they've inherited that drama, because they're the ones with the cash, access to cash. SH35EK*



*I've seen a few people opt in, not a lot. Some of our own staff opt in...About six of our staff have chosen to access it...and purely to protect their money. SH01EK*

While some respondents perceived no change in the occurrence of humbugging, a majority of respondents reported that the incidence of humbugging had decreased. As CDC participants now only had limited access to cash, they were now considered better able to refuse requests to borrow money.

*People can't ask you to lend them money because you can't get the cash out for starters. And also people can't ask you to use that to buy alcohol as well. P39EK*

*I've had personal experience of particularly older people being glad of the card because it's taken care of and they don't have to face the daily embarrassment or heartache of saying no when they know that they've got cash but they just can honestly say "I haven't got any cash" and so they're able to manage their money a lot better. SH27EK*

Many CDC participants provided personal stories of how, as a result of being on the Card, they could decline demands for money from family members and therefore manage their own finances better.

*Best thing is you don't have to give out money...Some people was asking me, "Oh, any money?" and I said, "You know we're on that card now? We can't get out money," which is good. You know, that's a good thing. You don't have to support their bad habit. P22EK*

*I really like the Indue card because it's helped me save money for when I really need it and there's no humbug. I can actually budget my money. P49EK*

#### **4.2.7 Crime and family violence**

Many respondents discussed their perceptions of the impacts of the CDC on crime and family violence in the East Kimberley trial site. The majority of these respondents perceived that the CDC had not contributed to improving rates of criminal activity within the region. Some respondents reported that crime rates were unchanged since the CDC was introduced.

*Kids doing the same thing. Breaking in, stealing cars. The card or without the card. P55EK*

*Certainly from my experience, we have our own places in [ORGANISATION] and they get broken into, and I've been broken into personally, and the kids knew where to look for money and went looking for money straight away. And that's before the cashless debit card was introduced...They were already breaking in. It does go up in waves, and sometimes it's bad, sometimes it's not...I wouldn't think it's gotten any worse. SH17EK*

Most respondents (and particularly those living in Kununurra), however, thought that crime had increased over the previous three years. This perceived increase in criminal activity was said to be centred on anti-social behaviour and crimes committed by young people. A rise in the incidence of break-ins, car thefts, assaults and robberies were noted.

*The crime rate in Kununurra, I don't know whether statistically it can be proven but I think it went downhill after the cashless debit card came in. The crime rate increased because kids were desperate. P67EK*

*The severity of the crime is increasing by the young people in this community. They're stealing a lot of vehicles and joy riding...There's broken windows. There's people's houses that are being*

*broken into, but also trashed. Which never used to be, they'd break in for food and cash, but there's actually been quite some horrific trashing of houses...It's probably the same group of 30 young people that are causing the problems. SH29EK*

Mixed views were expressed as to whether this reported criminal activity was directly related to the implementation of the CDC. Some respondents (mostly CDC participants) expressed the view that the perceived increase in crime was the consequence of young people having less access to cash from their parents under the CDC. It was therefore assumed by these respondents that they were stealing in order to obtain cash funds.

*Theft has massively increased. Break-ins massively increased. Vandalism, hugely increased. We've had sexual assaults going on. I'm not saying that this is all due to the Indue card, but it's certainly been a bit of a catalyst to this, I think. I think it's played its part...Before kids would be given money for whatever; to go buy food, to go buy toys, whatever they wanted to do. Now, because there's reduced cash, they're not getting the cash, so they're going and breaking in to get cash. SH43EK*

*The biggest issue that we had since the Indue had come out, there's been a lot of theft going on around the town from juveniles basically...Kids breaking into people's houses to get their habits. Maybe they're out looking for money or they're stealing electronics and stuff to make money. They find a seller to make the money because they can't get it, because their parents are on the Indue. P60EK*

Other respondents, however, expressed the view that the causes of youth crime were unrelated to the CDC and reported that this problematic behaviour had already been present prior to the CDC's implementation. The underlying reasons for the anti-social behaviour and criminal activity were instead considered by these respondents to be very complex and to include poverty, family dysfunction and a lack of parental role-modelling and discipline. It was also reported by several respondents that some of the youth participating in these activities were from families who were not part of the CDC trial.

*It [youth crime] was getting quite bad and some of it is kids looking for pot money and things like that. Some of it is boredom...and poverty as well. People try to build that link between, "Oh, well. They can't get any cash so they're just going to go out and steal it now". I don't know. That's a bit simple to me. I think we've always had a problem of some sort in this town and people that are not given the opportunities, or not seeing a life path that can be rewarding and they don't know any different. SH05EK*

*There has been a lot of crime here of stealing and that. Well, it's sort of in the last two years there could be three cars stolen a night, and food, kids are stealing food and all that...But I don't see how the white card could be responsible for that, because...if they had cash they still wouldn't have been able to buy that car and they would have still stolen it, you know, so the white card seems to get blamed for a lot of things. Kids, they're everywhere. They're just lost, no one's listening. Some are just little spoilt brats who have really good homes, and they're usually the ones that start the main trouble too. P44EK*

Moreover, similar issues with youth crime were reported by respondents to be occurring in other areas of the East Kimberley where the CDC was not in operation. Hence these issues were not considered to be unique to Kununurra and Wyndham.

*I think it's a huge issue...At the moment, I think we're having a pretty bad run across the whole of the Kimberley, so all of the major towns are experiencing these sorts of issues...There's fairly genuine issues, that kids are out on the street because there's no food at home or the lifestyle at home is not good...There's multiple reasons and complex issues in terms of how you stop that behaviour. SH06EK*

In contrast, more positive effects were reported by respondents in relation to the perceived impacts of the CDC on adult criminal activity within the region. In particular, some respondents reported that levels of alcohol-related violence had reduced since the introduction of the CDC.

*It's clear there's less, the hospital admissions, the police call outs, the alcohol sales, everything, there's been a reduction. A reduction in overall crime. It's now all about the kids. SH01EK*

*That Indue settled down violent fighting. And usually you see them late at night still in the street drinking, walking around drunk, but now you don't. P72EK*

However, opinions were very mixed as to whether the CDC had any impact on domestic and family violence. Some respondents reported that the incidence of family violence had reduced. These respondents typically associated this perceived reduction with declines in alcohol misuse within families.

*I would say that the level of violence has decreased. We haven't had a homicide through domestic violence for a while, for a few years, three years, four years maybe, when we seemed to have one every year. SH27EK*

*Through my work I have one family who they were drinking all the time, and at risk of losing their children. Because the white card makes it so hard to get the alcohol, I think they have only drunk twice in the last six months and only one incident of domestic violence and that was a hit not a flogging. I mean, that's a change. P44EK*

Other respondents perceived that rates of family violence were unchanged with the CDC and considered that this issue remained a primary concern for the region. A final group of respondents perceived the incidence of family violence to have increased as a result of the CDC. These respondents expressed a view that family tensions were heightened for some CDC participants because of a lack of cash funds under the CDC and perceived this to have contributed to an increase.

*Domestic violence. Far more in your face than it used to be. For us, personally, we've had clients of ours quite severely beaten. We've had a couple killed. That was unheard of. SH43EK*

*Sometime it make some people angry, some families. They get angry with their family...and someone will get hurt, increased that family violence...They say, "This card here, spend it on food." And they'll say, "No, I don't want food." P65EK*

#### **4.2.8 Child welfare and well-being**

A further very common issue discussed by respondents (and especially stakeholders) was perceptions of the impact of the CDC on child welfare and well-being. While opinions were divided as to these effects, respondents were slightly more likely to report positive impacts for the children of CDC participants. These reported positive impacts centred on four key aspects: spending on children, school attendance, child welfare and participation in activities.

Reports were provided by respondents that priority was now being given by some families to the spending of their Centrelink payments on their children. With reduced funds being spent on alcohol, more spending was occurring on items for children such as food, clothes and toys.

*Just like how it is in most towns where the parents are either alcoholics or taking drugs or gambling all the money away. The kids are left with nothing. People are starting to buy food for the kids. P61EK*

*They're not spending money on grog. You've now got money for school uniforms, for food, for excursions, for movies, for things like that. SH31EK*

*It was a biggest change. You see kids with bikes, scooter and everything now on the street. When you didn't have the cashless debit card, they didn't have nothing. They get new clothes now. So, you see the parents are really spending the money on the kids, not on themselves. P12EK*

Some respondents also considered improvements had occurred with regard to school attendance and participation in school activities and excursions. It was also noted that some students were now more likely to come to school having had their breakfast, had clean uniforms, and were being provided with a school lunch.

*I've had grandparents who are totally against the card, think that having their daughter on the card is a great thing 'cause the daughter's kids have got clothes to go to school, the kids are going to school, there's food in the fridge and they got uniforms. SH19EK*

*When they've all got the Indue card then they've got money there for food, they've got money there for—the kids just went back to school this week, and they've got something there to like buy uniforms...kids for their breakfast, new boots. And they've got spare cash sometimes just for getting you on the bus from wherever they live to school...You see kids more dressed and more tidy, for them they going to school. P42EK*

Some respondents also reported that in general the welfare of children had improved since the introduction of the CDC. This included children being more appropriately supervised, being better fed and dressed, and healthier. Several stakeholders also noted a decline in child protection concerns.

*I see families that I would have been used to seeing in that shopping centre with bottles of coke and white bread under their arm, now with full shopping trolleys. That to me is one of the biggest demonstrations that kids are probably eating a bit better and families are probably eating a bit better and there's perhaps not quite as much going on alcohol. SH34EK*

*I think that's the main thing, you're not seeing people out on the streets drunk. And before you would see families with little kids. SH35EK*

Other respondents reported that as a consequence of the CDC children were participating to a greater extent in activities. These activities included community and sporting events, attendance at child development programs, and informal family activities.

*Certainly the young mums and the families, we definitely see positive impact for them. Like I said, purchase of food, access to school uniforms and school excursions, and even sporting events and children being enrolled in sporting opportunities and things like that. SH13EK*

*There's more kids at the park at the moment than what there used to be. There was a lot of gambling in the park...and the majority of the time they're intoxicated...[Before] the Indue I wouldn't let my kids down there. P60EK*

It was acknowledged by some stakeholders, however, that other interventions were also occurring alongside the CDC within the region that could also be positively influencing child welfare and well-being. These interventions included family support services, school attendance programs, and family violence services. Stakeholders reported that some of these services had been funded directly through the CDC, as part of the wraparound services intended to support the CDC trial.

*We've seen greater capacity for families, and probably mostly for women...mothers, in terms of being able to provide more for their children, definitely. But...it's hard to really know whether, do you attribute that to the card or is it change in circumstances? So often we find, where we see change in terms of seeing better outcomes for kids, there's proper intervention occurring that's addressing the FDV[family domestic violence]...drug and alcohol, that kind of stuff that gets in the way or stops parents being able to actually provide for their kids. So it's hard to know whether the card helps with that. SH06EK*

However, other respondents reported that little had changed with regard to child welfare and well-being in the region. Thus, some respondents reported that widespread family dysfunction persisted with children still not being adequately cared for or supervised, school attendance not improving and child welfare issues continuing.

*Kids is finding it hard to sleep at night. They just looking at one another, telling one another where they could sleep or something, trying to find family houses to sleep because their parents is too drunk, can't look after them hardly sometimes. They're scared...Didn't change at all. P04EK*

*We've got a lot of good families in this town but the now troublesome cohort of maybe 10 per cent of the population. Parenting skills and the raising of the children is not being done well and not high on their priorities. So attendance records, all that sort of stuff will show you there is a terrible rate of school attendance and child welfare type issues. I don't see it improving. SH07EK*

A further group of respondents suggested that child welfare concerns had increased since the time of the implementation of the CDC. Especially within Kununurra, children were said to be out on the streets at night more and (as described above in Section 4.2.7) some were reported to be participating in anti-social behaviour and criminal activity. Opinion was divided, however, as to whether this behaviour was associated with the CDC.

*Even now kids don't attend school, you know. They out on the streets, they're hanging out at the 24-hour all hours of the night. Still there. They can bring another card, that issue will be still there. Doesn't work. P01EK*

*I see that the youth crime has increased, it's over the top, domestic violence and violence in general, and kids not going to school...It's really deteriorated in the last couple of years. SH21EK*

Regardless of perceptions about the cause of these reported problems, respondents suggested additional strategies and services were needed to be put in place—either alongside or instead of the CDC—in order to provide better outcomes for young people in the East Kimberley region.

*There's still major issues and most of this comes out of poverty and living conditions and family feuding and there's a whole heap of dynamics that hasn't changed. I think, with less alcohol around, there is a positive impact that the programs can work with families and that now. But there's a large number of other issues that need to be addressed to have a significant improvement in that area. And I think there's a lot of kids with trauma, there's kids with FASD and the side effects from alcohol and those things aren't going to be addressed by just restricting or giving it to people having a card. SH16EK*

*We've got a terrible problem with youth on the street in Kununurra at the moment. The CDC doesn't help that, it doesn't do anything for it. So people are getting on with trying to come up with good solutions that make sense locally and prosecuting them. SH12EK*

#### **4.2.9 Health and well-being**

Some stakeholders and a very small number of CDC participants discussed perceived impacts on the health and well-being of the local community. These respondents had mixed views as to whether these perceived impacts had been positive or negative.

Some respondents (mostly stakeholders) reported that improvements in the health of some CDC participants had been seen and was primarily associated with lower levels of alcohol consumption. While cautious of making direct linkages with the CDC, these improvements were said by these stakeholders to have resulted in fewer incidences of alcohol-related assaults and injuries, hospital presentations and ambulance call-outs.

*There's not as many presentations for fighting for instance in the emergency section up at the hospital. I don't know what the data shows but that's what some of the health professionals are saying. They are saying the ambulance is not getting called out as much as it was. SH34EK*

*Inevitably, the violent deaths that I attend are alcohol related and I haven't attended an Aboriginal person suiciding for as long as I can remember either, post the cashless debit card. So, prior to the cashless debit card, I'd be attending a violent death, either by someone's own hand or another's probably once every two months, I would imagine. Thereabouts. Sometimes more frequent, sometimes less and for me not to have attended an event such as that in two-ish years is worthy of note. SH40EK*

The CDC was reported by several stakeholders to be providing motivation for some CDC participants to make changes to their lives and to have a healthier lifestyle. Thus CDC participants were said to be reducing their alcohol intake, improving their diets, and addressing long-standing mental health issues.

*I've seen people, through the funding, trying to improve their life and I've just had a lady who's at that stage where she wants to change it all. So, in that case, I've definitely seen improvements in people clinically...There's people at different stages of change always and I definitely see people who are willing to rebuild their life in terms of trying to keep hold of the good things. SH05EK*

*Mental health people I speak to they say people they're seeing now that they can finally start to treat the real symptoms of some of their patients whereas it's always been masked by huge levels of alcohol abuse or drug use. That they've never actually had its moments of clarity*

*within their patients to get to the real cause of some of their issues and they're starting to see some of that now. SH10EK*

However, concerns were reported by a few of respondents about a perceived negative impact on the psychological well-being of some CDC participants. The Card was thought to be stressful and burdensome for some CDC participants, and was perceived to be contributing to the re-experiencing of trauma, and heightened symptoms of depression and anxiety for those with pre-existing mental health issues.

*It put more burden on them as human beings...The sad story one of them said to us, was "who is there for me?...There was no-one there to turn for me and I nearly had a nervous breakdown." SH42EK*

*There's just so much anger because there's a lot of ladies and women in this town that have been through terrible trauma in their childhood and through their womanhood and alcohol blocks it out and they've just been used to having that alcohol to block it out. Now there's no alcohol to block it out the anger builds up, you know. P44EK*

It was suggested by a few respondents that the implementation of the CDC was associated with several incidences of attempted suicide and self-harm.<sup>9</sup>

*I've heard stories of people attempting suicide because of it. Like it's all just becoming too much...We went out to do a bit of community consultation and just get ideas from the community on how things were going and how we could maybe improve them and things. Overwhelmingly the cashless debit card came up and I sat in a lady's driveway and she was crying to me telling me that she tried to commit suicide three times because of the hassle from her kids from the cashless debit card. SH14EK*

*The Indue card, I reckon it should just stop altogether. You know, then the rate for suicide and stealing, will go down. Because ever since they brought the cashless card in, everything went rising. P62EK*

#### **4.2.10 Perceptions of loss of autonomy and control**

Over a third of respondents expressed perceptions and concerns that the Card took away the autonomy of CDC participants to decide how to spend their Centrelink payments. Some respondents perceived the policy as taking away the rights of CDC participants to make their own decisions and manage their finances. While it was acknowledged that some CDC participants may not make wise decisions over the use of their money, these respondents expressed the view that, as they were adults, they should be free to decide how and where their income support payments were spent.

*It's not working for the people. I reckon the best thing for them to do is let them do what the people think is best, for them. Not for anybody else and that. It's like running their bloody life. They've got no human rights anymore...It's distorted everybody's lives...They just can't do what they actually want to do in life anymore. P24EK*

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<sup>9</sup> It is important to note that these are subjective views, verification with substantive evidence was outside the scope of this research. The reason why a person may want to take their own life is a complex issue with multiple contributors, which may include social determinants and clinical factors (The University of Western Australia, 2017).

*You're pretty much dictating somebody's life. You know you people don't have a hold on their own lives because they've got to be told what to do, what to spend their money on. And we understand it's taxpayers' money but who doesn't use taxpayers' money? P51EK*

Many of these respondents expressed perceptions and concerns that the CDC reduced the control people could have over their own finances, including how and for what purposes this money was spent. This was considered to disempower and reduce the independence of CDC participants.

*You can't tell someone how to spend their money...It's just made people feel helpless and hopeless and that's not giving them any hope. SH21EK*

In particular, CDC participants who were in paid part-time employment, were participating in work-for-the-dole programs or considered that they already managed their money well were more likely to express concerns about having restrictions placed upon their income support payments.

*Why are they doing this to us? You know, it's our money, we work for this, work for the dole. P19EK*

*I'm against it because I don't like people dictating my life anyway because I know how to control my family and I don't need to be on card to pay my bills and to buy food...Just don't want to be told how to spend my money. P45EK*

Some stakeholders and CDC participants perceived similarities with previous government policies which exerted control over the lives of Indigenous Australians.

*We're not back in the 60s no more or the 50s. Our people were working for tea, sugar and clothes. And they're controlling us now. P55EK*

*It's called the white card and all the connotations that go along with that...And I don't think a lot of programs do account, like policies and things that are put in place from government level actually understand what is complex trauma and intergenerational trauma and then what triggers trauma. And I think that this triggers, people were alive when they were being given food stamps. People were alive when there were genocides happening up here. People were alive when their country was stolen off them by white people. People were alive when they saw family members die. And we forget that that colonial history that we're not taught, we forget that that is living history. That is here. SH29EK*

The CDC was considered by these respondents to be a paternalistic policy which was being imposed disproportionately on Aboriginal people who were perceived to have not been given an opportunity to voice their opposition.

*I know quite a few people in high places, but at the end of the day even me, I didn't even know about the cashless debit card till we started getting our little cards coming in the mail and we said, "What the hell is this? How come money not in the bank?" There's nothing anyone can do. The Government's got a lot to answer for. The Aboriginal people, what? We going to go back into the days where milk, sugar and tea? Now they're telling us how to spend our money. P43EK*

*It's the way, like how old time, older generation and black people being slave for white people and all that and the way, how they get to spend their money, with the card it feels like it's*



*coming back again. Like, they don't want Aboriginal people to spend their money on what they want to spend on. P12EK*

#### **4.2.11 Perceptions of stigma, shame and embarrassment**

Concerns relating to the perceived stigma, shame and embarrassment associated with the CDC were expressed by more than a quarter of all respondents. While it had been hoped that the universal targeting of the CDC would result in less stigma, in comparison with the BasicsCard, respondents still expressed a view that the Card unfairly stigmatised CDC participants. As the primary aim of the CDC was to address the direct and associated harm caused by welfare-fuelled alcohol, drugs and gambling, there was said to be a widespread perception within the community that the Card was only for those with an addiction or who neglected their children. In addition some community members were considered to wrongly believe that the Card was only for Aboriginal people.

*I felt that it was probably a better option than we'd had the BasicsCard come in, which...made people feel more like singled out and like they'd done something bad to go on the BasicsCard. But Indue card...I thought because it would be non-specific to mainly Indigenous people that it would perhaps have that less stigma attached to it. SH45EK*

*A lot of people are angry. People that don't smoke, they don't gamble, but they're all put in that same category with everybody else. It's just like how we get stereotyped, being Aboriginal. Same thing. When I first started working for [ORGANISATION], there was a white man that came in and he said, "I'm on it. Why am I on the card? I'm not Indigenous". P61EK*

Thus respondents considered that it was not widely understood that the Card was for all working age people receiving Centrelink payments and therefore those participating in the trial included part-time workers, both non-Indigenous and Indigenous people and those receiving welfare who were not experiencing social issues. As a result of these reported misperceptions, some CDC participants felt that they were being judged and wrongly labelled as alcoholics or drug users.

*I myself was put on the CDC card and I will say that, to me, that was devastating...I was really shut down emotionally and just in sheer shock to think that a person that don't drink or smoke, I'm tagged under that umbrella to be on the cashless debit card. And to be honest, my mind just went blank. I felt as though I was going to, not actually crack, but it just did something to me for about a month or so. SH21EK*

*People shouldn't be painted with the same brush. Every other people do the right things...The community they're thinking that we must all gamble, we must all drink, we must all run amok around town and things. P45EK*

Respondents also described perceptions of embarrassment and shame in relation to participating in the CDC. Some CDC participants reported being reluctant to use their Card in local shops as they felt that it identified them as receiving welfare payments.

*You get given the Indue card and they're embarrassed...I was working at the shop and they'd just be so embarrassed they'd hide it, like the card when they were buying anything because they were so embarrassed to have it. SH47EK*

*When it first came out, I'd use my card but real quick because I didn't want them to see that I was receiving Centrelink benefits...As soon as you pull that card out, oh, you're a bludger on*

*Centrelink; that's how it's seen. You could just wear a nametag and say, "Yes, I receive Centrelink payments." P44EK*

Several respondents reported that CDC participants were at times treated differently in stores and examples of negative responses received from shop assistants or members of the community when using the Card were provided.

*Some people report feeling disempowered by the card because they're unable to make choices about how they spend their money and because they feel a sense of shame and feel themselves being measured by people who realise they are on the white card. SH15EK*

*When you want to go to do shopping, when you pull out the card and you hear some people next to you and they see you with the white card and they go, "You're getting all your stuff on the card there." Every time I use my card when doing shopping, I always pull it out and swipe and put back in my pocket with nobody seeing. You can feel the tension. Yeah, you see it from other people when they do it, you can see the other mob, especially another race, looking at them. P65EK*

#### **4.2.12 Employment outcomes**

Only a very small number of respondents (less than a tenth of those interviewed) reported any impacts on workforce participation as a result of the CDC. A few respondents perceived the Card to be providing encouragement to CDC participants to obtain work. Employment was seen as a way of addressing the restrictions placed on spending by the CDC, providing either an opportunity to earn some additional cash alongside Centrelink payments or to exit the Card altogether.

*I had to make a change. I couldn't do it anymore...The money was less and most of it goes in the White card, not even enough, Indue card not have enough to transfer. So I just left it and just said "no, I'm not going to sit around and wait for this". You know...what would go on my Indue card was the majority. And I think nup the card and I'd better go and get a job. So, ended up getting a job. P51EK*

*It's just the inconvenience, the extra steps that they have to go through to be able to do what they want with the money...The people have a choice and to get out of the inconvenience and the positive choice of getting a job so that they are in control of their lives is really the way forward for them. SH27EK*

Some examples were provided by respondents (including by CDC participants themselves) of increased job seeker activity or the successful gaining of employment since the implementation of the CDC. However, it was noted that, alongside the CDC, Centrelink had introduced more strenuous mutual obligations and activity requirements for Newstart Allowance recipients. This was also reported to have affected employment outcomes in the region.

*The Cashless Debit Card came in and the Centrelink Shared Responsibilities came in at the same time...They work hand in hand and I think that's actually critical...I'm surprised by the number of people who are like really committed to the job seeker activity and that's really fantastic...And we've been able to employ people who demonstrated their commitment to that. SH03EK*

*The positive impact I guess would be actually seeing people going and finding jobs that pay cash, to like work for their money...I have seen people that have been on Centrelink like most of their life, working for the dole, but since the Indue thing came you can see there's a bit of a difference with young people coming out and working for their cash. P06EK*

#### **4.2.13 Local organisations**

The stakeholder interviews explored perceptions of the impacts that the CDC had had both on the stakeholder representatives' own organisations as well as on other services within the East Kimberley trial site. Several stakeholders reported that the CDC had had little impact upon their organisation. Client numbers, the types of referrals received, and the issues clients were experiencing were said to be unchanged from before the CDC.

*I don't know that we've seen any impact anecdotally in the clients that are coming to us. Like there hasn't been a drop-off in family and domestic clients walking through our door, that's for sure. It's roughly the same amount of our caseload...and almost all of that is alcohol related in one way or another. SH12EK*

*I don't think the numbers of referrals have changed, necessarily. And I don't know that the types of referrals have changed either, really...Looking at the trends across the last few years, I don't know that we would necessarily say that there's been a change. SH06EK*

Other stakeholders noted that the trial had brought changes to their own and other local organisations. These changes were described as being mostly positive in nature. Several stakeholder representatives reported that the CDC had led to an increase in funding for the setting up of new services within the region. This included the establishment (or further development) of CDC Local Partner services, financial counselling, youth services, and men's and women's groups.

*There was an influx of money that come into ... so a number of organisations benefited from that so, obviously, that was a positive. SH16EK*

*We've had additional funding for the financial counselling service—I understand because that's funded through the Department of Social Services and that, as I understand it, was triggered because this is a site of the cashless debit card. SH18EK*

*We're very fortunate because, through the Department of Social Services, who funds the cashless debit card, we have been nominated to obtain funding that's supported very much with the participation around men and women's programs, youth...The cashless card funding has been very supportive of this. SH36EK*

A few stakeholders had experienced increased participation in the programs which they offered—including community activities and family support—since the implementation of the CDC. However, a lack of certainty was expressed by some of these stakeholders as to whether this could be attributed to the Card itself.

*Look we've seen participation in our community development program increase. But is that the cause of it? That might have a minor role. Like, there's a lot of other factors at play as well. But, so, you know, whether that's the singular thing that's actually caused this, who knows? SH01EK*

#### 4.2.14 Perceptions of no impact

While many CDC participants and stakeholders considered that the introduction of the CDC had led to varied impacts (both positive and negative), a further group of respondents—a sixth of those interviewed—reported that the policy had not changed circumstances within the East Kimberley trial site.

*I started to feel we weren't making a difference here. I don't feel that the card was doing what we thought it was going to do...It felt like it was all a publicity thing more than anything now...You can try and defend it, justify it any means necessary but if you look at it, outcomes speaks louder than words. If you look at outcomes, it doesn't weigh up what the card should've done or how it should've been managed or policed. SH42EK*

*I don't think there's been any negative impacts from where I see it. But at the same time, I'm not sure what the positive impacts are. And it's hard to measure...It's hard to attribute what's happening, where the card is making an impact. SH17EK*

These respondents perceived that the aims of the CDC had not been realised and that the social issues within the area were the same as prior to the implementation of the policy. Hence, for some CDC participants, the incidence of alcohol, drug and gambling misuse was reported to have been unchanged by the CDC.

*I think it's still the same. People drink, do drugs, gamble... People still fight and everything. P38EK*

Some of these respondents considered that the CDC needed to be in place for longer in order to have an impact on complex issues in the region—such as high rates of alcohol and drug use, crime, family violence and child welfare issues. Others among this group of respondents expressed a view that the CDC was not fulfilling its intended aims and perceived that other measures needed to be put in place instead.

*Lord love us, outcomes based on families' attitude and behaviour? That's going to take a long time for us to reach that...It still has to be done, because you still need indication. SH36EK*

*I think there is probably a lot of things happening out in the community that would bring positive changes despite the card. I don't think the card is a great mechanism. It's about, you know, an enforced income management. There are many programs out there that could...So if there were positive changes, they are more likely to be because of those actions, less so the card. SH17EK*

The reported use of card workarounds (see Section 4.3.2.4 below) was considered by respondents to have contributed to this perceived lack of impact.

*The impact on the community, it doesn't change. People still drink. People find loopholes. People still going to do what they're continue to do with or without the White card. So you can't go and put something in place and think people are going to abide by the rules. P51EK*

*It's not making a difference. See the BasicsCard, that made a difference. It stopped people from drinking alcohol and buying cigarettes, but the Indue card you can still buy cigarettes and you can transfer your money for drugs...That's not stopping anyone from drinking alcohol and buying the wrong stuff with their money. P47EK*

## 4.3 Implementation of the Cashless Debit Card

The interviews with stakeholders and CDC participants discussed the elements of the implementation of the CDC in the East Kimberley which were considered to be working well and not working well.

### 4.3.1 What is considered to be working well?

Factors related to the CDC which were considered to be working well by respondents included financial management and spending patterns, the CDC local partners, practical aspects of the Card and perceived improvements to social conditions within the region. These are discussed in more detail below.

#### 4.3.1.1 Financial management and spending patterns

Improved financial management and spending patterns were by far the most common aspect of the implementation of the CDC that respondents considered to be working well. More than half of all respondents reported that the financial management and spending patterns of CDC participants had been strengthened with the Card. This centred on four factors—spending on essential items, the ability to save, having financial control, and budgeting skills.

Many respondents reported that a key positive of the CDC was that it encouraged CDC participants to spend more of their Centrelink payments on essential items for themselves and their families, e.g. on food, clothing, household goods and bills.

*I think here it's very good too you know, it's really helped for—you know when we don't have no food in the weekends, you know we still got money in there. We got support for the kids when they're hungry. P11EK*

*We are certainly seeing an increase in shopping expenditure. So from those clients that we support, we certainly see a large number that is spending more than we would expect at Coles and the like. SH13EK*

Therefore, some respondents felt that the CDC was successfully re-directing funds away from alcohol, drugs and gambling within Kununurra and Wyndham.

*You have no choice but to spend it wisely. You can't buy alcohol, drugs and you can't do gambling...I think one of the best things is that you have to basically buy food and it might be a bad thing that people are thinking you're dictating to me on how to spend my money, but then again you're abusing your money. So that's the good thing about it. P60EK*

Some respondents (and especially CDC participants) also considered that the Card provided an avenue for saving money. These savings had been used to purchase cars and household goods, or to provide money to family members.

*It's good. Great. Saving money and a card for feed and clothing and just the main thing, feed kids. P02EK*

*I like seeing people being able to go, "Oh, I bought this because I saved my money," and knowing that they wouldn't have been able to do it if they had cash, because it just goes. SH09EK*

Respondents also considered the Card to have led to a greater sense of financial control for some CDC participants. This was connected with perceptions that levels of humbugging had reduced and that women were now able to exert more control over their household finances.

*I've learned how to save a bit of money there...we can't save cash. I'm from a big family and they'll want cash from me every time I get paid...I'm happy that money goes into my Indue, so I don't have to give out cash. P09EK*

*Having less cash available to give to families has helped some older people, people of all ages, who are now able to say I haven't got any cash, I can't give you cash, so their income has been protected so it's available to spend on food and clothing and housing for the children. SH27EK*

Finally, some respondents reported that the CDC had acted as a tool to encourage and enable CDC participants to take more responsibility over their financial situation. As a result, the developing of budgeting skills was seen by these respondents as a positive element of the introduction of the CDC. Several stakeholders noted that CDC participants had been assisted by financial counselling services established with funds associated with the CDC.

*[The best thing is] having money all the time. Stretches it out, teaches you to budget it and everything. P06EK*

*But pretty much the Indue card is alright for me. I just like how I get to spend it on the right things and not the wrong things...With the Indue card I've been budgeting my money now and I get to buy whatever my kids want without spending it the wrong way. P47EK*

*And the saving, I was like seeing people being able to go, "Oh, I bought this because I saved my money," and knowing that they wouldn't have been able to do it if they had cash, because it just goes. And maybe there's more thing around learning budgeting skills. Which is something that's needed. SH09 EK*

#### 4.3.1.2 CDC Local Partners

The CDC local partners — which had been established to provide assistance to CDC participants with managing processes connected with the Card — were reported by over a quarter of respondents (and especially CDC participants) to have played an important and positive role in the implementation of the Card. Many of the CDC participants interviewed reported they had sought assistance from the local partner offices. In particular, vital support was noted to have been given to CDC participants with managing processes such as card activation, balance checks, fund transfers, direct debits, replacement cards, and supporting participants who had experienced financial fraud.

*They got an office here, helps you out with do that stuff. Yeah, just go in there if you need anything done with the white card. P05EK*

*When I first got the Indue card I didn't know how to check the balance and I didn't know how to get online. I went to a lady at (Organisation Name) the lady helped me there to use the online, the Indue account thing to check how much balance. P49EK*

Respondents reported that the services provided by the CDC local partners in East Kimberley were very valuable and had assisted considerably in increasing understanding of the CDC and its associated processes. Many of the CDC participants who reported utilising the local partner services expressed satisfaction with the support that they had received.

*It's alright because we have Aboriginal people working in there too. They help us out...Like sometime when our card has gone missing or sometime stolen or just gone, we just go into...their office over there, and we tell them that we lost the card so that order for new one. Yeah, it's good, yeah, good help. P09EK*

Even after three years of the CDC trial, it was suggested by respondents that there remained a core number of CDC participants for whom ongoing on-the-ground assistance was vital. These respondents reported that this group included older CDC participants and people who had no access to technology, or found the use of technology difficult. In addition, an ongoing role for the local partner offices was considered to be important for new entrants to the CDC who were reported to require assistance (at least initially) to aid their understanding of the CDC and its processes, and to activate their Card.

*A lot of it's the same stuff, you know. Lost my card, don't have a card, gave my card away. How much money have I got left? You know, set up little direct debits, help me understand what's happening with the money. If anything it may have dropped off a bit, but it would be the core group that just continually come back and it's the same churn. SH01EK*

*She actually helps out a lot because there are a lot of people in this town where they are lack of technology these days, phones what not so most people don't have phones and whatever and she does help out and cover a lot of things. P23EK*

Respondents considered the success of the CDC local partners and shopfronts to hinge on the employment of the right type of staff. The hiring of local people—and particularly Indigenous staff—with knowledge of their community and the people living in it was perceived by these respondents to be essential to the effective support of CDC participants. This enabled CDC participants to feel more comfortable coming to the local partner offices and asking for assistance. It was also noted that many of the local partner staff had personal experience themselves of being on the CDC, which enabled them to better relate to the experiences of the participants who sought support from them.

*A lot of times I lost the card...[NAME] alright, she's deadly. We like [NAME], all know her and we feel more comfortable talking to her, speaking with her...We all kids you know, family here in a small community. [It's important] someone that you know. P25EK*

*I think that's one of the benefits of us having local people and local Indigenous support offices supporting locals guys...I predominantly look for Indigenous staff because majority of our clients here and in Wyndham are Indigenous...Someone that's been here for a long period of time has had some experience with the cashless debit card themselves, so all of our staff except for [NAME] have all been on the cashless debit card, have all seen the benefits and the flaws of it, and then can appropriately support people and explain to them, you know, here is how to appropriately use the card and here is what we can do to support you to use that. So that's my ideal characteristic, and I've got that with the majority of my staff. SH13EK*

#### **4.3.1.3 Practical aspects of the Card considered to be working well**

When discussing the implementation of the CDC, almost a quarter of respondents reported that practical aspects of the Card were working well. In particular, these respondents praised the functionality of the CDC. The CDC was perceived to operate as a normal bank card, which was relatively easy to use. The ability to use the Card in most shops and businesses with an eftpos facility was welcomed by respondents. This included arrangements being made so that the CDC could be used at some of the shows which visited the area each year. However, it was noted that eftpos facilities would

commonly not function in the region due to poor service connection—this was perceived to cause particular issues for CDC participants.

*I guess the best thing, unlike the BasicsCard it can be used anywhere. I think that's really important so that gives people choice. SH03EK*

*The community has been really open to it as well. So in terms of ensuring access to these carnivals that come to town and markets and things like that, yeah, a lot of the merchants now have the ability to take the cashless debit card and support people to be able to attend those events. Our local agricultural show now has pre-purchased tickets that the cashless debit card holders can buy for their kids and things like that. SH13EK*

The capacity to purchase any items other than those which were restricted under the Card was also seen by respondents as offering choice to CDC participants over how to spend their Centrelink payments. CDC participants also commonly reported that they were satisfied that cigarettes could be purchased with their Card. As a result of these aspects, the CDC was seen in a more favourable light than the BasicsCard by some CDC participants.

*The best thing about the cashless debit card? Being able to keep your funds in a card and not cash in your hand...You could pretty much buy whatever you want except do those three little things. Get cash out, not buy alcohol and gambling. SH24EK*

*What I like best about the Indue card is you can buy cigarettes out of it, 'cause the BasicsCard you couldn't buy cigarettes out of it. You had to scrape money to buy your smokes...With your Indue you can go do your shopping and you can buy your smokes on top of it. P56EK*

CDC participants also welcomed the ability to make monthly transfers from their CDC. Examples were provided by these CDC participants of these funds being used to make purchases or to assist other family members with money when needed.

*You can transfer. Yeah, they give, friends and family, and when you've got no money they can transfer money to you. Yeah, that's good if that's what happens. P14EK*

*The best thing about it is when you transfer into another account. It's a good thing...Right now, I'm not really rushing for a new card because I transfer my bit of money over to my mother's account if I need to spend. I've got ways around it until I get the new one. P12EK*

#### 4.3.1.4 *Social conditions*

Addressing adverse social conditions within the region was a final key element of the implementation of the CDC that was considered to be working well by a sixth of respondents (mostly stakeholders). These respondents felt that the CDC had contributed to improvements in relation to the misuse of alcohol, drugs and gambling in the East Kimberley trial site.

*What do we like about it? Well, look, it hasn't caused any harm and the evidence suggests that it's had a benefit to the community. SH01EK*

*The good thing is that saw a lot of changes with that, Indue for my mob you know. They always go into the shop now and buying food you know and not like before when they had cash. They'd just, they're passing the shop and going to the bottle shop. And like when they have cash it's*



*their everyday spending to them. But when they have the Indue card it's only once a week. Once a fortnight. And they're walking around clean you know. P37EK*

A reduced incidence of family violence and improved child welfare were also thought to be associated with the implementation of the CDC by respondents.

*I'm an advocate for it because for the kids, you know if it slows down families' access to alcohol, if they have an alcohol problem, or drugs, or gambling, and it puts more food in the guts of kids who need it, and clothes on their back, and access to better services, well so be it. Let's do it. SH35EK*

Many of these respondents expressed a view that the CDC was one 'piece of the puzzle' in addressing the social issues present in Kununurra and Wyndham. Thus, in order to make long-term improvements, a need for the development and funding of other policies and services working alongside the CDC was highlighted.

*The card. It's a piece of the puzzle right. All the other, you know the liquor accord group or the district leadership group, is not going to fix all this either but it's part of that puzzle and I think there's been a few good pieces that have been coming together the last few years to help tackle some of that horrible dysfunction. SH10EK*

*We're doing what we can in the alcohol space knowing that that's not the entire solution to our problems either. But I think we're chipping away at it. We're looking at youth engagement and youth boredom and those sorts of things and we're trying to engage with some of these kids...But it's a real complex jigsaw. There are lots of pieces. This card I think is only one of them and I think if people think it's the ultimate solution then I think we're fooling ourselves. SH11EK*

#### 4.3.1.5 *No aspects of the CDC perceived to be working well*

Some respondents (mostly CDC participants) did not report any aspects of the implementation of the CDC which they considered were working well. These respondents expressed a view that the CDC should not have been implemented as they did not consider it to be an appropriate tool to deal with the underlying social issues in the region.

*It should never have been implemented in the first place because Kununurra had issues long before they considered their discussion without consulting the community people, which should have happened. It did not happen, and those areas should have been looked at first before they come across announcing the cashless debit card. SH21EK*

Other respondents perceived that, over its three-year trial period, the CDC had not contributed to social change.

*As far as I can see there's been no reduction in sort of alcohol misuse or the impacts of that, you know, the fighting and the violence and domestic violence, kids being tired and traumatised. So from my perception I can't see that as being of any benefit. SH39EK*

*They should ban it because it's doing no good to anybody. P28EK*

#### 4.3.1.6 *Groups for whom the CDC is considered to be working well*

The interviews with stakeholder representatives and CDC participants sought respondents' views on groups for whom the CDC was considered to be working well. Three key groups were identified to be benefitting from the CDC: families, older people participating on the CDC, and people with alcohol and gambling issues.

Overall, respondents considered that the CDC was working best for families. In particular, within family groups the CDC was seen to be ensuring that money was spent on essentials such as food and that children were better cared for.

*I think the greater access for families to have access to money, purchase of food, kids are being fed, clothed, going to school. I think that's the greatest aspect of the card. SH13EK*

*It's helping the one who got the kids mainly...That thing is helping them you know...When you get on the grog and something missing, then food, what's kids going to eat? That's the one thing that's important, that you have money for kids. P11EK*

Respondents also considered that the CDC enabled some women—who may have been experiencing family violence and whose partners had substance misuse issues—to now have greater control over the family finances.

*I would say the best thing is that it gives power to women in the household for expenditure decisions. SH15EK*

*I like it as a tool and as a strategy because I think that, if used properly, it really can empower people and particularly, from what we've seen, young women, young mums, to have greater ownership over their own finances, particularly with the cultural obligations up here and some of the pressure that they experience around FDV in their relationships. SH06EK*

Respondents reported that a second group of people for whom the CDC was working well was the older cohort who were participating in the trial.

*Well I can tell you about my people, the Murun people. They really like it. Mainly old people, they like it, because they, but their children they help them, with shopping and all that, and they tell them too, how much money there for them for next, for next shopping. P58EK*

In particular, the CDC was seen as helping to prevent the financial abuse of these older individuals and making sure that funds were available for food for themselves and the grandchildren they may be caring for.

*I agree with it being, like with the oldies because if they had their money going in cash, going into their keycard, you get the younger ones or middle aged ones bashing the old people for their money...The ones who grow their grandchildren up and stuff like that and, like I said, I had one or two come and say, "The cashless card it works for me. At least I got all the cover for all my grandchildren". P43EK*

*Some of the old ducks, some of the nannies and aunties love it, they love it because it does give them the control...If it's cash and they're out, they're at the teller and they're at the bank and they've got people lined up behind them saying can I have, can I have, can I have. You end up with nothing. If it's on the card that can only go a couple of places a lot of the ladies say to me directly this helps me. This helps me make sure there's food in my fridge. SH10EK*

Finally, a third group for whom the CDC was considered to be working well by several respondents (and especially CDC participants) were those experiencing issues with alcohol and gambling. These respondents reported that for some CDC participants with substance abuse addictions, the Card was assisting in reducing access to funds to feed their habit and ensured that they had money to spend on food and other essential items, particularly to help care for children.

*It's good for people who drink a lot, you know they use all their money on grog instead of the kids, you know, they use their money on alcohol and drugs and the kids miss out. So it's good for them to have that Indue card so they're spending more on their kids. P36EK*

*The Indue card is helping out the mob that were really addicted to gambling and a few of them have a drink with kids and that. Because it's settling down, so that money what they've got on that Indue they've been using it wisely. Like buying food and necessities like clothing for kids and that. P46EK*

### 4.3.2 What is considered not to be working well?

To a greater degree, respondents expressed their views on aspects of the implementation of the CDC that they considered to be not working well. Seven primary issues were identified and included perceptions of a limited availability of cash, practical aspects of the Card, policy targeting, card workarounds, wraparound services, a perceived lack of social outcomes, and perceptions of insufficient consultation and information. A minority of respondents (mostly CDC participants) did not report any aspects of the CDC that they considered were not working well.

*I haven't personally encountered people who are unhappy with it or whose lives have been affected by it...There's nothing I don't like about it. SH27EK*

*Nothing bad about it. I don't feel nothing bad about it. P09EK*

#### 4.3.2.1 Limited availability of cash

The most common issues reported in relation to the implementation of the CDC — which were raised by many respondents (including over half of the CDC participants interviewed) — were issues relating to the limited availability of cash under the CDC. A cash economy was said to still be strong within East Kimberley, and CDC participants commonly expressed discontent with the proportion of funds which were available to them as cash under the CDC.

*We've got a pretty vibrant cash community, multiple Facebook groups, buy, swap and sell and things like that. It really restricts people from participating in that especially when you're talking about buying school clothes for the kids. People have to go to the shop and buy them brand new now. They can't just get them off the noticeboard. So that's really difficult. SH14EK*

*They just need the cash. 'Cause they see most money going into the cashless card instead of in the bank. They're getting more money on the card than in the bank. I see a lot of people getting wild with their money, why are they getting less money in the bank? P71EK*

As discussed above in Section 4.2.4, respondents perceived that limited access to cash funds made it difficult for some CDC participants to provide money to their children and grandchildren, attend some sporting and community activities (where eftpos facilities were not available), and make purchases of second-hand goods both online and at local garage sales.

*It's another point with the Cashless Debit Card where you've got a grandmother who's subject to the card who has...cared for a large number of young people. One probably two years ago, she had four of her grandchildren that were in her care, going to boarding school. She had no money to be able to—she had no cash to be able to transfer to them while they were down there, and that was the biggest issue for her with the card. SH20EK*

*My experience is I was unable to buy second hand stuff because of the Indue, in that you were only allowed to transfer \$200 a month. So you couldn't buy much with that and it was too costly from the shop. P60EK*

#### 4.3.2.2 *Practical aspects of the Card*

Difficulties regarding practical aspects of the Card was also a common issue of the implementation of the CDC which was raised by a third of respondents. While improvements had been made since the CDC commenced, many respondents still expressed concerns about reported problems experienced using the Card.

*I think as with all trials there are clearly going to be initial problems along the way. I think it took a long time to iron those problems out and I think that creates people's frustration without a doubt. I think the problem of winning people over is you need to iron out those negatives a lot quicker than this. They're still prevalent now and we're three years into a trial. The fact that we can't fix and work out those things when we clearly know what they are says to me we don't want to tinker with the system or something maybe. SH11EK*

Although respondents noted that many local stores and businesses in the East Kimberley trial site now accepted the CDC, it was also reported that this was not universal. In addition, an inability to use the CDC in some stores outside of the trial area was noted.

*Some of the shops in town don't actually take the card itself. So, yeah, there's another struggle to get the money to them...The licensing centre was one, and it was another main shop in town that they couldn't use their card. SH09EK*

*I had problems there in the city with using that. Like I couldn't, because they wanted cash, you know, and, and or wanted a bank card but I couldn't, because most of the money was in the white card so I couldn't, it made problems for me up there. P74EK*

Respondents reported that difficulties in arranging the payment of some bills (e.g. rent, insurance and licences) had also been experienced when companies did not recognise or accept the Card.

*It stuffed up my bloody finances...I had my money set up, the whole lot. Now I've got to wait for the card come through every month to put money into my card for my bloody insurance, Zip Pay, like paying things online, overseas, and all that shit. You can't do it with a debit card. No way. I tried it. I asked them that because you look and you go "Nup they only do Visa or MasterCard", so I do MasterCard. That's the only way to do it these days. You can't do it with bloody Indue. When I tell them about the Indue they said "What the hell's that?" P24EK*

*Not all Kununurra companies agree with Indue. The Main Roads Department is one of them. The school. I'd say that's the main two for me because once I went to go to pay for my bill at the Main Roads Department they refuse Indue as well. P52EK*

The processes associated with the CDC (e.g. activating the Card, setting up an email account, remembering PINs and passwords, checking balances, and arranging transfers and direct debits) were reported by respondents to be challenging for some CDC participants. Individuals—typically older Aboriginal CDC participants who may not have English as a first language—were said to be unfamiliar with modern technology and did not have ready access to mobile phones or the internet. These respondents reported that some CDC participants therefore continued to require ongoing support in managing their Cards.

*I do not want it and I don't need it. It's confusing and it's making my brain go nuts. It's just that I don't want it. I just only want one card, it's too much hassle...Some trying to use it, some they lose it and some people they get muddled up with it. Really, I'll say it, they should ban it. P28EK*

*For people to access their online systems, they need to have some level of basic computer use. So establishing an email, which becomes a username, and passwords. Some of our clients struggle to retain their PIN numbers, which is a four digit code, let alone an email address and a username and password. So I think that's a challenge that we have seen constantly throughout the use of the card. SH13EK*

A final issue related to security and the fraudulent use of the CDC. It was considered by some respondents that financial fraud was commonly occurring with the CDC. Funds were reported to be being accessed in this way either through the use of PayWave to make purchases with stolen cards or through the arranging of online transfers without the permission of the account holder, usually by someone fraudulently using information that they had been entrusted with (i.e. PINs and passwords).

*And the numbers are on the card so anybody if you just drop your card and they find it they can just ring up, all the details are there...Once at the shop I accidentally dropped it and they picked it up and they can check your bank account, they can just ring Indue number, boom...Not every Eftpos you need the pin number so it'll just automatically approve...For people that not as educated, can't read and write or whatever and don't really understand, I don't think they realise that too and then they can get ripped off on their own family or anybody around them. P07EK*

*If you don't spend over \$30 you can just put it in the machine without pressing any numbers, PIN number. If somebody steal your card they can just go and buy something under \$30. P71EK*

#### 4.3.2.3 Policy targeting

Reservations about the choice of cohort selected to participate in the East Kimberley CDC trial were expressed by over a third of respondents. The aim of the CDC was perceived to be addressing the social harm associated with substance misuse and gambling. Respondents considered a blanket approach, whereby all Centrelink recipients of working age were placed on the Card, to be inappropriate.

*The BasicsCard was a case-by-case basis. Now there's this blanket approach. I just think blanket approaches generally don't work, because we're all individual, we're all different, everyone's circumstances are very different. I think as much as it would be great to have a generic stamp and generic problem fixer, it's not how things work in reality. SH43EK*

*Everybody shouldn't be painted with the same brush. There's people out there that don't even need to be on it. P45EK*

It was therefore suggested by respondents that the Card should not have been targeted at Centrelink recipients who were considered to be “doing the right thing”, such as managing their money well, caring for their children, and who did not have an addiction. This included concerns that part-time workers receiving welfare payments to supplement their income and people whom were undertaking work for the dole activities had to participate in the trial.

*We don't even gamble, we might be non-drinkers. Why are we getting this card? Like I don't gamble, I don't play cards, I don't drink much. Why should I be on it? P19EK*

*One of the complaints I've heard from people—I hadn't realised until recently that you can be employed and still be subject to the cashless debit card because somebody told me that their situation. So that came as a shock to me. I would certainly be wanting people involved to revisit that particular aspect because it sounds counter-intuitive to me...If people are making those kind of efforts then I think it's not helpful to have them subject to that. There needs you be clear pathways off the card. Now, [NAME] and I have discussed this and [NAME] says, “Well, there is a clear pathway, you get a job,” but there's a couple of instances where that's not actually the case. SH18EK*

Instead, respondents considered it would be more appropriate for the focus of the CDC to be directly on individuals experiencing difficulties with these issues who may be in contact with local emergency and crisis services (e.g. police, hospital, child protection).

*There's a lot of other people that are very good with their money so there should be a level at where you can go, "Look, you can manage your money. You've done really well. You don't need to be on a welfare card"...It's no different to what they've now just done with alcohol and say the whole town is restricted. There's 5,000 people in town and we've got less than 10 or 20 people that have got a problem with alcohol. But of course, the way the government works is we attack the community. We don't attack the 10 or 20 people. SH08EK*

*I don't know why I got put onto the white card. I think back at school if one got into trouble the whole lot of us were in trouble. Sometimes I don't like the Indue card...I just wished the government can cancel it and maybe look at the ones that who's doing the wrong, they should be put on the card. P16EK*

In addition, concerns were expressed by respondents that the initial three trial sites for the CDC were in areas with large Indigenous populations. Hence, some respondents perceived that the CDC policy was unfairly targeting and stereotyping Indigenous Australians.

*Everybody knows that the communities targeted for the pilot of this are Aboriginal communities and...I think it reinforces a stereotype that Aboriginal people who are living in poverty are uniquely in need of a paternalistic, restrictive government to help them out...If a genuinely empowering process had come up with income management in a way that was owned by this community and in a way in which they said, “Yes, we want to do this,” then that would be fine. But it just didn't happen that way so it's disempowered the community. SH12EK*

*It's the blacks are still being punished. When the Government want to stop and think...Don't paint us all with the same brush. You've got a lot of good ones out there that are suffering because of this...Not every black fellow's bad. I mean, I know white people are on it too, but then white people can easily come off it because of the colour of their skin. Not our black fellows. P43EK*

Confusion was also expressed by some respondents about the choice of Kununurra and Wyndham as a trial site for the CDC. Other parts of the East Kimberley and broader Kimberley region were thought to be experiencing similar, or even more challenging, social conditions. It was queried by these respondents, therefore, why the trial had been limited only to Kununurra and Wyndham as this was perceived to have compromised the effectiveness of the outcomes.

*I don't understand the reason why we got the card, not Halls Creek or anything like that and them people, they are compulsive drinkers. They go to Broome and everything and they get alcohol, and that's the thing that's killing them...If you ever went to Halls Creek and pass, every second house, the gambling. People are walking around drunk. P29EK*

*The biggest mistake was that Halls Creek didn't come on board with it. I think it needed to come in as a region for it to have really worked because there was too much black market coming in from there, there's been too much of the other, it's too close. So it should have been either the whole region or not at all. SH44EK*

#### 4.3.2.4 Card workarounds

As described above, the potential ability of the CDC to address the harm caused by alcohol, drugs and gambling was commonly reported by respondents to be hampered by card workarounds. Workarounds (or loopholes) were said to have been identified and adopted soon after the introduction of the CDC.

The most frequent workaround, which was reported by many stakeholders and CDC participants, was trading. This involved the selling of eligible goods purchased with the CDC — such as food, cigarettes, fuel and electrical items — in exchange for cash or alcohol.

*I actually had a family member ring me up said...Can you buy us X amount of cartons of beer and when we get there we'll buy you \$200 worth of stuff from the shop and I says you do realise I'm the one that supports the card...So I raised that to DSS but at the end of the day if somebody wants you know this mob to buy them food and then they go and buy them alcohol well what can you do? And there's no law that says you can't do that. SH19EK*

Respondent also indicated that some CDC participants were either selling their Card or allowing others to borrow and use their Card as a further way to either obtain additional cash or alcohol.

*If I really need the cash, I just sit at the shops and just ask anybody, "I got money on the white card, I just need extra cash." It works. P72EK*

*We'll trade money for, how much in the Indue card, we'll transfer it to the next person's Indue card and then give the money in cash. We'll do it that way and we'll get what we want, but then we'll realise that that's a good thing. That's helping us learn and helping us interact with new people. P56EK*

While some CDC participants were said to be receiving “like-for-like” in relation to trading, respondents indicated that many people were trading goods or their Card for a much lower price than they were actually worth. Thus, choosing to trade to circumvent the restrictions of the Card was often perceived to be disadvantaging CDC participants.

*Also you have, 'cause they're all my relations and in-laws, they'll wait outside Coles, they'll have 200, 300 in their white card, and there's some people that we know around town that*

*have high-paid jobs and that, but they'll take their white card and do \$200 shopping and give them \$50 cash. P44EK*

*It restricts people going through bottle shops using a card. At the end of the day it just means people who need that are forced to then follow a different avenue and their card gets used in another way that isn't particularly helpful or beneficial to them. The stories I hear are that people then end up trading up all sorts of things for a little bit of cash and they lose a whole heap of money through another transaction process. SH11EK*

In addition, respondents highlighted that access to alcohol was still being facilitated through black market or "sly grogging" networks. As with the trading of goods CDC participants who chose to use black market or "sly grogging" networks were being financially disadvantaged through the purchase of alcohol via these networks. It should be noted, however, that the issue of sly grogging was reported to have already existed in the East Kimberley prior to the CDC as a way of bypassing pre-existing alcohol management restrictions.

*People will always find a way around it...The sly groggers around town can go and sell them a carton of beer for 200 bucks, if they're that desperate they'll buy it. SH19EK*

*They take their card and give it to someone's who's selling sly grog. So they give them that card and instead of being 50 bucks like you do in a bottle shop, they're paying 100 bucks plus, off their debit card. So, alcoholics are not going to change, no matter what you do, they'll still find a way to use that card to get alcohol...Then there's always people preying on them. And they will take advantage of them...Instead of giving the going rate, what everybody else in the community pays, they're paying twice as much. P64EK*

Several respondents (mostly CDC participants) reported that the Card was able to be used to purchase alcohol from retailers outside the trial site.

*All the people like go to Broome they buy alcohol, even just across the border here in Katherine. They buy alcohol with the Indue card. When I was in Cairns I could use it at the drive through...A lot of people know and they do use their cards to buy alcohol. So when they go anywhere they just try it out and it works. P07EK*

*We also get stories about when people go to Perth. They sit at the airport and they drink all afternoon at the airport because they can use the Indue card at the airport in Perth, and it doesn't distinguish between drinks and alcohol. So, they get to use their Card in Perth wherever they want. P04EK*

A further common workaround to the CDC (discussed mostly by stakeholders) involved local businesses. In particular, these respondents reported that taxi drivers were profiting from the Card by charging excessive fares or getting fuel in return for the giving of cash or alcohol to CDC participants. While several stakeholders thought that this particular issue had been identified and addressed by DSS, others considered this workaround to be still continuing.

*The taxi drivers are the predominant source to get cash from your card. So whether it be the allegation that the card is used to fuel up the taxis and then they buy them a carton of beer. Whether there's other arrangements, so that's a constant rumour that we're hearing...With the taxis we understand they're also making a bit of profit, the taxi drivers themselves. So it's not an equal swap. SH07EK*



Finally, several further (but reportedly less frequently used) workarounds to circumvent the CDC were described by respondents to be a way of supplementing the cash component available under the CDC. Working for cash, and the carving and selling of boab nuts was noted. Furthermore, the use of royalty money to purchase additional supplies of alcohol was also perceived to be occurring by a few stakeholders.

*I do drink alcohol and smoke gunja myself...With the card, you can't buy them things...Sometimes I work and get money. P05EK*

*The other thing that you need to be aware of is Royalty payments. So there is a large amount of cash coming into certain communities. It is cash and the timings are not known by anybody...They vary from small amounts to lots of people to large amounts to a fair few people and often we only know once it's going off in town that somebody's got a Royalty payment. SH07EK*

In addition, several stakeholders reported that some younger female CDC participants were prostituting themselves for cash in order to buy drugs and alcohol. However, prostitution, was reported to have been occurring before the introduction of the CDC as alternative ways to obtain money.

*They've adopted ways around it...I know this happens and this happens in many communities, you don't have money to buy something but you want something. So you sell what you've got which can often be yourself. Like I know with young girls they'll do that sort of stuff and you know that's really concerning. SH38EK*

#### 4.3.2.5 *Wraparound services*

The CDC trial was designed to be accompanied by wraparound services to support the effectiveness of the Card and funds were allocated for this purpose within the East Kimberley trial site. However, almost a third of respondents (mostly stakeholders) expressed dissatisfaction with the level and types of services that had resulted. Many respondents were unaware of additional support services which had been funded under the umbrella of the CDC since the start of the trial. Insufficient transparency was therefore perceived as to where these funds had been spent and the outcomes achieved from these services.

*As far as these services go they're invisible to me, invisible, totally invisible. P67EK*

*We got told that there was increased funding, and there was supposed to be a couple of new programs happening, but I don't know if they've actually occurred or not, because there doesn't seem to be a lot of knowledge about that...From my point of view, those services still aren't happening. Where's the accountability? You've given some significant funding to these organisations, but the services certainly don't seem to be happening. I'm not sure of the accountability of that. What's going on with that? SH43EK*

For those respondents who were aware of the allocation of CDC funding to support services in the region, perceptions and concerns were expressed that these funds had not been appropriately targeted. Funding associated with the CDC was reported to have been absorbed into pre-existing programs rather than in the development of new, targeted services focused specifically on the needs of CDC participants. In particular, some stakeholders expressed a view that there was still a need for funding of broader wraparound services, which could work alongside the CDC and more effectively address the core issues contributing to social harm in the region.

*I see lots of things in terms of that's tagged as support through the leftover fund through the cashless debit card, often through Prime Minister and Cabinet, but I would go back, very cautiously, I'd go back to has that been used as wisely as it could to really take some of these, and address some of that core dysfunction. I doubt, no it hasn't. SH10EK*

*I think people were hoping that the card was one mechanism that might bring in a number of those support services that sit behind the card. So it wasn't just about income management...People believed that that package of support was probably what we needed at this time to help this community move forward...There's a huge amount of disappointment in the support services surrounding the rollout of the card...There seems to be a failure of service delivery by some of those entities that have been funded to provide services to support the card. SH11EK*

It was noted by several respondents that support of the CDC in East Kimberley had been conditional on local leaders being able to determine the services which would most benefit the region and should therefore be funded under the CDC. However, a lack of adequate community consultation was said to have had occurred.

*We told the Minister at the time, Minister Tudge, that we would support the card on certain conditions. Being that there needed to be wraparound services to address issues of what's happening in Kununurra...And that when the wraparound services funding came in that we would direct where those fundings should go and what organisations and what programs 'cause we know what works and what doesn't work within the community...So that sort of occurred to a certain extent. Some of the Prime Minister and Cabinet funding we still had to go through a process where they weren't actually listening to the leaders. SH19EK*

*The thing to say about the support services is that they were ad hoc and they were short-term...The support service funding is for 12 month period and its sort of differentiated investments in a small number of programs. Yes, it did cede some decision-making power and authority to local leadership but only to such a minute degree. SH15EK*

#### 4.3.2.6 *Perceived lack of social outcomes*

A further perception and concern regarding the implementation of the CDC was a perceived lack of social outcomes since the trial had commenced. Some respondents expressed views and concerns that social conditions within the East Kimberley region—including the incidence of substance misuse and associated issues—were unchanged since the start of the trial.

*It doesn't change anything. It's deteriorated the quality of life of the people. It doesn't better their lives...They don't target alcohol and drugs and domestic violence. SH21EK*

*It hasn't changed. Indue's...not working out one bit. It's distorted everybody's lives. P24EK*

The CDC was therefore not perceived by some respondents to be achieving its purported aims and was not seen by these respondents as an effective tool to address long-standing social issues in the region. These respondents considered that the CDC alone did not effectively tackle the underlying factors contributing to addiction and child welfare issues. Some respondents were concerned that social conditions—and particularly youth crime—had worsened and that the impact of the policy on CDC participants had been largely negative.

*If we're looking at the cashless debit card, it would be difficult to argue that, by itself, it's capable of fixing the social foundations because we've had it for a while and we've still got lots of problems. So that doesn't mean the cashless debit card isn't worth persevering with but it does suggest to me that you'd have to do other things with it to make it effective because we've got the evidence of what's happening around town now. SH18EK*

*There's a lot theft, because kids want pocket money but yet having the Indue card that's why this town is getting really a lot of crime happening. It's just increasing every year. P16EK*

#### 4.3.2.7 *Perceptions of insufficient consultation and information*

A final perception and concern regarding the implementation of the CDC was the perception there had been insufficient consultation and information provision both prior to, and since, the start of the CDC. As discussed above in greater detail in Section 4.1.4, many respondents perceived the Australian Government's consultation process to have largely been conducted with Aboriginal Leaders within the region and expressed a view that broader community consultation (including with people who would be participating in the CDC) had been lacking. Moreover, ongoing consultation around the progress and future of the CDC trial was said to have had not occurred.

*But what I didn't like about the cashless, first, no-one in Kununurra knew about it. No-one. The community, four so-called leaders, that went behind everybody in Kununurra and just signed off on it...Never even had a big meeting to ask the whole town. Nothing like that. All of a sudden, we was receiving cards in the mail to say we all on it, and we're saying, "How come? Who put us on there?" P43EK*

*The community wasn't consulted, that's a huge one...they didn't really talk to grassroots mob about the card...They go to this level and they make the decisions for the rest...The Indigenous leaders, all the aboriginal organisations. But they didn't talk to the right people. They are not on the cards themselves, so they wouldn't know that feeling of being on the card for so long...It bring back memories to me, because hearing all the old people stories from how them grow up, like on missions and stuff like that. And they were forced to do this, and forced to do that, and now it's still the same. SH04EK*

Some respondents (especially stakeholders) considered that inadequate levels of formal information about the trial had been provided by the DSS to CDC participants. Some CDC participants reported that they had been unaware that the CDC was being introduced to the region, and that their first knowledge of this had been on the day they received their Card.

*The worst thing about the CDC is lack of consultation or enough time to do a full-on information session with all the members of community members. So it sort of got rolled out with them only having half the information and what the intention was. SH19EK*

*I didn't even know that my payments were going into this card, and I got my Family Tax and my Parenting Payment and the next minute it was all split up and that was chaos for me at the beginning, 'cause I had no idea...I didn't even know about the debit card. I just got this letter in the mail the day after my allowance went in and I was like, "Holy shit." That's when I already had the card, that's when I was really pissed off. It was like, "How am I going to feed my grandkids and my kids that I've got at home?" P44EK*

Respondents indicated that gaps in knowledge about the CDC had been filled by stories in the media or with informal—sometimes inaccurate—information shared about the Card (including through

social media avenues such as Facebook). This misinformation was thought to have contributed to negative community reactions to the introduction and continuation of the CDC.

*I read the paper and the news and watch policy reforms and releases and things, so we see a lot of stuff that comes out which clients will then come to us in question us on, and we have had no direct email advice from DSS or Indue to say legislation has just passed, here is what is passed. SH13EK*

*A lot of people have a phone and they'll have Facebook and that's how a lot of information gets shared around here, is via Facebook....We did have a stage where we had a few different organisations and people delivering information, they were delivering conflicting information so that made it really really hard for people to feel secure in the information they were getting. SH45EK*

As a consequence of insufficient information some respondents (especially CDC participants) still expressed confusion about the CDC, including about the aims of the policy, practical processes, and the future of the trial. A particular lack of awareness was reported in relation to the community panel and the ability of CDC participants to vary the amount of funds placed onto their Card. In addition, little information had been shared with the community regarding the recent legislative changes in operation from July 2019 to allow people to more easily exit the CDC altogether.

*A lot of it's just the same stuff over and over. Where's the education programs around all this sort of stuff? You know, there's people who still think it's like a prepaid debit card. Oh, there's no money, throw it away, just come and get another one. Jeez, there must be a lot of cards issued, I'd reckon. SH01EK*

*The community panel? I didn't even know that. It's like they slipped it under the rug. P51EK*

*I'm going to chase up and follow, to find out if people out community that do know that come 1st July, you can apply to be exempt off the CDC...No one's mentioned it yet. And I thought, why are they being secret about this? That's my opinion, that's my point of view. This is no secret, it's for everybody to know that's on this cashless debit card. SH21EK*

Some respondents expressed perceptions and concerns that information shared by the DSS was not in a format which was accessible to all CDC participants (especially those with low literacy or English-language ability).

*I think they weren't really told enough information about what it means, what it's for, how it can be used...A lot of people don't have the time for that or the know-how in how to access that information. And as we all know, Centrelink can be a minefield of trying to find out what is what and what you can access and what you can't and all the rest. SH29EK*

*The transferring of money, now that was a bit of a confusion as well...See, they didn't know anything about that. Nobody out there to explain this to them. Now, a booklet so big for a person who is not well educated or knows a little bit of English, a book that thick for a client to go through and read. For God's sake. And we didn't have the Indue office there at the time. SH21EK*

#### 4.3.2.8 *Groups for whom the CDC is considered not to be working well*

Overall, respondents perceived there to be three key groups for whom they did not consider that the CDC was working particularly well for. These groups included individuals experiencing entrenched addictions, those with limited literacy and IT skills, and people with disability.

Although the Card was thought by some respondents to be working well for CDC participants experiencing alcohol and gambling issues (see Section 4.3.1.6), this viewpoint was not shared by all respondents. Some respondents considered that the CDC was not assisting those experiencing substance and gambling problems to address their addictions. Despite the restrictions placed on spending and the availability of cash, CDC participants with entrenched addictions were reported to be successfully using workarounds to continue to feed their habits.

*I think there is a small category of people for whom it works well. And it's not actually the primary targets of the policy, the people who are dependent on alcohol. They find their workarounds, they get their grog. SH12EK*

CDC participants with low literacy and IT skills were considered by some respondents to be a further group for whom the CDC was not working well. This group included older Aboriginal CDC participants who did not have English as a first language and experienced challenges with reading and writing. Being used to having cash and being unfamiliar with technology (e.g. having access to, and understanding of how to use a computer or mobile phone), this group was said to need support in order to be able to understand how the CDC operated. As a consequence of experiencing difficulties with the processes and requirements of the CDC, these individuals were said to be particularly vulnerable to financial abuse and fraud.

*Some of us Aboriginal people don't have online, internet bank thing. Can't transfer, we walk into the bank, not like some Aboriginal people don't even know how to spell, how to do phones, they can't even know how to do technology or anything. Some of them can't even write, or read. Even Indue they want them to do their online Gmail account. Some of them people don't even know. Some of them people find it a bit rough I think and hard. P50EK*

*Some of the older people definitely struggle trying to remember their PINs and how to use the technology. SH07EK*

A fourth and final group who were reported by stakeholders to be especially challenged by the CDC were people with disability and mental health issues. The processes of the CDC were considered to be too complex for some of these individuals to fully understand and participate in. As a result, this group was considered to be susceptible to potential financial abuse by other CDC participants, e.g. having their CDC misappropriated or funds stolen from their online account.

*People with intellectual disabilities shouldn't be on the card, they don't understand it. They're battling to understand the system and life as it is without the confusion of their funds being tied up into a card and trying to explain, "You need to hold onto this. Who did you give your password to?" They're like, "Passwords for what? I don't get it". SH24EK*

*Stealing people's Indue cards as well and actually it's been happening. Family members. A client the other day said, "Oh, someone stole my card. Someone took my card off me", I said, "Well, how did she end up with your card?" and because she's got some mental issues, they took advantage of her and took her card. SH41EK*

## 4.4 Perceived opportunities for improvement

The in-depth interviews sought to obtain CDC participant and stakeholder perceptions of aspects of the CDC which could be improved. A small minority of respondents (who were all participants) did not suggest any improvements that could be made to the CDC. However, other respondents perceived there to be five key opportunities for improvement: policy targeting; wraparound services and policy measures; consultation and information provision; changing the proportion of cash placed on the Card; and some practical aspects of the Card. These five areas are discussed in detail below.

### 4.4.1 Policy targeting

The most common perceived opportunity for improvement—which was suggested by half of respondents—was for changes to be made to the groups chosen to participate in the CDC trial. Many of these respondents were not in favour of the blanket approach for participation currently utilised with the CDC.

As the specific aims of the CDC were perceived to be curbing social harm associated with alcohol, drugs and gambling, it was suggested by respondents that not all Centrelink recipients of working age should be placed on the Card. Instead, many respondents considered that the focus of the CDC should be on certain groups, including people with drug, alcohol or gambling issues; who needed help to effectively manage their finances; or who did not adequately care for, and supervise, their children.

*Why can't they, you know the ones that are referred to the child protection. We think those are the people that should be targeted...I see it with my niece, that they don't buy food, they just go, the first thing they go buy is probably cigarettes, drugs, and then alcohol. Those are the ones, I think those are the ones that need to be targeted more. Them ones where they're not feeding their kids properly and just thinking of themself. P74EK*

*If you've been identified as like you're turning up at the hospital, you're going to court, dah, dah, dah, whatever, violence from alcohol, that it should be a case by case thing with that. I don't see how doing it to everybody, how that's going to be effective instead of really addressing and helping those families who are in that spot. SH35EK*

It was suggested by several respondents that individuals experiencing these issues could be readily identified in the community through problematic behaviour which had come to the attention of the health, police or child protection sectors or had been referred to services for additional support.

*I personally think that there was a need for it, just not in the way that it was executed around here. [Should have] used the statistics from the public domains to be able to pinpoint families that needed to be on it. Because, you know, Save the Children have a night patrol bus that went around, so you'd get all the kids' names that were on the streets from there. Hospital admissions, police callouts, DCP [Department of Child Protection], all of those statistics together would have been able to outline, alright, these families are showing up, you know, across the board, so we need to focus on these guys. SH09EK*

*They reckon people like us can't look after our kids and we drink too much and want to gamble and all this. But they know who those people who are suffering, doing that wrong stuff. They've got enough information from the police, from DCP [Department of Child Protection], deal with them people who have got problems like that, who are suffering. Suffering because they want to do that. Don't punish us lot who are doing the right thing. P64EK*

It was suggested by some respondents that CDC participants who were responsible and managing their money well should be provided with the opportunity to come off the Card. However, only a small number of respondents thought that the CDC should be entirely voluntary and solely for those Centrelink recipients who opted to participate.

*I think some greater flexibility is good to hear, you know, that's coming in around, people can ask to be taken off and that there can be some individual assessment, I think that's important and I think that helps motivate and incentivise people...So for those that are doing really well and can do really well and demonstrate that, then, you know, there should be a capacity to not be included. SH06EK*

*It would be much better to have a process where people have some agency, some real choice over their own lives and over the money that's coming to them through a general public benefit scheme that's open to everybody in Australia? If people are able to choose then they can actually make that decision...Leave it in place for the people who are actually finding it useful and allow other people to just get on with their lives. SH12EK*

Finally, several respondents suggested that the implementation of the CDC should be expanded into further areas beyond the current trial sites. Thus it was suggested that the CDC be introduced in other areas of the Kimberley region or even Australia-wide.

*I think it's needed to little places, not like this here. Like, Turkey Creek, Halls Creek, Fitzroy, Balgo, all them little places because them people, soon as they arrive in town, they just binge, constantly smoking drugs and everything because they got a lot of cash on them. P29EK*

*Roll it out to every town, so that you don't get people. Because I heard rumours that people are moving South now, or even the Pilbara, to get away from the card. Like people just keep moving town and town. SH32EK*

#### **4.4.2 Wraparound services and policy measures**

A perceived need for improvements to wraparound services and policy measures within the East Kimberley region were expressed by almost a third of respondents (especially stakeholders). For some of these respondents, this was seen as being part of an overall strategy to complement the provisions of the CDC and increase the likelihood of successful long-term outcomes.

*I think what needs to be improved, is to stop talking about the cashless debit card as a singular entity. Cashless debit card should be part of a conversation about a broader suite of services and supports for social cohesion in this town. And that's what's missing. It's always spoken about as a singular entity. SH01EK*

*I'm not under misapprehension that this is a silver bullet and will solve the social ills of Kununurra or the East Kimberley. It is but one tool in an arsenal. It needs to be matched with strong support services that needs to be matched with employment education and training services. It needs to be matched with positive policy interventions, not just negative policy interventions. There needs to be both incentive and removal of disincentives. It's a really complex environment. SH34EK*

For others, the CDC was not perceived to be effectively addressing the underlying social issues within the region. These respondents expressed a view that funding currently being used to implement the CDC could be better directed towards increased service provision.

*Use the money from the Indue card to set up more support services. Amount of money does it cost to roll that card out over here, there's a lot of suicide in the community, within the East Kimberley anyway. Help support the kids...Yeah scrap the card and use the funding for something in the community. P51EK*

*I was looking at the budget the other day and the amount of money that's getting funnelled towards the cashless debit card and then how much is getting funnelled towards suicide prevention was laughable. So imagine if you just took that money away from the cashless debit card and actually invested it in things like suicide prevention, alcohol rehabilitation, actual useful services and deal with those problems, not the effects of them, I think that's a really good start. SH14EK*

Respondents highlighted current gaps in wraparound services—such as alcohol and drug services, mental health and suicide prevention services, financial counselling and programs for young people—and expressed a view that these services would benefit from additional resourcing. Moreover, a need for agencies to work together more to develop appropriate localised responses to the complex social issues within the region was said to be required.

*So where do those alcohol abuse issues come from? They come from cultural disruption, they come from medical issues, they come from poverty—and it's not there aren't white people who don't have alcoholism or substance abuse issues. It's a problem that runs right across Australian society. It's not unique to Aboriginal communities and we need to ensure that those people have got services that make sense to them, that can help them through all of that. And those services don't, necessarily, look the same everywhere around the country. They probably look a little bit different in Aboriginal communities. They will involve an element of cultural healing and the re-establishment of sense of community purpose. They certainly involve drug and alcohol rehabilitation programs, which are thin on the ground up here. So it's just an inadequate response to say, "We're going to quarantine some of your income but we're not going to actually provide a service that will help you get off the grog". If that's the problem that we're going to identify, grog, then you need to community on the ground to come together and come up with a solution for it and for a government to backing those solutions. SH12EK*

*They need to get all the support services involved. A wrap around service that involved everyone from the police, to community, child support, their mob. Even hospitals, you know...There should be some sort of way that we can say, okay, this is our community...why don't we work together to combine and find a better way of dealing with these problems we're all trying to beat. P64EK*

Several stakeholders expressed a view that more information about, and better promotion of, the support services established with funding associated with the CDC was needed. These stakeholders perceived that this would assist the community to understand where these funds had been allocated and allow CDC participants to know where they could go for assistance.

*I think there was a focus on programs that actually supported the implementation. I think some of those could have been marketed better in the community to actually show the benefit that people were getting...By actually having a good profile of those—what expanded services were*



*happening in the regions, that would have actually helped that quite a bit. So I think that was probably a bit of a failing. SH16EK*

As discussed in Section 4.3.1.2, the CDC local partners were considered by respondents to be an important and successful part of the implementation of the CDC in the East Kimberley trial site. It was seen as being imperative that the funding for these local partner services continue in order to assist those transitioning onto the Card and to assist CDC participants with any day-to-day issues experienced with the processes of the Card. Several stakeholders also suggested that, in order to better assist CDC participants to address underlying needs, the local partners should be better linked in with support services in the region.

*I still think it's a service that's needed, but I actually think it's very underutilised. I firmly believe it should be a broader wraparound service delivery model...And then I think now that's the problem, is that the core group of people who probably continue to access, apart from people who might be new to it, come to town quite new, you'd have a core group. They're the people who really need the wraparound support services, because I can assure you this is not their greatest problem. SH01EK*

*I would like to see some more wraparound support for us. So like I said, we know when we are seeing these incidents of misuse that we can support clients with referral to alternate programs and the like. SH13EK*

Several respondents (mostly stakeholders) considered that, in order to fully address the alcohol misuse issues still present in Kununurra and Wyndham, the current liquor restrictions would benefit from being strengthened. Some of these respondents suggested this should include the implementation of an effective banned drinkers list.

*If it was me, I'd be attacking the people with the liquor licences and having even more restrictions around liquor. SH01EK*

*Here we are in Kununurra with the worst drinking laws in the world. We've got the Indue card. There's only two people on the banned drinking list. So, you try and tell me how, if the government is really serious about it, why is it that every single person that gets done for domestic violence, and they go and say, "What did you do that for?" "I was drunk." Why aren't they stopped from buying alcohol?...We're asking for people that have an issue with alcohol to be put on a banned drinkers' list. SH08EK*

#### **4.4.3 Consultation and information provision**

Almost a third of respondents (especially stakeholders) suggested that community consultation and information provision around the CDC could be improved. Views and concerns had been raised regarding a perceived lack of broad community consultation prior to the implementation of the CDC. Some respondents suggested that it was not too late for further consultation—both with stakeholders and community members—to occur in order to inform future decisions about the CDC. This included suggestions about further consultation on the continuation of the trial and the use of funding for wraparound services.

*[There was a] lack of consultation or enough time to do a full-on information session with all the community members. So it sort of got rolled out with them only having half the information and what the intention was right? And regrettably even after it rolled out you know I haven't*

*seen a minister up here since...There's some of us would still like to sit at the table and go through some of those issues like the wraparound services funding now. SH19EK*

*There should have been more discussion and more thing, broadcast on the radio...We're still waiting for this Indue mob to come back and to sit and make the discussion again. But guess what, they're not coming back. P52EK*

Respondents expressed a view that it was important that these decisions were driven by the local community rather than by federal politicians or policymakers and emphasised the importance of listening to the voice of Aboriginal people (leaders, elders and general community members) living in Kununurra and Wyndham.

*There has to be more Aboriginal people around the table, who it really affects. If it's something that's here to stay so be it, but let us be a part of what, how it stays...Don't let people sitting down in Canberra and thing who don't even live in that space make the decisions. SH35EK*

*Talk to the community about what they [wraparound services with the CDC] should be as well instead of doing this top down approach. I think that's getting better, the Aboriginal corporations in particular are getting listened to but yeah, just ensuring that that community voice is being heard and then acted on would be great. SH14EK*

Some respondents felt that there was a need for greater information about the CDC to be provided by the Australian Government to stakeholders and CDC participants. The provision of more direct information would ensure that everyone in the local community understood the CDC and prevent misinformation circulating via informal channels such as social media.

*We've got to, if we can just get better at some of the communications...So everyone's on the same page, we all know exactly what's going on when, how things are tracking, who's saying what, and then we can communicate that out. But DSS need to facilitate that. They need to be the lead and lead that stronger partnership. SH10EK*

Some respondents perceived this needed to include more information on the aims and processes of the CDC, the outcomes and continuation of the trial, the community panel, and the ability to apply for exemptions and exits from the Card. It was also suggested that this information be provided in a way that was accessible to all CDC participants, including those with low literacy skills or a first language other than English.

*I just think that it was poorly judged to only make it in remote communities where it can be seen as Indigenous. It's really put a taint on the whole thing. It's why they call it the "white card"...People are really surprised when...we say, "Oh no, it's not just Indigenous people, it's like anybody on Centrelink". So, that message should be well and truly spread. SH25EK*

*The trendline data has just got to be made publicly available and if it's not going to be publicly available well then it needs to be made to a select group of people, the thought leaders that can potentially champion the change. If the data shows it's not working well then let's get on with some other solution. SH34EK*

#### **4.4.4 Changing the proportion of payment placed on the Card**

An increase in the proportion of funds available as cash under the CDC was suggested by over a quarter of respondents (mostly CDC participants). As described previously in Section 4.3.2.1, many

respondents expressed concerns regarding 80 per cent of a CDC participant's Centrelink payment being placed onto their Card and perceived this to result in limited access to cash. Having greater access to cash would help reduce these concerns and, in particular, make it easier to share cash with the children and grandchildren of CDC participants (e.g. for pocket money, and attending school excursions or community events).

*I'm unhappy with how it was rolled out...You know people being treated like an experiment. I think in principle it's not a terrible idea but it needs to have more flexibility for people and that discretionary spending thing, if your kids need money. SH45EK*

*Instead of it being 80/20, it should be 50/50. Because, just couple of weeks ago when they had the show on, all them kids was walking around. I thought they had money, but they had only paper. They had the show money. It's like you go there and pay with the cashless card, and then they give you the show money...but that kind of thing is, like it's shame. P29EK*

A large majority of those respondents who suggested a change in the proportion of cash available under the CDC suggested that a 50:50 split of funds (i.e. 50 per cent onto the CDC and 50 per cent into a keycard account) would be most preferable. However, several of these respondents suggested that this change should only be applied to those managing their money well.

*I was on it [the BasicsCard] for like four years. I pretty much enjoyed it. Half of my money going into cash and half of the money going on the card, that's really budgeting your money there. You can easily save up on that. If they would have split this Indue card 50/50 on your amount of money that you get that would be much better for the people here. You wouldn't hear any whinging about it. So they could just do whatever they want with their cash, and the Indue goes to the kids. P47EK*

*When they first announced that this was happening in the East Kimberley, what they should have done or what should have happened was 50-50, not 80-20...That was really, really tough for a lot of people. SH21EK*

Several respondents suggested that CDC participants who were "doing the right thing" should be rewarded and have their Centrelink payments supplemented, thus providing more access to cash funds. These respondents thought this would potentially provide CDC participants with motivation to take more responsibility for their behaviour and spending decisions.

*Geez, if there was any sort of reward structure for it or something, that someone could show...if someone stuck to it in a good way...But there probably should be some reward for it, maybe extra money for food or something. If you can show that you've spent that money on food, maybe you'd get a bit extra or something...There should be rewards for people who are trying to make their life as best as possible. SH05EK*

*If they're going to keep their Cashless Debit Card—they used to have a system up here a long time ago, people used to work for the dole, and on the Cashless Debit Card they don't have no top up, that's one thing. Having a top up on the Cashless Debit Card, there's nothing on this one, and that's how we're going to get a pay rise, \$75 a week. P22EK*

#### 4.4.5 Practical aspects of the CDC

Finally, over a quarter of respondents suggested the need for several changes to be made to some practical aspects of the CDC. These suggested changes included greater flexibility over the use of the Card, including expanding where purchases could be made (both in shops and businesses outside of the East Kimberley trial site and online). This also included the ability to pay bills—such as rental payments.

*I reckon it should be everywhere now. Now that it's going to be till next year. Like every single shop should accept it, 'cause you know, people do buy different things from other people and go to different shops. P53EK*

*It worried my daughter, and there is another lady in town that's having the same problem with her rent, and she was about to be evicted. P44EK*

Secondly, some respondents suggested there was a need to investigate and address current workarounds which were reportedly being used to circumvent Card restrictions. This included the reported ability of participants to use the CDC to purchase alcohol in some places outside of the East Kimberley region.

*We've got people that come in everyday that are on the Indue card and they quite gladly say every time they go to Perth, they use it to buy alcohol in Perth...But that's just one of those things that need to be sorted out. Nothing is perfect and it needs to be followed up and needs to be changed. SH08EK*

Many respondents reported that they were unaware of the existence of the community panel and its role with regard to the CDC. Some respondents suggested that improvements be made to the operation of the community panel. These interviewees perceived a need for greater transparency over membership of the panel and how decisions to access a higher proportion of unrestricted funds or to gain an exemption from the Card were made. Although some respondents thought it was appropriate that decisions regarding exemptions be made locally, others considered that this responsibility should lie with the DSS.

*I do think there needs to be a community panel. I think who's on it should be more public, and they need to be meeting more often...There needs to be more consistency of the people staying on the panel...But certainly, there needs to be Aboriginal people on the panel. SH30EK*

*It is difficult because as much as I would love for it to be a community voice panel, that is difficult in a small town for very obvious reasons, the family feuding, just knowing each other's business is not appropriate and I think at the end of the day it is up to DSS to own this. So as much as I would hate to give the power back to them, they need to own what they've done and be the ones to say yes or no, you deserve to be off the card, you don't deserve to be off the card. SH14EK*

A final practical aspect of the CDC which was discussed by several CDC participants was the amount of funds that could be transferred from the CDC each month. These respondents suggested that the maximum transfer amount be increased in order to assist with the management of finances. It should be noted, however, that as concerns had been expressed regarding the reported use of transfer payments for the purchase of alcohol, some respondents did not agree that the transfer limit should be raised.

*It's really hard like to transfer...the limit is only 200 and it's really hard to send money to my daughter because she's schooling away...Like if you get good enough money, you can just increase it like maybe 1,000 or something and then when the money is gone, you can put it back down again, like to 200. P22EK*

## 4.5 Future of the CDC

A final topic which was explored in the in-depth interviews was respondents' perspectives as to whether the trial of the CDC in the East Kimberley region should continue or not. As described below, there were mixed views as to whether the CDC should continue (either in its current form or in an adapted form) or should be halted altogether. Strong differences were found between the views of CDC participants and stakeholder representatives. During interviews, CDC participants were far more likely to express the view that the trial should end, whereas stakeholders were far more mixed. The interviews also explored perceptions of the potential consequences for the region if the trial was to end and CDC participants reverted to receiving their full Centrelink payment into their regular bank account.

### 4.5.1 Continuing the CDC Trial

Respondents had mixed views regarding whether the trial should continue. Slightly more respondents (and especially stakeholders) reported that they were in favour of the CDC continuing in some form, compared to those who wanted the CDC to end.

#### 4.5.1.1 *Continue the trial in its current form*

Around half of the respondents who were in favour of the CDC trial continuing, wished it to be maintained in its current form. These respondents perceived that the CDC in the trial area was successfully meeting its aims, including reducing access to alcohol and drugs, improving social conditions within the region, and enabling CDC participants to take more responsibility for the management of their finances. As a result, they considered that the East Kimberley region would benefit from the continuation of the CDC and expressed a view that the implementation of the CDC should not change in any way.

*Oh, 100 per cent, yeah. I'd be disappointed if it stopped, both as a taxpayer, and I honestly do believe it's a good idea and I do believe it's helping. I know it's helping, you can just see it, you know, as I say, I was speaking to my staff over different times, and you can see that the community is buying healthier food and that sort of stuff. So, yeah, I think it'd be a backwards step to go back, and I think they've made the hard decision, and put it in place, and I think they should continue it. SH28EK*

*At the end of the day it's about the children getting fed and a woman getting looked after, so for me, I would say that it should continue, because it's improving, and everyone has to remember it's only new, and if it helps three families out of 3,000, good, because those three families obviously needed it. P44EK*

Several respondents expressed a view that the CDC should be expanded to other areas in Australia. While some of these respondents wished to see the CDC introduced nationwide, others considered that the CDC should be expanded to specific areas outside of the East Kimberley trial site which they considered to be experiencing considerable social issues.

*Yep. It should be rolled out state-wide, at least Kimberley wide and Pilbara wide instantly. Now Pilbara's coming in line with Kimberley liquor restrictions. They're looking at those. TAMS [Takeaway Alcohol Management System] won't be far behind that. Once you've got consistency and uniformity across the board, it will start to change. SH31EK*

*Yeah Australia wide. I know a lot of people...I know a lot of families struggling, you know, to have money for their kids and everything. They should be on that Indue. P36EK*

Other respondents thought the CDC should continue because it needed more time to achieve its intended aims. Furthermore, many considered that the CDC should continue to allow a detailed evaluation to be undertaken to enable the evidence to be generated to determine its actual impacts.

*I believe that the jury is still out on the effectiveness of the program and to that end that it should. I wouldn't be willing to be drawn for how long, but I feel that if government wants to trial something, it should be tried and it should be given a decent time to run before a decision is made one way or the other to continue or discontinue it. SH15EK*

*Well I should recommend that they should leave the Indue alone. Keep it going until, like I mean keep it going until people understand how to budget money... just keep it going. P36EK*

*Look, I think if it pulled out now, it would be pointless. There may be a small amount of value. I actually think there should be...An evaluation is a good point now, where I actually think a proper evaluation should be done before we just change the policy again. Like, there's a big cost in getting into this—not just emotionally and everything—seeing it's here, let's just do it properly and if it stopped, it stopped because it's not having an impact and if it keeps going, it keeps going because it is having an impact. SH16EK*

Some respondents considered that that the CDC should continue because discontinuing it risked having detrimental impacts on the community. This is discussed further in Section 4.5.2.1.

*I've been in places where they've put stuff in and pulled it out and it's actually been worse off. I think that once they set something up that they should just keep going with it. SH44EK*

*I think it does have an impact and I think pulling it would also have a negative impact. SH10EK*

#### 4.5.1.2 *Continue the trial in an adapted form*

The remaining half of those respondents in favour of a continuation of the CDC trial (particularly CDC participants), wanted this to occur in an adapted form. Most of these respondents expressed a preference for a more targeted approach to participation. Thus it was suggested that, in future, the CDC should be aimed solely at those individuals experiencing issues with alcohol, drugs and gambling. Importantly though, respondents considered that the CDC should always include wraparound services.

*It should continue on the people who really need to change in their life. P12EK*

*My initial reaction was just a blanket thing, but then I suppose—I think if it goes back to the way it was and just go back to the BasicsCard where it's on a case by case basis, I think that would be the way to go. If there's some way of incorporating other services. See that's my big thing. If you're doing a case by case basis, you need to be incorporating other services. You can't just go "You're doing the wrong thing; this is what you're stuck with". You need to go "Alright, you're doing the wrong thing. These services are available." I think that's an important factor in it. SH43EK*

Some of those respondents strongly agreed with the approach introduced by recent legislative changes to the CDC, which enabled the possibility of CDC participants who can show that they are

“doing the right thing” to exit from the program. Thus, it was suggested by respondents that it was appropriate that CDC participants who were managing their finances well, did not have an addiction, and cared for their children should be able to apply for an exit from the CDC. This approach was perceived to provide an incentive for CDC participants to make changes to their lives and address problematic behaviours.

*Yes, I do think clients should have an option. If they want to stay on it, they can. If they want to apply to, if they can prove that they are responsible or whatever, if they can prove that they don't have any social financial, whatever reasons they brought out the CDC card for, if they can prove all that sort of stuff, they should be able to just ...Get of it, if they want to. SH24EK*

*I reckon they should keep it if you want to go on it. Some people at least should get off it. Some people might get off it, but want to be back on it. P53EK*

Finally, some respondents who were in favour of the CDC continuing, thought that improvements to some current processes were necessary. The improvements to the CDC which were suggested by these respondents are outlined above and include steps such as reducing the percentage of the income support payment placed in participants' CDC accounts.

*And I don't think that we were ever under any illusion that the card was the be all and end all solution to all of our social issues. I think, you know, we'd be very foolish if we thought that was the case. But if it contributes and if it makes things, if it improves things, then from my perspective it's worthwhile persevering with maybe the rules around it and the operation of it still need to be tweaked. SH11EK*

#### 4.5.2 Ending the CDC Trial

Around a third of respondents (overwhelmingly CDC participants) expressed a view that they wanted the CDC trial in the East Kimberley to end. The reasons provided by respondents who expressed this view included perceptions of a lack of impacts from the CDC in addressing the social issues present in the region.

*I don't think it should continue because like I don't think it's working so like for me like I just say that sound like a good thing for the people who don't do the right thing by their children and whatever, however, it's not working here. P07EK*

*Give people back their normal payments to live their own lives normally. P52EK*

Other reasons provided by respondents who wanted the CDC trial to end included perceptions that the CDC took a punitive policy approach, negative perceptions of controlling aspects of CDC participants' Centrelink payments and perceived issues related to a reduced access to cash. Finally, a few respondents expressed a view that the cost of the CDC and the potential for these funds to be diverted into other local efforts and support services was a reason to end the policy.

*It should be terminated and the effort should be put into supporting local solutions to the problems and to really supporting the 'processes'—district leadership group and the Empowered Communities organisation up here—and putting policy and financial grunt behind those solutions that the community's identifying to their problems. SH12EK*

*I'd like to go back to my old ways, cash on my card. P66EK*



*I'd like to see the cashless debit card dumped completely because it's flawed legislation...It destroys our rights as Australian citizens. To say they're not being racist. That is flawed. There's no exit. That is flawed. Sure they're putting an exit thing in place now. An exit policy that is almost impossible for Aboriginal people to apply for. I've applied for it. I said to them, I said do you know how many Aboriginal people could fill this form out, print it out, sign it, scan it as a PDF and send it back let alone answer all the questions. P67EK*

However, some of the respondents who wanted the CDC to end warned that any cessation of the CDC would need to be accompanied by a well-planned and thought out transition to ensure that the process was smooth and understood by community members.

*And money just reverts back to people's bank accounts and all the rest of it. Again I'm guessing there'll be a horrible ugly transition phase as they try and get it right, people whose bank account details have changed and money goes missing and all of those things, but I guess things would just go back to the way they were. It wasn't that long ago, people haven't forgotten. SH11EK*

#### 4.5.2.1 Views on potential consequences if the trial ended

Respondents' opinions were mixed as to the likely consequences if the CDC trial was to end in East Kimberley. In general, stakeholder representatives expressed concerns about potential negative impacts if the trial was to end. In contrast, CDC participants were evenly divided as to whether ending the CDC would lead to a positive or negative change or no change at all.

A majority of respondents (especially stakeholders) considered that social conditions within the region would be likely to worsen if the CDC trial ended. While some of these respondents expressed a view that conditions could potentially only deteriorate in the short-term, as CDC participants adjusted to having greater access to cash again, others were concerned about potential longer-term negative impacts on the region.

*I think it's something if you removed now would cause more harm. Because people are accepting, it's sort of working...But people are just so accepting, it's, you know, if you suddenly removed it, it just causes all that dysfunction again. SH01EK*

*Well, if that happens and they get the peoples who really an alcoholic and a drug addict get off it and then they back on normal, then we back to stage one. P12EK*

*I think there might, like with anything, I think people might go oh hurrah, and perhaps drinking might spike initially, you know, there might be people sort of going oh great, you know, let's go buy lots of alcohol. But I think that would then, you know, go back to its baseline. SH39EK*

Thus, respondents considered that the perceived gains made from the CDC would be reversed and that social issues would again become more problematic. This included an expected increase in the incidence of substance misuse, alcohol-fuelled violence, child neglect and humbugging.

*I do think we would fall into a level of higher alcohol abuse. High gambling, you know, that fridge full of food probably wouldn't be stocked as often, you know, the uniforms for kids, turning up late to school, all those things probably would decrease. SH10EK*

*I think it'd be much easier for people to access alcohol and gunja, marijuana. I think there would be a loss of the impetus to take responsibility and be reformed from that; find a more*

*positive way of enjoying life or dealing with problems. I think it would be a step back. I think that gains that we've gained would be lost. I think that the old people that I'm thinking of would again be often without food because they've given their money away. SH27EK*

*I think it probably go back to the same way it used to be before. A lot of cash, a lot of alcohol. P42EK*

Perceptions and concerns were also expressed by stakeholders that the additional funding for wraparound services associated with the CDC would also be removed if the CDC trial ended, contributing to poorer outcomes.

*Obviously from this organisation's point of view, once the trial stops and if we're unable to access funding we actually lose a significant aspect of what we're now delivering and so from an organisational point of view, I need to very seriously look at how do we continue to deliver something that's actually working. SH03EK*

*And as the elder woman from Wyndham said, she believes the card has done good for her people of Wyndham community. She said, if we did not have this card, my community would not have these services to help my people. She had a good point there, you know. SH26EK*

*Programs like [Service Name], I think, are really needed. And it would be a shame if those programs are defunded because the cashless debit card goes away. I think those are the programs that are needed in order to make change. So I think looking at maintaining that. SH29EK*

Other respondents did not feel that ending the CDC would lead to changes within the trial site. These respondents expressed a view that, as they perceived the implementation of the CDC had contributed little to reducing the incidence of social harm within the area, ending the trial would not have any impacts.

*Well, given that I don't think this had much of an impact one way or another on the actual social issues that are underpinning it, I don't think we would have much difference—positive or negative. I think it would put an end to some pretty dodgy practices that are going on out there around syphoning money off of people's benefits. I don't think it would make humbugging much worse, so, yeah. But Aboriginal communities are very good at absorbing the thought bubbles of distant Australia governments. They absorbed this one and gotten on with the things they need to get on with doing to keep body and soul and family and community together. If it was repealed, they'd roll with that pretty easily too. SH12EK*

*They're doing the same thing always. Gambling, alcohol. Drugs. Yeah. So, I don't know. I don't think it will change anything. Still doing it today and even on the card. P10EK*

A final group of respondents (comprised solely of CDC participants) thought that conditions in the region would improve were the CDC trial to end. With the ability to access more of their income support payment as cash and to choose how all of these funds should be spent, these respondents felt that the well-being and happiness of former CDC participants and their families would increase.

*Well, everybody would be happy. No, negative, but it will all be positive because they can all be able to hold cash and they can feed their kids, get their kids money for whatever, stuff they want. Like walk into the shop a civilised human being, instead of walking in with a card and it's like, "Oh, shame". P29EK*

## 4.6 Summary of the East Kimberley qualitative findings

The qualitative research generated information around the following key themes: historical evidence about the initiation of the CDC trial within East Kimberley region, including perceptions about the social issues that were seen to be the impetus behind the trial and the broader social policy environment in which the CDC trial was introduced; the perceived impacts of the CDC; aspects of the CDC that were considered to be working well and aspects of the CDC that were not considered to be working well; perceived opportunities for improvement; and views about the future of the CDC. Below we provide a summary of the key points pertaining to each of these themes.

### 4.6.1 Initiation of the CDC Trial

The qualitative fieldwork collected historical evidence about the initiation of the CDC trial in the East Kimberley region in order to better understand conditions in the region prior to implementation and perceptions about the reasons why the region was chosen as one of the first trial sites. This information is also important to assist in determining the subsequent perceived impacts of the CDC trial.

Both stakeholder representatives and CDC participants considered that the East Kimberley region had a long history of social dysfunction and harm being generated by widespread substance use and misuse. This was said to be detrimental to the physical and mental well-being of individuals, and the community more broadly. Substance misuse was considered to be associated with other problematic behaviours including anti-social behaviour, family violence and crime. The issues with substance use and misuse were perceived to stem from a long history of cultural dislocation, dispossession and poverty.

Many stakeholders considered the CDC to be a potentially appropriate and positive option to address these issues. In particular, those stakeholders who supported the trial saw the CDC as a way of preventing spending on alcohol and drugs, thereby reducing consumption and addressing social harm related to this spending within their communities. Respondents also described their perceptions of the involvement of key community leaders in both supporting the trial and contributing to its design.

In addition, the interviews explored respondents' perceptions of the broader social policy environment in which the CDC trial was introduced. This included discussion about the Empowered Communities reform, which is still in operation to date, the Regional Services Reform agenda, Centrelink's shared responsibilities model and the local Alcohol Accord. Many respondents considered that changes in the broader social service sector and policy environment, as well as the other interventions operating to curb issues with alcohol abuse, would make any assessment and attribution of whether the CDC had caused behaviour change within the East Kimberley region difficult.

The qualitative fieldwork also uncovered evidence around community and CDC participant reactions to the introduction of the CDC and how these reactions had changed over the three-year trial period. These reactions had been varied—with some community members reported to be supportive of the implementation of the CDC, and others not. The majority of respondents reported that community responses towards the trial had become less negative over the trial period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested that people had become used to the CDC and had worked out ways to manage adequately within the parameters of the CDC.

## 4.6.2 Perceived impacts of the Cashless Debit Card

There were mixed views as to whether the CDC was fulfilling its intended aims of reducing the social harm caused by substance misuse and gambling. Respondents' views were divided as to whether the introduction of the CDC had had a positive impact on levels of alcohol misuse. While some respondents considered that levels of alcohol and drug use had decreased since the implementation of the CDC three years previously, others felt that there had been no observable change. Respondents were slightly more positive about the impact of the CDC on levels of gambling within the area, with some respondents reporting that the incidence of public card games had declined since the start of the CDC trial. It was noted, however, that other interventions were also occurring in the local area—for example, a local Alcohol Accord and increased police activity to break up card games—which were also designed to impact on these issues.

On the whole, respondents reported positive outcomes with regard to the financial impacts of the CDC on participants. An improvement in CDC participants' money management skills and a reduction in the incidence of humbugging was reported by many. Moreover, the spending patterns of CDC participants were said to have changed for the better with more priority now given to the purchase of essential items, especially food. Respondents were also slightly more likely to report positive impacts for the children of CDC participants, including spending on children, school attendance, child welfare and participation in activities.

Overall, the introduction of the CDC was not perceived to have reduced crime rates in the East Kimberley trial site. A majority of respondents expressed views and concerns about a perceived escalation in youth crime. However, there were mixed views as to whether this perceived criminal activity was directly related to the implementation of the CDC. Some respondents expressed perceptions and concerns that financial abuse, fraud and exploitation was occurring in relation to the CDC; this was especially said to be problematic for older people (for both CDC participants and those receiving the Age Pension). Respondents also expressed concerns that the CDC took away the autonomy and control of CDC participants to make decisions about their own lives and how they spent their Centrelink payments. In addition, perceptions of stigma, shame and embarrassment in relation to participating in the CDC were expressed by some respondents. The CDC was perceived by these respondents as stigmatising CDC participants by identifying them as being in receipt of Centrelink payments or, as a result of the perceived aims of the CDC, seen by these respondents to be labelling CDC participants as having a substance misuse or gambling problem.

Mixed perceptions regarding outcomes for health and well-being, and impacts on organisations in the trial site were also described by respondents. Respondents also perceived that the introduction of the CDC had few impacts on participation in employment and training in the region.

While many respondents considered that the introduction of the CDC had led to various impacts (both positive and negative), a sixth of respondents expressed a view that the policy had not changed circumstances within the East Kimberley trial site. These respondents considered that the problematic social issues still present within the region were too complex to be fully addressed by the CDC.

## 4.6.3 Implementation of the CDC

The interviews explored elements of the implementation of the CDC which were considered to be working well and elements considered not to be working well.

#### **4.6.3.1** *Aspects of the CDC considered to be working well*

Three key areas related to the CDC were considered to be working well by respondents. First, financial management and spending patterns were considered by many respondents to have improved with the CDC. Second, several practical aspects of the Card were seen as working well. These included the functionality of the CDC, the capacity to purchase a wide range of non-restricted items (including cigarettes) with the Card, and the ability to make monthly transfers to a keycard account. Third, some respondents expressed satisfaction based on their view that the implementation of the CDC was contributing to improvements to social conditions within the region. It should be noted, however, that some other respondents (mostly CDC participants) did not report aspects of the implementation of the CDC which they considered were working well.

The CDC was considered by respondents to be working best for three groups of CDC participants: families, older people participating in the CDC, and people experiencing alcohol and gambling issues.

#### **4.6.3.2** *Aspects of the CDC considered not to be working well*

To a greater degree, respondents expressed their views on aspects of the implementation of the CDC that they considered to be not working well. Seven primary issues were identified by respondents. First, the limited availability of cash under the CDC was considered problematic by many respondents (especially CDC participants). Second, while acknowledging that improvements had been made over time, several practical aspects of the CDC were noted to continue to be challenging. This included the capacity to make certain purchases using the Card both within and outside of the trial site, the processes associated with managing the CDC, and perceptions and concerns about security and associated fraudulent use of the Card. Third, reservations were expressed about the choice of the cohort selected to participate in the CDC trial, with some respondents perceiving the current blanket approach to participation to be inappropriate. Fourth, the reported use of card workarounds which were perceived to lessen the potential positive effects of the CDC were noted in the interviews with the workaround most frequently reported being trading, i.e. the selling of goods purchased with the CDC for cash or alcohol. Other workarounds commonly reported included participants selling their Card or allowing others to use their Card in exchange for cash or alcohol, and the purchase of alcohol via pre-existing sly grogging networks. The involvement of some local businesses in card workarounds was noted to be occurring by some respondents.

Fifth, many respondents either seemed unaware that funding for wraparound services to support the CDC had been implemented, or expressed dissatisfaction with the consultation process around the allocation of this funding and the services which were funded. In particular the funding of broader wraparound services which could work alongside the CDC and more effectively address the core issues contributing to social harm in the region was not perceived to have sufficiently occurred. Sixth, a further perception and concern regarding the implementation of the CDC expressed by some respondents was a perceived lack of social outcomes in the region since the trial had commenced. Finally, respondents perceived that insufficient community consultation and information provision had occurred both prior to, and since, the introduction of the CDC.

Three key groups for whom the CDC was not working particularly well for were identified by respondents. These groups included individuals experiencing entrenched addictions, those with limited literacy and IT skills, and people with disability.

#### **4.6.4** **Perceived opportunities for improvement**

The in-depth interviews discussed aspects of the CDC which respondents considered could be improved as the trial continued. A small minority of respondents (who were all participants) did not

express views on improvements that could be made to the CDC. However, other respondents perceived the CDC could be strengthened further and suggested five key opportunities for improvement.

First, the most common suggested opportunity for improvement was for changes to be made to the groups selected for participation in the CDC. Many of these respondents were not in favour of the blanket approach for participation currently utilised with the CDC. Instead, they considered that the focus of the CDC should only be on certain groups, including people with drug, alcohol or gambling issues; individuals who needed help to effectively manage their finances; or those who did not adequately care for, and supervise, their children.

Second, a perceived need for improvement to wraparound services and policy measures within the East Kimberley region was expressed by some respondents. These improvements were seen as either being an essential part of an overall strategy to complement the provisions of the CDC or as a replacement to the Card. Current gaps in service provision were noted, such as alcohol and drugs services, mental health and suicide prevention services, financial counselling and programs for young people. It was also seen as being imperative that funding for the CDC local partners continue in order to assist CDC participants when transitioning onto the Card and assist CDC participants with any day-to-day issues experienced with the processes of the Card. A strengthening of the Alcohol Accord restrictions operating in Kununurra and Wyndham was also suggested by several respondents.

A third area of improvement suggested by respondents was the need for further community consultation to inform future decisions about the trial and the provision of greater information about the CDC by the government. Fourth, an increase in the proportion of cash funds available under the CDC was proposed by some respondents (mostly CDC participants). While this was seen as having the potential to provide motivation to CDC participants to take more responsibility for their spending decisions, it was also expressed that this suggested change should only be applied to those who were managing their money well.

Finally, some respondents perceived a need for several improvements to practical aspects of the CDC. These changes included greater flexibility over the use of the Card, the need to investigate and address reported card workarounds, improvements to the community panel, and a potential increase in the amount of funds that could be transferred from the Card each month.

#### **4.6.5 Future of the CDC**

A final topic explored in the in-depth interviews was perspectives as to whether the trial of the CDC in the East Kimberley region should continue or not. Respondents had mixed views as to whether the CDC should continue (either in its current form or in an adapted form) or whether it should be halted altogether. Strong differences were found between the views of CDC participants and stakeholder representatives. During interviews, CDC participants were far more likely to express the view that the trial should end, whereas stakeholders were far more mixed.

##### **4.6.5.1 *Continuing the CDC Trial***

Slightly more respondents (and especially stakeholders) reported that they were in favour of the CDC continuing in some form, compared to those who wanted the CDC to end. Of those who were in favour of continuing the CDC, around half wished it to be maintained in its current form as they considered that the trial was successfully meeting its aims. However, the other half of these respondents (and especially participants) wanted the CDC to continue but in an adapted form. This included a preference for a more targeted approach to participation, and perceptions that the CDC should be aimed solely at those individuals experiencing issues with alcohol, drugs and gambling. It was therefore suggested

by respondents that participants who were managing their finances well, did not have an addiction, and cared well for their children should be able to apply for an exit from the CDC.

#### *4.6.5.2 Ending the CDC Trial*

Around a third of respondents (overwhelmingly participants) reported that they wanted the CDC trial in the East Kimberley region to end. The reasons provided by these respondents for wanting the CDC to end included perceptions of a lack of impacts to date, and perceptions that funding associated with the CDC would be better directed at other, and more local, support services.

The interviews also explored views on the potential consequences for the region if the trial was to end and participants reverted to receiving their full Centrelink payment into their regular bank account. Opinions were mixed as to the likely consequences of ending the CDC trial in the East Kimberley. In general, stakeholder representatives expressed concerns about the potential negative impacts if the trial were to end, anticipating an increase in the incidence of substance misuse, alcohol-fuelled violence, and child neglect. In contrast, participants' views were evenly divided as to whether ending the CDC would lead to a positive or negative change or no change at all.

## 5. Goldfields region

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The following chapter details relevant findings from the qualitative fieldwork undertaken in the Goldfields region for both the baseline research and the full evaluation. Quotations drawn from the baseline research are denoted by a W1 (indicating Wave 1). Quotations drawn from the impact evaluation fieldwork are denoted by a W2 (indicating Wave 2). Where possible we compare changes in the findings over time, however, given the timing of the two data collections and the focus of the two projects this information was quite different. The baseline data collection aimed to understand the pre-conditions and expectation of the impact of the CDC, while the CDC impact evaluation focused on perceptions of the impacts of the CDC and respondents' perspectives on its future.

### 5.1 Initiation of the CDC Trial

The qualitative fieldwork conducted for the CDC evaluation, as well as our previous baseline research, collected historical evidence about the initiation of the CDC trial in the Goldfields region in order to better understand conditions prior to implementation and the reasons why the region was chosen as one of the first trial sites. This information is also important to assist in determining the subsequent perceived impacts of the CDC trial.

Respondents (mainly stakeholders) discussed the entrenched social issues that were the impetus behind the CDC trial. They also described the involvement of key community members in both supporting the trial and contributing to its design. In addition, the interviews examined the broader social policy environment in which the CDC trial was introduced. The qualitative research also uncovered evidence around community and CDC participant reactions to the introduction of the CDC and how this had changed since the trial commenced in the Goldfields region.

#### 5.1.1 Reasons for the trial

Both stakeholder representatives and CDC participants considered that the Goldfields region had a long history of social dysfunction and harm being generated by widespread substance use and misuse. This was said to be detrimental to the physical and mental well-being of individuals, and the community more broadly. While alcohol misuse was often indicated to be the main substance abuse issue for the region prior to the CDC, it was recognised that drugs and gambling were also an issue for the region. Substance misuse was associated with other problematic behaviours including anti-social behaviour, family violence and crime. The issues with substance use and misuse were said to stem from a long history of cultural dislocation, dispossession and poverty. In the Goldfields it was also thought to relate to the strong drinking culture evident in the region.

*When we arrived here, we were very quickly made aware of there was a high degree of family violence, there was a high degree of alcohol and drug abuse, a high degree of antisocial behaviour in the streets; theft and crime. SH19GF W2*

*Here, there's a lot more alcohol stuff so you would come to town and 90 per cent of the work was all alcohol related. Some of it quite violent. We were getting assaults between family members but people that were also associating with each other drinking that have arguments. Some people think domestic violence is husband/wife or partners whatever. It's not just that, it's family members as well so yeah, a lot of it is that drink together as family and things get out of hand. SH45GF W2*



Before the implementation of the CDC, substance abuse and gambling were considered by many respondents to have been having a negative impact on the well-being of children. Some children were said to not be appropriately cared for or be adequately supervised as their parents were intoxicated. Children were also reported to not be provided with adequate food because parents spent their money on alcohol, drugs or gambling. This was negatively impacting on children's health and well-being; stakeholders reported that children were attending school tired from not having an enough sleep the night before and hungry. In some cases it was said that children did not want to return home at night due to the alcohol consumption of their parents and concerns for their own safety.

*The saddest conversation was "I'm going to ring poppy in Menzies to tell him not to send mum and dad any more money, because their money that they get from poppy goes on gunja and then we don't get fed and then dad beats mum up" and it's just this revolving circle and it's from a seven year old's mouth. SH02GF W2*

*What you would see is when people would get pay day with their welfare benefits, they would pretty much spend the whole lot and have parties for two or three days and the kids would go without. A lot of kids haven't had brand new clothes, and things like that; gone without shoes, they've avoided school because they haven't had food to eat. Some of the schools do morning breakfast programs, so that the kids are getting one meal a day. SH38 GF W1*

Respondents commonly identified that many of the socio-economic issues considered problematic about the Goldfields region were contributed to by transient groups of Indigenous people who travelled from dry communities in the Lands into the region for cultural business. For particular areas, such as Laverton and Leonora, their proximity to the Lands meant that drug and alcohol misuse and associated anti-social behaviour of transient groups of Indigenous people were reported to be more of a problem.

*The migration issue is very strong still, and as the summer approaches it will be even stronger. And so you've got people that come in and live on the streets or come and get a drink deliberately and cause nuisance and street anti-social behaviours and the like. And they come without restriction, and so they come with cash and they drink, and then all their friends, relations, all, you know, jump in on it. So something that's a little bit orderly becomes disorderly. So Tjuntjuntjara's one area, and that's where the Spinifex People come in from South Australia and come to Boulder, mostly, and some of them have cards because they also go the other way to South Australia. SH33GF W2*

*When people come to town, they've got nowhere to stay, so they're staying with family. They're bringing alcohol in, so family fighting. It just impacts the total place. Because they don't have a pub in there, so it's dry. So, the closest community to come with a pub is Laverton. So, when they come, they're intention is to drink. So, with alcohol, comes crime, comes violence. It just goes hand in hand. SH38GF W2*

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

*We're watching these people who are suffering from grief, loss, colonisation, pain and suffering which then causes drug and alcohol, family break down and all the factors from their*

*grief and loss and their loss of land, loss of community, loss of family. And so, people have very little understanding of what's really going on for the Aboriginal people. SH26GF W1*

*Because we've stripped away their lifestyle and their community and they've got...they're just angry running around now, and a lot of the kids are seeing that anger from their parents, and they're...I think it's the younger children who now...because their parents are angry and disjointed and taking alcohol and drugs because they've just given up, the kids are now "stuff it" as well, and they're out thieving and all the rest of it. P17GF W1*

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

*I think in the lead-up to the card something had to be done, something has to be done because there's too many people that are suffering through the drugs and alcohol, and in particular the kids, and I think if something's not done or something wasn't done I think we're going to end up with another whole stolen generation in front of us. SH18GF W1*

*At the end of the day, the Shire was more around, we have a responsibility, we have to take a big breath and be really brave and make a decision for the health of our community, over the overall health of our community. And if that meant supporting the cashless card so that children grow up not repeating the cycles...But you know, somebody had to step up and break the cycle. SH02GF W1*

The interviews indicated that stakeholders considered that each location within the Goldfields had different reasons as to why the CDC may be a good idea. For example, Menzies and Kambalda were reported not to experience many of the social issues identified above but were captured in the CDC trial because they had other areas within their Shires where alcohol use and misuse was an issue or that they saw the CDC as a preventative measure to ensure that these issues did not come to their town. Many stakeholders in Leonora, Laverton and Coolgardie, meanwhile, wanted to see an improvement in children's well-being and to break the cycle of intergenerational disadvantage and welfare dependence. In Laverton and Leonora some stakeholders also saw the CDC as a potential way to curb the social harm caused by transient Indigenous groups.

*Well, each of the communities had a different reason, each of the shires. So, you look at it and think, "Well, there's five shires" but there's actually about 19 locations and each of those had different expectations and different reasons why they thought the card might be a good idea. SH07GF W1*

*The short story with them [Menzies] is that they supported the introduction of the program because if they didn't, there was a fear that if they didn't the social issues from all the other regions would be converged straight into them. SH09GF W1*

## **5.1.2 Broader social policy environment**

Stakeholder representatives noted that there had been a number of other interventions that had been implemented in the region prior to the CDC that aimed at trying to reduce the social harm caused by

alcohol and drug misuse and abuse. Two of the main interventions that were evident in the Goldfields, and whose impact will need to be teased out from that of the CDC, were alcohol management and additional policing.

#### 5.1.2.1 Alcohol management

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

*Takeaway sales don't open until 11 am on Thursday, Friday, Saturday and don't open until 4 or 5 on the other days and nobody opens on Sunday, so it's much more difficult to access takeaway alcohol than it was in the past, and that came in about the same time as the Indue card. SH22GF W2*

*You can't buy certain types of alcohol or quantities after certain hours or before certain hours. That's right and there are limits to how much of a mixture of things that you can buy and all the rest. It is quite light on compared to other jurisdictions. SH07GF W1*

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

*And the saddest thing is, you know, Kalgoorlie have already implemented things to try and deter the alcohol issue. You know, you're only allowed to buy alcohol once a day here—anyone. You're only allowed to do one transaction at the bottle shop a day. So, there are already means being implemented in other avenues that are obviously not working because you only need to walk down the main street of Kalgoorlie to know that there is an issue with alcohol in the town. SH17GF W1*

*And if we're talking just alcohol, we talk about when there's funerals on north of here, in the accord they can't sell takeaway, well, I swear you can see trailer loads of takeaway coming up that highway from Kalgoorlie. So, if people really want it, someone will do a run and people put their money together. SH32GF W2*

#### 5.1.2.2 Increased policing

The other intervention that was occurring concurrently to the rollout of the CDC was “Operation Fortitude.” This was described as an ongoing intervention which sought to increase the number of police in the city of Kalgoorlie-Boulder and also to change the style of policing to enable more of a public presence. In addition to “Operation Fortitude” was the introduction of “Safer Streets Patrol” which funded the presence of four people to patrol and combat antisocial behaviour in key precincts in the city of Kalgoorlie Boulder. Local Stakeholder representatives reported that these interventions would probably inflate crime statistics within the city. It was noted that, in order to understand the impact of the CDC on crime, this intervention in particular would need to be disentangled from the CDC as they were occurring concurrently.

*The police obviously, the “Operation Fortitude,” which is ongoing...But we put \$1 million on the table to pay for it. Get us the police force, the police horses, we'll stable them, we'll house them, we'll pay for the police...Eventually the state said righto and they gave us more police*

*and we've now got them on the street...But we'd been pushing for as long as we'd been pushing for cashless card, we, as a city, have been pushing for police, and they came together by coincidence. SH03GF W1*

*I think going back to the police presence in the community, you know and also we have a Safe Streets patrol. And they are around the community and to be honest, it's actually quite rare to see disruption in the community than when I was here maybe 18 months to two years ago. The same things would erupt and there would be shouting and fights and all the rest of it. But again, is that part of the card or is that really the fact that the police are there. SH15GF W2*

### 5.1.3 Community leader's involvement

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

*So the city took the front foot. It was the city that asked for the cashless card. We'd seen what was happening in the Kununurra trials and the Ceduna trials and we looked to get there. We weren't on the list. Everyone was preferred, other places were preferred. We just lobbied hard, worked hard, and convinced the politicians that Kalgoorlie should be considered. So Rick Wilson was the federal member, was right behind it, clearly, and he continued and took to the front often in the pursuit of the card, but it was the city that drove it. SH03GF W1*

*That's why Tudge came to Leonora, had the community meeting. We were just pleading for help. Now I don't know whether it's, Kalgoorlie-Boulder wasn't involved in the card at that stage. Nor was Menzies. Nor was anyone else really. It was only after that, I think what some of the others thought, that if Leonora and Laverton was the trial area, that the people that were creating problems within those shires would move to the neighbouring shires. So Menzies and Coolgardie and Kalgoorlie-Boulder joined in. SH32GF W1*

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

*But as it was, from there on, once we decided that we were going to get involved, Rick Wilson and the Department of Social Security people, they came to town on several occasions. We formed working groups pretty well in each town. Yeah, so from there we just had several community consultations. We had regional meetings. We had minister's meetings. And just about every town sort of followed suit until basically it ended up at that point where the government was under pressure to get the numbers to actually be able to get the trial introduced to the Goldfields. SH01GF W1*

*And representatives from government and agencies were coming down here to have some discussions and negotiate with us to see whether—how it might run, and there was a possibility that this was coming to the region. Obviously it was going through Parliament and all that. So I was a part of all of those meetings, and met with representatives and government, and different agencies that were coming down, people from Canberra and so forth. And they were asking for our opinion. And obviously then they asked us to put on some consultations, and so I did put on a load of consultations here in Laverton. SH30GF W1*

#### **5.1.4 Community consultation**

Respondents indicated that the level and quality of the community consultations undertaken in the Goldfields region was high. The stakeholder engagement work undertaken by the DSS was said to have been extensive and inclusive, engaging not only easy-to-reach groups but also engaging appropriately and sensitively with Indigenous community groups.

*In my view, the right people were sitting around the table. It worked really well and the reason it worked well was, and I understand these things can be a tick box exercise, but the department was very truthful, forthright and kept the group very, very well informed, consistently well informed, about what was happening with the card. So, the information flow was just always there and I've got nothing but praise for the department in the way it conducted that process. I can't think of a better process to be quite frank. SH40GF W2*

*I think DSS have been incredibly thorough in their community engagement, prior and post. Incredibly thorough, staff that they've had on the ground have been very community-minded. They've been able to understand, they've got their head into the paradigm of the people who will be affected. And I know I've talked a lot about Aboriginal people, but I do also fully recognise that the major number are not Aboriginal people. SH10GF W1*

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

*So the team started, and then it was all about going out to community, talking to community, explaining what was happening, so that community felt comfortable and understood. I mean it was still, it wasn't perfect, 'cause not everyone got it. But actually that, I think personally, really helped with when it came to activate. People just knew the team, trusted the team completely, knew the office, knew where to come. SH30GF W1*

*In the weeks preceding the implementation, we were out again going around Laverton, visiting various people just to get them on board, sitting down and explaining, and part of that process for me was, and no disrespect to the paperwork, but it was quite difficult for our community to absorb and understand. So I got the team, we worked collaboratively to make a simple version. Factually correct, but just with visual photos and just to help people understand so we could sit down with people go, this is what 80 per cent, and we had visual indicators for that. Actual money, that much, that much. So we tried to get people on board and understand. SH31GF W2*

Despite the extensive consultation and engagement work conducted by DSS, a number of respondents reported that they were dissatisfied with the process, indicating that key stakeholder groups had not been consulted. In addition, some indicated that the engagement of DSS had diminished over time. This was evidenced by the lack of communication about the change in location for the Kalgoorlie CDC shopfront with many stakeholders indicating they were unaware that Kalgoorlie local provider services were now co-located with Centrelink.

*So, to say the meetings were going to be included, but actually forgetting the, probably you could say, the peak Aboriginal body within the actual area, in that initial consultation, was excluded. If we're talking about the Aboriginal situation, which we can talk about too, you engage Aboriginal people in decision-making as well. You don't walk into a Shire office and everyone's white and that's what some places are like. SH32GF W2*

*I'm pretty sure we had clients coming in looking for the service and being re-directed. So they sent us this really bizarre email saying please put this on the wall. You will need to go to the such and such...Kalgoorlie Support Centre. So I was going can you give us a street name. Give us a Street name. And they were going on the corner of such and such, I was going can you be more specific, a building. And then we found out, it's jolly Centrelink, why can't you just say Centrelink...so I just thought that was so bizarre, and this was three or four emails back and forth. Because my staff was going where. I had to ring DSS to figure it out because we'd try and invite the local partners you know, and I had to ring DSS to figure out where this Kalgoorlie Service Centre is and who is the contact person. It's Centrelink, oh we know where that is. SH15GF W2*

*Well we actually don't even know where they are. I could not tell you where they are. SH17GF W2*

*I'm not aware of anything. I do know that there were those two offices set up and so if people had issues they were supposedly able to go to them and go to those offices. I didn't have to go to them at all. I had no need to go to them. But I was just hearing feedback from the people who came into our centre. Then they've shut. It was like okay, it's done now, we're gone. SH19GF W2*

## 5.1.5 Reactions to the CDC

Reactions to the proposed introduction of the CDC were discussed in the qualitative interviews. These reactions had been varied—with some respondents reporting that community members supported the implementation of the CDC, and others reporting the community did not. Also over time, reactions to the CDC were described as having changed somewhat, with many considering that people had largely accepted the CDC.

### 5.1.5.1 Positive reactions to the CDC

Some respondents (particularly stakeholder representatives) reported that they themselves and others within their communities were in support of the trial, considering it to be part of a necessary set of policy responses required to deal with the individual and community-level social harm being generated by substance abuse issues within the region.

*When the card first came out there were a lot of people who were quite keen on it who said it was a really good solution. There were probably more people who felt positive about it than felt negative. SH46GF W2*

*Look a majority were for the card...There was a small percentage of people saying we don't want it and that. But at least the community had the tenacity to sit down with people and say look hey...One of the biggest critics, he came along for the ride, we show him how to, how, what he can do, now he goes beautiful, love it, love it. SH45GF W1*

It was noted that support for the Card was higher in some locations than in others. In particular, Laverton, Coolgardie and Kalgoorlie/Boulder were noted to have high support for the Card.

*Towns surrounding us like Leonora, they weren't in favour of it all, but Laverton was quite receptive. The people that went to the initial meetings, there were some Aboriginal elders that went to it and they said, "We need to try something. If it doesn't work, it doesn't work, but if it works then it's good". SH38GF W2*

Many CDC participants themselves reported that they had no issues with the trial and the introduction of the CDC. The Card was seen by these respondents as allowing themselves and other CDC participants to manage their finances better and always have money for food and other essential goods.

*I didn't want to be on it...Because I didn't know about it see? Now that I know the system, even have to be budget. You always got food, payment to payment finally. I'd probably stay on it, yeah...I know how to spend, I'm hanging on to it longer than usual...Yeah bit of relief. You got finance always there, till my next payment, you know? P44GF W1*

*I know that there's money there for whatever I need. Like, if I run out of sugar or tea, or want to buy cordial or something for the boys, or sweets, make something special, I've got the money in that card. It's always there. P63GF W2*

It was perceived by some respondents that Indigenous participants were more accepting of being on the Card. This was considered to be in part due to a previous personal familiarity with other forms of income management such as the BasicsCard. The CDC was said by several respondents to hold advantages over the BasicsCard which had led to some Indigenous people being satisfied with the implementation of the CDC. In addition some respondents felt that this general divide in perceptions between Indigenous and non-Indigenous participants about the CDC was linked to non-Indigenous people being unused to having their welfare payments managed in this way.

*Aboriginal people are used to be oppressed, are used to being told what to do and how to do it and when to do it, you know, coming to town at 6 o'clock, you got to be out of town by 6 o'clock, all of those sorts of things. So, they're used to it, it's just another policy, they've been governed by policy for the last 200 plus years. So that's another one, we'll adjust to it, we'll go with the flow and then you'll change it in five years and then we'll go with the flow, you'll change it again in five years, so people are just used to it. They're worn down and it is what it is. SH11GF W1*

*From what I understand it is the actual, the majority of the actual objections or complaints about the card just recently have come from the non-Aboriginal people. So we believe there is actually more of the Aboriginal people that have embraced the card and seen better benefits*

*like I say with more money in their account than the actual non-Aboriginal people. So I think that is a bit of a turnaround because we expected it to be the other way. SH12GF W2*

### 5.1.5.2 Negative reactions to the CDC

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

*They are not comfortable with it, not one person I have met, personally, both here in Coolgardie, Norseman, down south, anyone that has been in touch with the Indue card, there is not one person that says, "Oh, this is a good thing." The only people that say that are the ones that aren't on it. SH09GF W2*

*It was a pushback because they wanted the freedom to do what they want with their income of the pension. Generally it wasn't wanted from what I was seeing but obviously there were people pushing for it. There were also some people that were quite happy who were going to be on the card to be on the card. So mixed, but probably more negative than positive. SH45GF W2*

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

*I didn't actually think it would have much of an impact to be honest...a lot of our problems come from the land. So the local people obviously have their own issues and we have a hotel here, so we have a pub, so there's always drinking happening. When you have visitors come in from the land, which is pretty regular, and they're related to everybody in town, they lob in...and they have cash and they don't have any restrictions and they come into town and problems have always got worse when there's been visitors from the land come in, 'cause this is their closest pub. SH43GF W1*

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

*It might help some behaviours but it won't necessarily cure that if you've not got it as part of a whole lot of other things which the DSS were keen to do but it took a while, I think, for everyone in the city of Kalgoorlie Boulder to get that it wasn't going to be a cure-all for everything. SH07GF W1*

*If you're going to be rolling something out like that there needs to be an overflow for services, there needs to be improved funding for services to help. It's not just we're going to put your money on this Indue card so you can't do this stuff, we're actually going to help you so that*



*you don't want to do it and you don't need to. That sort of stuff. I think it needs to be a broader rollout. SH19GF W1*

Respondents identified several reasons for opposition to the CDC. These centred mostly on a reluctance by participants (both those with addiction issues and those without) to having restrictions placed on their money and spending by the government. The proportion of money available as cash on the Card was also considered by some participants to be inadequate (see Section 5.3.2.1 for further discussion).

*Well my own family and my extended families you know? I see the good that's happening. I don't think they liked it one bit. They weren't liking it because they the ones that was drinking, you know? Spending their children's money on alcohol and drugs and whatever. They didn't like it one bit because that took their, took away their privilege to do that thing, carry on with drugs and alcohol. P43GF W1*

*So the [Organisation Name] don't, as a whole, support the idea of enforced money management or income management. SH19GF W2*

Linked with these objections, some CDC participants who did not have an issue with addiction or had previously managed their finances well, were reported to feel that a lack of targeting as to who was placed on the Card was unfair to people like themselves. In particular it was felt that people whom had worked all their life and who accessed income support only after becoming unwell or unemployed were particularly unfairly targeted and were most likely to express their dissatisfaction. Feelings of stigma directly associated with being on the CDC were also reported by respondents (and especially participants) to be an additional reason for opposition to the Card. Furthermore, a minority of respondents reported that there were philosophical objections within the community to the Card as it was being perceived as an assault on civil rights. These issues are discussed in further detail in Sections 5.2.10, 5.2.11 and 5.3.2.3.

*But, yes, there was a lot of discontentment, mainly actually it was more from ... the people on disability. You know, they'd been working most of their lives, and then they'd been put into a position that they have no control over. And then they've got no rights, in their eyes they've got no control over their own entitlement. SH09GF W2*

*Certainly there's a strong stigma attached to the card within the community which I felt wasn't there last time around. It's become, people who are on the card definitely feel they are treated in a different way than what people who aren't on the card are. Whether that's the case or not, I don't have any verified evidence but certainly a lot of people who have spoken to me have said that they feel a lot of people don't take it as a legitimate form of payment in many respects and they feel it's very stigmatising for them to actually have it and their kids to have it. SH46GF W2*

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

*Government is controlling us. They think it's—they think they know more better for us. They think they can provide everything for us, in the right way...And we proud to be Australian you know, we all—I'm an Aboriginal Australian. I don't come from somewhere else you know. And*

*I have a heart, mine, just like a white people. Just like the government innit? I have the same feeling like them. I'm not an animal, or something else. And I have a heart. Just like them. P50GF W1*

*It takes your independence away- that you still got to ask permission. See, it went from, look, I'm going back maybe 50 years ago. Before an Aboriginal could leave a town or a mission or a reserve...he had to have permission to go from here to over there. Them days are gone now, ration days. Their percentages, if you think about it, their percentages on basis for Aboriginal's wage was 80 per cent was kept by the government, 20 per cent was yours. But not yours like yours, yours, it went to the station owner. If he thought you needed new boots he would pay for them. He would pay for them out of his own money, but yet he will still charge you to work for him...They're using the same ratio, 20/80...It's happening right now. P03GF W1*

### 5.1.5.3 *Changes in reactions to the CDC over time*

The majority of respondents reported that community responses towards the trial had become less negative over the trial period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested that people had become used to the Card and had worked out ways to manage adequately within the parameters of the Card.

*They have adapted to it and according to the feedback report there is actually several people have claimed that their life is way better. SH12GF W2*

*I think when it first rolled out there seemed to be quite a lot of complaints; people weren't happy about it. But in the last 12 months or so I haven't heard anybody. It seems to have settled down and people just seem to be, you know, they're used to it now, yeah, and that's how they plan how they do their spend or whatever. Yeah, there doesn't seem to be any issues now. It seems to be all settled down. SH34GF W2*

A few stakeholders considered, however, that it was not that some people had accepted the CDC trial, it was that people had resigned themselves to the CDC and were not as likely to react about the trial emotionally anymore.

*I think the worst thing to see for our clients, because probably maybe 80 per cent or 75 per cent of our clients are on Centrelink, is that when it first rolled out you'd say what do you think? Agro as. And then over time you'd ask them and they'd just go oh yeah whatever, I get by. So they kind of resigned themselves to it, which it's not a positive event. SH15GF W2*

*Common comments I get when people come in is like, "Oh, do you know when the card's going to end," or "Oh, it's really annoying, isn't it?" But they're not aggressive anymore, it's more just like, you know, a bit of a sigh, and yeah, but—oh, it's annoying, but nothing extremely like aggressive. SH07GF W2*

It was evident in some CDC participant's narratives that they had changed their view of the Card over time because they had experienced positive changes in their behaviour.

*I was happy when I first got on to it because I always had a problem myself. A bit of a drug problem. So being on the card, I was happy that I could slow down on it. And then more eating. I could buy more new clothes. New shoes. And I've been more cleaner. P34GF W2*

It was noted however that when the CDC became the focus of media attention, or when people (including researchers) visited the region to speak about the Card, community responses once again picked up.

*Well, there was a handful of people who say, the social media warriors, we know them all, so they're the same people who complain about everything, so they're not really genuine community people, they're just agitators that don't like us, and they were, and still occasionally get on. You know, if ever the Greens senator or one of the opponents drops into town, you get a little flurry, because they come deliberately to attract a bit of attention. But apart from that.*  
SH33GF W2

A few respondents indicated that there were people who remained unhappy with the CDC and that in some instances this discontent had grown over time. However it was perceived that those against the Card were a vocal minority who did not represent widespread community views.

*I think the fact you know they also had a workshop in Kalgoorlie with Rachael Sewell I think it was and they had 30 people out of a town of 30,000 that come to her workshop as objectors so it is a very vocal minority that are objecting to being, you know the imposition of the card. Whereas if you have got 3,500 people in Kalgoorlie that are on the card, you would expect if it was such a, if there was such strong opposition that you would have 1,000 there not 30.*  
SH12GF W2

*A lot of I suppose the agitation on social media wasn't actually coming from within our own community, it was sort of, you know, eastern states based activity and people that, they're opposed to the card as a construct versus the actual introduction of it into Kalgoorlie-Boulder.*  
SH33GF W2

## 5.2 Perceived impacts of the Cashless Debit Card

The CDC aims to address the social harm caused by welfare-fuelled alcohol, drug and gambling misuse. The perceptions of respondents as to the impact the CDC had had on these three issues were a key focus of the in-depth interviews in the Goldfields trial site conducted as a part of the evaluation. However, little consensus was reached as to whether the CDC had fulfilled its intended aims since the introduction of the policy a year earlier.

Further impacts of the CDC—including those relating to financial issues, crime and family violence, child welfare, health and well-being, autonomy and control, stigma and shame, employment and training, and local organisations—were also discussed and the findings relating to these are outlined below.

It is important to note that the CDC was introduced at a time when several other policy reforms and interventions were occurring in the Goldfields (see Section 5.1.2). This makes it more difficult to determine the direct impacts from the CDC policy alone, as these other reforms and interventions also affected social conditions within the region. The findings pertaining to the perceived impacts of the CDC which are outlined in the sections below, should therefore be read with this caveat in mind.

### 5.2.1 Alcohol use and misuse

The impacts the CDC had had on alcohol misuse and its associated social harm within the Goldfields was most commonly reported by respondents. Stakeholder representatives and CDC participants were fairly evenly divided, however, as to whether or not the implementation of the CDC had contributed to any beneficial impacts on levels of alcohol misuse in the region.

While it was acknowledged that alcohol misuse continued to be a problematic issue particularly within Kalgoorlie-Boulder, around half of all respondents reported that the CDC had led to positive change including decreased spending on alcoholic beverages. As a result of the restrictions placed on the purchase of alcohol under the CDC alongside the placing of a proportion of income support payments onto the Card, it was considered to be more challenging to find monies for alcoholic beverages. Consequently some CDC participants were described as now prioritising their spending on essential items such as food and purchases for their children rather than on alcohol.

*Normally the community gets paid on my pay day and you see the community walking in and out of the bottle shops and that's stopped, as opposed to them walking out with three blocks of export, they might have a bottle of wine or a cask of wine. What I've noticed is, quantity has reduced and the frequency has reduced. P61GF W2*

*Definitely less people up town round our liquor stores and stuff like that hanging around. I mean they will still linger but definitely you don't see four or five cartons of alcohol in a trolley getting pushed down the street. SH17GF W2*

Levels of alcohol consumption were therefore reported by some respondents as having reduced in the region since the commencement of the CDC trial. This was particularly noted for the smaller communities outside of Kalgoorlie-Boulder.

*I do feel like the level of drinking and the amount that has been drunk, I don't feel like it's every night we're getting lots of people drinking. Also, when people that are drinking, I don't think they're consuming the amounts that they were before...Before I feel like it's hard to find an*

*address where there was an adult there that was sober or wasn't drinking at the address. Whereas now, if there is drinking going on in town, it is isolated to maybe one or two houses because there aren't as many people doing it. SH45GF W2*

*It made a change in a lot of people's lives I've seen...Alcohol and stuff like that, makes it harder for them to get. Which is good. It narrowed their drinking down. And the drugs. I know heaps of people who have slowed down lots. P46GF W2*

Around a fifth of the CDC participants interviewed provided personal examples of the positive impact the CDC had had on their own drinking or that of family members. Likewise, several stakeholders described beneficial changes that the CDC was thought to have brought in the drinking behaviour of both people they knew personally and their clients.

*I used to spend my money on alcohol...Then I had nothing to eat. I had to go to my family. But as soon as I got the Indue, it's alright. I can just spend my other money, that other keycard on the alcohol, and I have the Indue card for my food. P77GF W2*

*Personally, I could recall a few participants where I have noticed changes to the better. There was maybe two or three that I have noticed may have had a habit of drinking and seemed to be fairly okay now. Cut down. SH10GF W2*

Some respondents also highlighted that there had been a considerable reduction in the incidence of public drinking and drunken behaviour. Moreover, alcohol-related violence (including fighting in the street) was also reported to have lessened since the implementation of the CDC. As a consequence some communities within the trial site were said to now be quieter and more harmonious.

*I would say there's been a decrease in alcohol. Definitely alcohol-related issues and family violence which stems from the alcohol and disturbances all round since the card has been rolled out. SH34GF W2*

*It's a significant difference because a lot of my friends also run bottle shops and so have said, "Oh, we don't have people coming here fighting and doing things in front of the shops drunk," and all of that. So, that's a positive. SH11GF W2*

It was recognised by some respondents (almost exclusively stakeholder representatives), however, that other interventions to address problematic drinking behaviour within the Goldfields region had also been occurring alongside the CDC. These interventions included local alcohol restrictions, street patrols and police issuing "move on" notices to people causing issues on the streets. Hence perceived reductions in alcohol misuse were considered by these respondents to have been the result of the CDC and other local interventions working in tandem.

*A few years ago it was quite full on with constant street drinking and homelessness and people just all over the street everywhere...I think there's less just on my own driving around and observing things like that in Kalgoorlie and Boulder...Whether or not the move on notices have had an impact on that as well. SH06GF W2*

*We've got very strict rules around that [public drinking] anyway in Kalgoorlie and they're really well enforced. I think going back to the police presence in the community, you know and also we have a Safe Streets patrol...It's actually quite rare to see disruption in the community than when I was here maybe 18 months to two years ago. The same things would erupt and there would be shouting and fights and all the rest of it. But again, is that part of the card or is that really the fact that the police are there? SH15GF W2*

In contrast, a further half of all respondents felt that access to alcohol and levels of alcohol misuse in the region were unaffected by the CDC. Public drunkenness was still said to be occurring, and the resulting social harm associated with this continuing.

*It looks like everybody is still drunk. Nobody has stopped drinking, nobody has stopped their drugs. P72GF W2*

Despite the CDC preventing the use of the Card for alcohol purchases and restricting the amount of cash which was available, CDC participants were reported to still be able to easily access alcoholic drinks. This was said to be occurring through the use of the cash component of the CDC (which was also supplemented with monthly transfers of funds), the pooling of cash funds between family members and friends, and the humbugging of cash or alcohol from others in the community.

*They are still going in the food bank every couple of weeks so they are spending all their money on the Indue card on cigarettes and mixers and then the other money is going on bottles and casks. They are asking more and more for change and more and more for smokes of you than ever before, it's just really looking ridiculous. P33GF W2*

*They've worked their way around it...They all get paid on different days. They're all friends. So say Jay gets paid Monday, he'll buy the drinks, Jenny gets paid on Tuesday, she'll buy the drinks. SH24GF W2*

Furthermore, respondents reported that CDC participants were able to work out ways to access more cash than that proscribed by the CDC. For example, the use of workarounds to the CDC were said to be occurring as a way for some CDC participants to obtain alcohol. Card workarounds included the trading of goods to access cash funds for alcohol. These workarounds are discussed in more detail in Section 5.3.2.4.

*I think the Indue card is trying to help, but when people are in addiction, even if they weren't on the Indue card getting a \$500 payment from Centrelink, that doesn't pay for addiction for two weeks. So there are other ways, where there's a will there's a way. They know all these other ways already. So the Indue card might have created a little bit of a hindrance for them and they have to come up with some more creative ways but it's still there. And they all talk. Such is the nature of addiction, they'll find ways to get means. SH03GF W2*

*I know a lot of people that were drinking before, are still drinking now. But instead, they would buy a person 50 bucks worth of groceries with their card, and the other person would get them a carton. So, in terms of drinking, there's ways around it. P10GF W2*

However, it was acknowledged by some respondents (mostly stakeholder representatives) that influxes of people into the trial site from neighbouring Aboriginal communities not participating in the CDC was contributing to continuing issues with alcohol misuse in the region.

*Right now we've got two re-burials and we've got a lot of people from out of town, there's been a lot more increase in, I don't know about violence, but certainly around alcohol. Alcohol has spiked and we've got a lot more problems happening. SH31GF W2*

For these respondents, the CDC was not seen as an effective solution to address the problematic alcohol consumption and associated social harm present in the Goldfields. It was noted that CDC participants who experienced addiction would seek and find ways to contravene the restrictions of the Card. Moreover, the CDC was not considered by some respondents to appropriately address the

causes of addiction, and by itself was therefore perceived to be unable to impose lasting change for those with entrenched alcohol problems.

*I don't see the positive future necessarily for it, because if there's a need in these people's lives that alcohol and drugs fulfil them, I'm sure the needs have not been addressed. This is only control to take away those measures and I'm sure that the needs have not been looked at. I don't feel that there is a positive future, because it's only control. P11GF W2*

*I haven't really seen any change since the Indue card's come in. Alcoholics will still drink. They'll find a way to drink and same as drug addicts, they will still have their drugs and they will find a way to get their drugs. SH26GF W2*

## 5.2.2 Drug use and misuse

Around half of respondents described the impacts that the CDC was having on illicit drug use in the region. As with the issue of alcohol misuse, perceptions were divided as to whether the CDC was having a beneficial impact or not.

While not considered to be resolving these issues completely, some respondents reported that the incidence of illegal drug use had decreased since the implementation of the CDC. This was particularly understood to be so for communities in the trial site outside Kalgoorlie-Boulder.

*There are also the advantages of trying to get them off the whole alcohol and the drugs, and things like that, and for some, it does work. At the end of the day, it's restricted them. So, they may not have stopped completely, but they have restricted. SH08GF W2*

*I've seen more young people, maybe slowing down...It's giving them the chance to want to stop, want to go to rehab. I've seen a lot more people putting their hand up to go to rehab. These are people that probably couldn't have done it if they were still all in full swing. P37GF W2*

*I can see a difference in the smaller communities. They've definitely benefited from this but I don't think the city of Kalgoorlie-Boulder has. SH46GF W2*

Examples of the positive impact that the CDC was having on the drug misuse of individuals were provided by several CDC participants and stakeholders. These respondents felt that the restricted availability of cash had encouraged some CDC participants to address their addictions and reduce their drug use.

*People are being forced to buy food rather than drugs, which I think is fantastic...I was at Woollies doing my fortnightly shopping and there was this six-foot eight goliath of a man walking through the fruit and veg section and...I know in the community that he was a regular heroin user...Here he is with his shopping trolley full of fresh produce and fruit and I thought, "Well, it looks like the Indue card finally made you spend your money on food and not heroin"...That that man would have died in six months had he not been put on that card. P61GF W2*

However, other respondents (and especially CDC participants) felt that the CDC was not effectively addressing issues associated with drug addiction. Hence it was perceived that levels of drug use in the Goldfields region continued to be problematic and were the same as prior to the CDC.

*I would be astounded actually if an income management card could solve the problems of people with addiction. I'd be amazed actually. You know it's never worked, that sort of prohibited type of strategy has never ever worked. We've heard enough strategies to suggest that people have come up with very creative ways to meet that addiction. SH15GF W2*

*I do know that it has not impacted on the drugs at all. You've still got the drug addicts here. P06GF W2*

A few further respondents considered that illicit drug use had actually worsened since the CDC was implemented. However, it was noted that increased drug use may be occurring more broadly within the community and not necessarily be attributable solely to those participating in the CDC.

*A lot of the methamphetamine use is high income earners in the city and like, for instance, the mining industry, there's problems rife amongst that. SH33GF W2*

Despite the restrictions imposed on the availability of cash under the CDC, many CDC participants with an addiction were thought to still be obtaining funds to support their drug habit. The use (and at times pooling together) of the cash component of the CDC, alongside the monthly transferring of additional funds from their Card contributed to the purchase of illicit drugs for these CDC participants. In addition, the trading of goods purchased with the CDC or the giving of the Card to others to use was noted as workarounds to the policy which enabled the purchasing of drugs. Workarounds also included buying items directly for drug dealers or the transfer of monies into a dealers' Card account. Concerns were raised that criminal activity within the region had increased since the start of the CDC, in part as a way for participants with a drug habit to continue to finance their addiction. This latter issue is discussed further in Section 5.2.7.

*My ex-partner is on the dole and she is still off her head every single day. They are still finding ways of doing it...You are never going to get them off it with the welfare card. Just not going to change anything ever, it's just going to increase the methods that they use to get it, they will go and get it, and they will find ways. The welfare card will not stop them. P33GF W2*

*They don't have the financial capacity through either their addictions or their desire to spend their money on things that aren't best...Locking away or restricting how they access their money, they just have turned, in my experience and who I've connected with, have found ways to still access whether it's through bartering or whether it's through actually handing over their card. They've found ways to still access the things that it was hoped the card would prevent. SH19GF W2*

### **5.2.3 Gambling**

Around a quarter of respondents described the impacts that the CDC was having on levels of gambling within the Goldfields trial site. A majority of these respondents reported that gambling had reduced since the introduction of the CDC. Improvements were especially noted for the communities of Laverton and Leonora.

*Gambling, you used to see gambling everyday across here, that's non-existent. SH39GF W2*

Within the region, informal card games and (to a lesser extent) the use of the TAB were said to be the main types of gambling activity. The incidence of both these forms of gambling were reported to have declined since the start of the CDC trial by some respondents. In particular, observations were made



that public card games were no longer occurring unless people from the Lands (who were not on the CDC and had access to cash) came to visit.

*We virtually don't often see women playing cards, like, gambling. There used to be gambling all the time here outside and I haven't seen, I think, once or twice, very, very minimum. You only get issues for us here when you have funerals. SH31GF W2*

*When you talk about the gambling circle stopping, Laverton pretty much everyone will talk about, those gambling circles pretty much went away except for when other communities were in town. SH43GF W2*

A lack of access to cash under the regulations of the CDC as well as the blocking of the Card for use on most gambling products meant that the funds previously used by some CDC participants to support their gambling habits were now being directed towards spending on essentials such as food.

*They don't have card games there much because the card spoiled it for them, and they don't get a lot of cash. I think that's why they don't want the card now. P74GF W2*

Several CDC participants reported that their own gambling activities had decreased since they had begun participating in the CDC trial.

*Because I had a gambling problems, that's where it's good because I can't go to the TAB with it or anything...I was spending around about 100, 200 each fortnight. It's been a big help because I can't go spend the money down at the TAB anymore. I'm limited to what I can spend. P49GF W2*

However, not all respondents agreed that the incidence of gambling had been positively affected by the implementation of the CDC. Some respondents (especially CDC participants) reported that levels of gambling remained the same as prior to the CDC. Through the use of their cash component, the utilisation of card workarounds and humbugging for cash, some CDC participants were said to be continuing to participate in gambling activities.

*From what I see around town there's no difference whatsoever. If it's anything more I reckon they're begging more for cash...They want the cash and you give them \$2 and...goes straight into TAB. P12GF W2*

*They're still going to be drinking and whatever. TAB seems to still be doing a roaring trade. SH04GF W2*

## **5.2.4 Financial planning and management**

The perceived impacts of the CDC on financial issues were very commonly discussed in the in-depth interviews by both CDC participants and stakeholders. These discussions centred upon three key issues: financial planning and management (outlined below), spending patterns (see Section 5.2.5) and financial abuse and humbugging (see Section 5.2.6). While stakeholder respondents were evenly divided as to whether the CDC had had a positive impact or not on the ability of CDC participants to manage their finances, the participants interviewed were more likely to state that the policy was having a detrimental impact on money management.

For many of those respondents who believed that the CDC had had a positive impact on ability to manage finances, the placing of a proportion of Centrelink funds on to the Card was felt to encourage

participants to take more responsibility for their financial situation. As a consequence some CDC participants were budgeting better than before and had enhanced control over their finances.

*Now individuals have to really think about mapping out what they have to budget...The money management side of it, I think that's been the positive from the card. SH37GF W2*

*It helps me budget. I can save a little bit, because the Indue card's for food and the other money is for miscellaneous...I used to withdraw my money, cash out of the ATM and I used to go pay all my bills, buy all my food, get a \$10 lotto ticket, my medication and then I'd look into my wallet and think, "Well, where's all my money gone?". But now with the Indue card, I find it easier. I find it easier to know where my money is. P61GF W2*

For example, some CDC participants reported that with the Card they were now more able to keep track of their spending and ensure they had adequate funds available for essential items until the next payday. This included being better able to pay for food and expenses such as rent and utility bills.

*At the end of after paying the bills for shopping and what we've got to pay back, we've still got money so it's working out really good. P49GF W2*

*I like it because the money is always in there and you can go and purchase whatever you want and you don't get alcohol or anything with it. P21GF W2*

Moreover, while acknowledging that living on welfare payments was often challenging, the ability to save money was considered by some respondents to have improved with the CDC. This point was reiterated by some CDC participants who themselves reported that prior to the CDC they had struggled to keep any money aside for savings. Examples were given of the CDC being used as a tool to save money in order to buy large items such as cars and white goods for the home, gifts at Christmas time, for family activities, or to pay off existing debts.

*The longer it goes on, the more useful it becomes for some people for saving money and all the rest... We have had some customers who used to not be that great with managing money, and always wanting immediate payments, tell us specifically that they like it, but they've now paid off their debts...One was saying that she's been able to get a new fridge, she got a new washing machine and she's got money aside to give to the kids at Christmas. SH04GF W2*

*I can save money in there, so I can have from one pay to the next pay, it last all that time. I have it for my grandchildren, my grandson use it when he goes with me to the swimming pool. That's really good. P64GF W2*

However, in contrast a majority of respondents (especially CDC participants) reported that the CDC was negatively affecting the ability of those participating in the trial to manage their finances. These concerns centred primarily upon insufficient access to cash under the CDC. The ability of CDC participants to provide money to their children and grandchildren (e.g. for pocket money, and school lunches and excursions) was a common difficulty that was noted. The capacity for families to attend community activities and markets was also considered by some respondents to be compromised with the CDC.

*They're also going to be struggling with things like school-based purchases because a lot of schools still won't accept it, either. You can't use it to pay for things like excursions or stationery. SH18GF W2*

*Well we used to go down to Boulder Market Day, but I can't do that no more 'cause that's \$20 or \$30 out of cash pocket just to buy a drink or buy some food or go on the Lions truck. P03GF W2*

With reduced access to cash under the CDC, a decreased ability to purchase second-hand goods (at garage sales and online sites such as the Facebook Marketplace) was also reported to be occurring. This was felt to negatively impact upon the financial situation of CDC participants as they were now compelled to purchase new—and therefore more expensive—items.

*In small communities as well, yes you survive on garage sales, especially if you're a single parent as well...You can't go to a garage sale and say, oh yeah, look I really need this but can you wait a few days until I can see if I can transfer money and it get approved into my account so I've got the cash for it. It doesn't work that way. P10GF W2*

*I can't afford to go into a furniture shop and buy a brand new dining table or brand new mattress and bed for the kids or anything like that, but you can look on pages like your internet and everything and find second hand things for a tenth of the price...I needed to replace my fridge...a fridge was on Facebook for \$600...Money talks you know and I missed out on that fridge because I said I would have to get the money transferred and the lady said oh no, I am not going to wait because I have got other people interested. P33GF W2*

Challenges were also commonly reported (particularly by CDC participants themselves) regarding the payment of bills under the CDC. This included issues with making payments for accommodation expenses (including rent, mortgage and board payments). Several CDC participants reported that these difficulties had led them to fall behind in their payments and concerns were raised that this could lead to them being evicted and becoming homeless. Additional challenges relating to the payment of loans, utility bills and home maintenance were also discussed.

*I did find it hard when I couldn't pay my rent on time or board. Usually, for me, it always started arguments, so we left the places where we couldn't pay cash. They wanted the cash, I always offered to pay the bills or buy food, \$150 worth, \$200, I don't mind. But they just wanted the cash and I didn't have the cash, so I'm getting kicked out of where I live. P32GF W2*

*Since I've been on the card I'm now in default for a loan. Because you can only transfer \$200 a month, and my loan repayments were \$187 a fortnight. So I now owe over \$900 just in default fees for my loan and I've got a mark against my name now for my loan. And it's a problem I never had before. P06GF W2*

Some CDC participants also felt that their ability to save money was now more difficult under the CDC. Concerns and uncertainty were also expressed about the processes which had been established to access any savings which had accumulated on the CDC.

*My daughter had enough money in her card to buy a decent brand new car...in order for her to do it she had to go through red tape and that just became too detrimental to her to begin a process and try to eat and survive at the same time. She ended up finding it too hard to get the money off Indue to buy the car. To me that was unfairness. P72GF W2*

Finally, some respondents described the processes of the CDC as being complex for people who had had a preference for, and had previously been used to, dealing with their money in cash. For example, the management of two different accounts (the CDC and keycard accounts) was said to be difficult for some CDC participants. Particular issues that had been encountered were related to the challenges of

managing two separate cards and balances, the remembering of PINs and the arrangement of funds to pay for bills.

*If you're not a math mind, it's really hard to get lost in what money you have left over. See, when it goes into one account, you can go, "Okay, I've spent this much money. Cool, I've got 80 bucks left in that account." But, no, with the card it's like, "Ooh, there's like 20 bucks here. Hang on. I got paid 'X' amount..." You have to retrain your brain to look into two different things...and it's really hard to budget. P16GF W2*

*I know it doesn't help me budget, and I'm a pretty good budgeter, me. I've just literally now got to try and figure out, okay, can I spend that on Indue? You know, I've got to save this for cash. It just confuses things. It doesn't help anything, really. So, I haven't found it easier. I mean, I've coped because I'm not, you know, I'm pretty good at budgeting, but like I said, people with lesser skills, I can't see it making any difference. It's just making it more complicated. SH25GF W2*

### 5.2.5 Spending patterns

In contrast to the mixed feedback received about financial management under the CDC, respondents were mostly positive about the impact that the implementation of the policy had had on the spending patterns of CDC participants. Many stakeholders and CDC participants reported that the CDC was encouraging greater levels of spending on essential items and especially food. It was frequently observed that the local supermarkets were busier since the start of the CDC and that families were purchasing more food and often could be seen with full shopping trollies.

*It helps me more with my food and I always know that that's the backup. I get all my food and everything so I'm always bills paid and everything, food...so when I'm poor I'm actually okay because I've got everything I need. P38GF W2*

*I think it's great because the feedback we were getting from our clients in Kambalda and Leonora that, especially from the mums they were able to finally buy food for their children and spend \$500 at the supermarket at Leonora instead of only being able to buy two minute noodles and black and gold chicken, they were able to buy a full trolley load of shopping and you now it made them feel fantastic for being able to put food on the table for the kids. SH20GF W2*

In addition the increased spending of money on other essential items such as bills (for rent and utilities) and car expenses (fuel, registration and spare parts) was also reported. As discussed in more detail below in Section 5.2.8, the children of CDC participants were said to particularly benefit from this outcome and were more likely to now be provided with new clothes (including school uniforms), shoes and toys by their parents.

*I thought the government was almost quite sneaky and clever how they put 80 per cent on the card—even though I think it should be less—but people got nothing else to do with that money so they might as well pay their rent and their bills and electricity and rates and stuff like that, their rego on their motor vehicles if they're fortunate to have it...I do believe it has like a positive effect on those ways. P50GF W2*

Placing a proportion of income support payments onto the CDC and the prohibition of alcohol and gambling purchases was therefore considered by many respondents to be successfully encouraging

positive spending patterns. Thus the CDC was seen to act as a barrier to the purchase of non-essential items, most notably alcohol and drugs.

*I think, providing all cash welfare, too much of that money can disappear before it gets towards buying quality fruit and vegetables, that fresh food...It's probably forced people to spend more money on groceries...Some of these people are actually being able to get better quality of food at home, as opposed to having to go to an external provider, like a food bank of Salvation Army or something like that. SH23GF W2*

*I think it has done what it was intended to do and that was to make people who were spending their benefit on drugs and alcohol a bit more accountable and spend your money on what it's for. Not saying that they're not still getting their drugs and alcohol because they are, but they're also getting food for the kids. P20GF W2*

Several CDC participants gave examples of how the CDC assisted them in reducing their spending on drugs and alcohol and had led to a beneficial change in their own spending patterns.

*Before I would spend my money paying my rent upfront, get my cigarettes, my alcohol, my drugs and then food... I'm eating properly now, helped me out in fuelling my car. P59GF W2*

Only a small number of respondents felt that overall the spending patterns of CDC participants were unchanged. These respondents described that more spending on essential items had not occurred since the start of the CDC, and that as a consequence the children of some CDC participants were still not being provided with sufficient food at home or to take to school.

*As a school overall are supplying more lunches than we have previously. We've just had a massive discussion this morning about how much lunches we're making every day. People aren't budgeting their money. They get paid and they spend their money. SH02GF W2*

## 5.2.6 Financial abuse and humbugging

The occurrence of financial abuse, fraud and exploitation with the CDC was reported by many respondents. While a small number of respondents suggested that the financial abuse of elders had been occurring prior to the implementation of the CDC and was unchanged, many others felt that older people had become more vulnerable to this type of abuse since the start of the CDC.

Elder abuse was said to be occurring for two groups of older people—those participating in the CDC trial and those on the Age Pension who were outside the remit of the CDC. Some of the older cohort participating in the CDC trial were reported to have literacy issues and be less familiar with the use of bank cards and modern technology. As a consequence, these individuals required more support with managing and using their Card and were therefore considered more vulnerable to being taken advantage of financially. Examples were provided of older CDC participants being targeted for their cash or being forced to hand their Card to others.

*I've actually heard that people are getting threatened, like the elders by the younger kids that are actually on these drugs. Give me your Indue card we're going to use it on whatever, it might be food and then they'll be trading it for something else. SH02GF W2*

*The Indue card, people should have a good chat to mostly older clients, the people that's on the cards. Have a good talk to them and...try and help mostly people to get their money back,*

*what's been taken out of their accounts. Get it all refunded and get the money back really. P62GF W2*

Moreover several respondents expressed concerns that aged pensioners who were not part the CDC— and therefore did not have their Centrelink payments placed on the Card—were now being more frequently targeted for cash. To allay this issue, these respondents reported that older people on the Age Pension were being encouraged to voluntarily opt-on to the CDC.

*Also in the beginning we were quite concerned about our older population and the nannas and so forth who might have been bullied, people pestering them for money and humbugging them, which did happen because in the beginning they were, like, "No, it's the devil's work we don't want to go on the card." They're their words, not mine...Now most of them have come onto the card. Quite a high percentage. SH31GF W2*

*You can see a lot more people hitting up the elders for money, usually in the community and they can't say no for some reason, I watch their grandmother and their two kids are on drugs nonstop and alcohol, they're busting at her all the time...I think she put herself on some bloody other card so that she doesn't have cash, so she has an excuse for it...I don't know what it was but she put herself on that because the kids were just milking off her, every cent she had, every day. P33GF W2*

In addition to the occurrence of elder abuse discussed above, broader instances of financial fraud under the CDC were reported by some respondents. This included some CDC participants and stakeholders who had either been the victims of fraudulent activity themselves or had witnessed this occur to family members or friends since the introduction of the Card. Two primary methods of financial fraud were described. Firstly, the stealing (and subsequent use) of Cards was reported. Secondly, the online transfer of CDC funds was said to be occurring at times without the permission of the account holder. Those individuals who relied on assistance from family members to manage their Card were said to be particularly vulnerable to this latter form of financial abuse.

*The other thing is my money has been taken out. Somebody has taken the money out of my card so that is the main part of the escalation sometimes, being upset and angry about not having the money on the card. We handled many of them...We had a couple of clients who came in with absolutely zero dollars because it's all been stolen. SH15GF W2*

*A lot of people gain access to other people's email account and take the money out and the person that owned the card don't even realise it's gone...My niece got hold of my account through my email and took half of my money...That's why I don't really like the card. It's not a good idea to have those kind of cards around. P62GF W2*

Furthermore, the financial exploitation of CDC participants was described by some respondents as taking place. This was primarily in the form of the financial disadvantaging of some CDC participants who due to a desire to continue to support their alcohol or drug habits, were taking part in card workarounds in order to obtain cash. Card workarounds and the consequences of these for CDC participants and the outcomes of the trial are discussed in further detail in Section 5.3.2.4.

*I know people will go in and get a Woollies voucher say for \$100, and then they'll come out and sell it for \$80 which get their \$80 which happens to be two blocks. That happens all the time. You just got to go up to Woollies and watch it on pension day. SH27GF W2*

Finally, respondents frequently discussed the incidence of humbugging—i.e. requests for money from others—and their perceptions as to whether this had increased or not with the CDC. Opinions were very mixed as to the impacts of the CDC on humbugging. Respondents (and especially CDC participants) were most likely to describe that there had been no change in the occurrence of humbugging. Humbugging was still happening and was being facilitated through begging on the street, the sharing of cash allocations or the arranging of transfers between CDC account holders.

*You still see people walking around drinking in the streets. It's still the same. People coming up asking have you got \$2, \$5 or whatever but they're really pitching up for the next drink. P43GF W2*

*People asking for money? It's always been an issue...It's always money for food. They're not going to say to you, "I want money for alcohol," but it's usually within proximity of a liquor store. SH01GF W2*

Other respondents (particularly CDC participants) considered that humbugging was now occurring more frequently than before as some participants sought to obtain additional cash for alcohol or drugs. Working people, older people on the Age Pension and visiting family members from neighbouring communities were especially described as being targeted for money. It was also noted by several respondents that those requesting cash had become more aggressive in their approaches, e.g. when begging in the street.

*There's a lot of people begging a lot more than what there was. There were always a certain amount of people who were alcoholics who lived on the streets and were begging, but now there's more. There's both races, whereas before they were just those fringe dwellers who would come in. SH46GF W2*

*People in the street, it's not, "Have you got a dollar?" it like five bucks or five bucks and a smoke or whatever and they're asking for more and they're ruder when they get told 'no'. P16GF W2*

A final group of respondents (mostly stakeholders) reported that the incidence of humbugging had decreased since the implementation of the CDC. CDC participants provided personal examples of how, because of being on the Card, they were now able to decline demands for money from family members and as a consequence had better control over their finances. However, several participants expressed concerns that they were less able to assist their family financially under the arrangements of the CDC.

*When I go in shopping, Coles, there's a lot of people there on the alcohol. Give me money, give me money, I had to tell them no I'm like you, I'm on Indue. I just tell them straight out I'm on Indue too. I said I got no money, my money goes on food or whatever I need for my grandchildren and myself. P31GF W2*

*My Aunty sometimes she rings me and asks me for money and I can't send her any. I can't send her \$30, \$40 because it's in my card. I've always, before this Indue card came out, I've always helped my Aunty. And now I can't do it anymore. Even my brothers that are in jail, I send them money, only a couple of dollars here and there, I can't do that. So it's hard for most people. You know they have family in prison or away and they want money only a couple of dollars for things, it's hard. P58GF W2*

## 5.2.7 Crime and family violence

Respondents frequently discussed the impacts of the CDC on crime and family violence in the Goldfields trial site. Respondent groups were divided, however, as to the impacts of the CDC on rates of criminal activity within the region. The stakeholders interviewed were slightly more likely to report that crime, anti-social behaviour and family violence had lessened (rather than increased or remained the same) since the implementation of the CDC. In contrast, the CDC participants overwhelmingly described criminal activity as having increased across the same period.

Observations of reduced criminal activity—described by around a third of respondents—were primarily reported for the smaller communities in the trial site outside of Kalgoorlie-Boulder. These respondents (mostly stakeholders) felt that crime rates and police call-outs had decreased since the start of the CDC. In particular, incidents of alcohol-related violence, assaults, stealing and vandalism were described as becoming less frequent in these communities.

*The police have said there's been a huge decline in crime rates and domestics and things like that. So I think that's a really positive thing...I was also speaking to the Shire President, and he said there is nowhere near as much vandalism that used to go on in the shire buildings...And also speaking to the local police about their experiences with the card, they praise it, they always say, "Nah, everything's gone down, robberies, vandalism," and I mean obviously they see everything first-hand, so I believe from their point of view, it's working. SH07GF W2*

*I read like less bad things happening in the paper, like killings and bashings and that. I'm pretty sure the scale, and less people in prison, have probably gone down and just they're there for drinking and antisocial behaviour and beating up the missus or driving under the influence of alcohol and drugs—which is not that easily available to them anymore. P50GF W2*

As a consequence some respondents described towns such as Coolgardie, Laverton and Leonora as generally being less volatile and safer than prior to the CDC. However, criminal activity was observed to increase again in these communities when visitors (who were not on the CDC) came in from the surrounding lands.

*I think the crime thing in Laverton has slowed down as well. Because I did go to the last stakeholders meeting and they mentioned that since the card has been out, domestic violence, alcohol-fuelled crime has decreased...So the numbers have dropped since the card's been out. It only rises when we've got visitors in town. So like when funerals are happening, at Christmas time. SH47GF W2*

In direct contrast, a greater number of respondents (and especially CDC participants or respondents living and/or working in Kalgoorlie-Boulder) believed that crime had increased since the implementation of the CDC. In particular, a rise in the incidence of break-ins, robberies, and vehicle damage and theft were noted. These respondents suggested that the perceived increase in criminal activity was directly related to the CDC as some participants sought alternative ways to access cash to support their addictive behaviour.

*It's actually increased. There's more antisocial behaviour. At the moment there's a massive crime spree going through the town, house invasions, robberies and suchlike, burglaries, I think there's been over this weekend, I believe there was five home invasion/burglary...Vehicle damage, as in going through your car to see if you've got coin or anything that they can sell. That's increased in the town. SH08GF W2*



*With the advent of the card, people who find themselves in those situations, addicted to those factors, are going to find a way to access cash so they can continue to have their fix. And I see that as raising the rate of crime and increasing anti-social behaviour rather than reducing it. P15GF W2*

Many of these respondents described feeling less safe within the communities in which they lived. Examples were provided by several CDC participants who had themselves been victims of crime.

*I think the crime increased and probably November/December last year, was absolutely horrendous. And you know we had billboards and things like that about the valuables in cars...and the footprints that I had in my backyard and things like that. So I definitely felt less secure probably about six months after it rolled out, and it felt very intense. There was a vibe on the street. And I felt quite on edge last year. P11GF W2*

*I know down in Kal there's been a higher rate of burglaries because of the card, because people don't have money, cash to support their habits, drug habits and so they're breaking in. My house was broken into while I was living in Kal. And this was when the card first came out. P71GF W2*

A final group of respondents (around a fifth of the total sample) thought that rates of crime and anti-social behaviour were unchanged with the CDC. Hence, for these respondents, the issues which had been facing the region prior to the CDC remained the same since the start of the trial.

*The crime, I don't think it's stopped at all. Still the same. Yes, break-ins, steal, they just take in, or when you've got visitors they just come along and take whatever they want. P64GF W2*

*This is not very new to Kalgoorlie, the crime, the break-ins, the theft is just crazy and that has never really stopped...I've been here four years and before the cashless welfare was rolled out...we've got broken into that many times, so it just hasn't changed. SH11GF W2*

The perceived effects of the CDC on domestic and family violence were raised only by some stakeholders. Some stakeholders felt that the number of domestic violence presentations and police call-outs had reduced; for these respondents this was typically associated with declines in alcohol misuse and subsequent violence within families.

*What I have noticed is that there has been less family-related violence and less alcohol-related incidents since the card has been issued...Definitely alcohol-related issues and family violence which stems from the alcohol and disturbances all round since the card has been rolled out. SH34GF W2*

In contrast several stakeholders reported that the incidence of domestic violence had actually increased as a consequence of the CDC. Heightened family tensions because of a lack of cash funds under the CDC were thought to have contributed to this increase. Concerns were also expressed by a few stakeholders that some perpetrators were forcibly taking all the Cards within their household in order to have full control of the family finances. In addition the reduced access to cash was said by several stakeholders to make it more challenging for victims of domestic violence to surreptitiously save money in order to escape their abusive relationships.

*There's now a higher number of domestic violence and family domestic violence occurring...The perpetrator is still taking control of the use of the card, knowing the pin number, spending it elsewhere and using the loopholes that they encounter. So, again, not just the woman that's affected, but the children also...My concern is, when you've got a lady with or without children*

*and she's coping in a volatile relationship and she's considering escaping and she's finding that strength, she can't save her money up to relocate...Are these victims compelled to staying in a volatile and dangerous relationship because of financial entrapment? SH08GF W2*

## 5.2.8 Child welfare and well-being

A further common issue discussed by respondents was the impact of the CDC on child welfare and well-being. On the whole, respondents reported that there had been positive impacts for the children of CDC participants. These impacts centred on four key aspects: spending on children, school attendance, child welfare and participation in activities.

Many respondents considered that greater priority was now being given by some families on the CDC to the spending of their Centrelink payments on their children. With reduced funds said to be being spent on non-essential purchases such as alcohol, increased spending was now occurring on items for children such as food, clothes and toys.

*I've seen kids go hungry. And I've seen parents gambling and I've seen the alcohol and the drugs come in and out of community and the impact and harm it's had on those families. And so I don't know another way that would work. What's the answer? This may not be the answer but this actually put clothes on kids' backs and food in tummies. SH15GF W2*

*When I go into the shops in Kal and that there, I'll see a lot of the Aboriginal families and non-Aboriginal families shopping with their families for food, and I guess a lot of them would be on that card, on the Indue card. It used to be more drunk on the streets and kids would walk around not clean and not fed and not going to school and things because of it. I noticed it changed. P30GF W2*

Some respondents also considered that improvements had occurred with regard to school attendance and participation in school activities and excursions. Furthermore, it was noted that some students were now more likely to come to school having had their breakfast, had clean uniforms, and were being provided with a school lunch by their parents.

*There's some feedback that it's going well...They've noticed an increase in the number of kids coming to school with lunches, there's not such a heavy reliance on their breakfast club because kids are coming to school having had breakfast...They're actually coming with uniform now. The feedback was the fees were being paid too. SH05GF W2*

*It does help. Kids going to school and stuff like that, they get full bellies. P50GF W2*

Some respondents (mostly stakeholders) reported that overall the welfare of children had improved since the introduction of the CDC. Children were described as being better fed and dressed, more nourished, physically healthier and happier.

*The kids are looking in better condition and better dressed. Obviously the money that was getting spent on alcohol is now going in the kids' mouths and feed the kids. SH27GF W2*

Improvements had also been noted in children being more appropriately supervised and less likely to be out on the streets at night. In addition, several stakeholders noted a decline in neglect and child protection concerns.

*We know that it has been successful. We are not seeing the kids being dragged around by drunks at all hours of the night through the freezing winter months. With barely little clothes*

*on their bodies. We're not seeing the kids starving. The way that they have been in the past. SH44GF W2*

*The Department of Communities would say things were quite stable...There were no incidents of children being abandoned or left due to alcohol which if you look back two years ago, three years ago that had happened. So we've seen a positive change. SH31GF W2*

Other respondents (mostly stakeholders) reported that since the implementation of the CDC, children were participating in activities to a greater extent. These activities included community and sporting events, informal family activities, and making use of local recreational facilities such as going to the swimming pool.

*My little niece she's right onto her mum. She knows that her mum can't go drinking and do this and that...She's getting more active into sports. Doing more sporting things so her mother paid for mouthguards and shoes. P52GF W2*

*I see a lot happier, healthier kids than previous. I do a kids Christmas party here every year for all the kids, every kid in town, and that's coming up again now...They're all buzzing about it already. Whereas before, I had to go and drag the parents in...The parents are more involved this year...Definitely more engagement. SH35GF W2*

It was acknowledged by several stakeholders, however, that other interventions were also occurring alongside the CDC within the region that could also be positively influencing child welfare and well-being. These interventions included school attendance and lunch programs, and local government recreational programs. Hence the direct impact that the CDC in itself was having on these issues were felt to be unclear.

*We saw an increase in kids going to school more regularly but you can't say it's only that because there are lots of programs and other things going on around school attendance...We also had a lot of other programs going on in Laverton that were very positive, that supported community. SH31GF W2*

*There still appears to be a few children on the streets, some late at night as well still...But it's much better than what it used to be, but it still could be a lot better...We're trying to do a lot more with community now too with sporting arrangements and organising more sport and just more activities for the kids. So, you know, help for the school and the police, have community services...that we can do something to make that much better. SH30GF W2*

A further smaller group of respondents suggested that no improvements had been observed in child welfare and well-being since the start of the CDC. In particular, these respondents felt that issues of children having a lack of adequate parental supervision, not attending school regularly or receiving sufficient food were still occurring.

*It's the same. Same drunks every day. Same little kids don't go to school. P55GF W2*

*I honestly can't see any changes from the school's point of view, and in fact, we had even the situation where we noticed that our students were hungry and it quite seriously became a problem in the beginning of this year....Kids are still coming to school without shoes, and we're not really getting parents coming in and paying fees or buying uniforms and things like that. SH29GF W2*

Finally, a few respondents reported that child welfare concerns had actually increased since the time of the implementation of the CDC. These respondents thought that greater child neglect was now occurring within the region. Moreover, the reduced availability of cash under the CDC meant that children were being disadvantaged and were unable to attend community activities and school excursions.

*With the schools, uniform shops don't accept them [the CDC], school photos, some school excursions, so some of those kids have to miss out because the cash isn't there to cover these things. Even the tuckshop experience, every kid wants to go to school and have tuckshop as a treat. Sometimes they can't because the cash isn't there. P16GF W2*

*It's not helping children in danger. It's not feeding anybody's kids. It's not doing anything...My daughter didn't go to her Year 7 camp because it had to be paid off in cash, and I just didn't have it on Indue to give them all the time...I still didn't have that opportunity to send her because I couldn't pay for it. I mean, I can imagine there's a lot more kids going without sort of thing. SH25GF W2*

## 5.2.9 Health and well-being

Respondents frequently identified impacts of the CDC on the health and well-being of the local community. Overall the CDC was thought to have led to negative impacts in this area and particularly on the psychological well-being of CDC participants.

The Card was perceived to be stressful and burdensome for some CDC participants, and as a consequence seen to be having a negative impact on the psychological health of CDC participants. Some participants described experiencing feelings of reduced self-esteem and confidence, low mood and symptoms of anxiety since becoming a CDC participant.

*Particularly with a lot of our disabled clients, there's a lot of confusion too, and it's caused a lot of mental health issues along the way, particularly around anxiety, and depression's popped up a lot, unfortunately. People have been affected by it. SH18GF W2*

*A lot of people are depressed, stressed. You know, trying to find means or ways to get their hands on cash...I don't know why on earth they brought this card out...It's a bit too much for me. Sometimes it gets depressing I think. I get depressed because it just gets to me. Especially when my kids nag me for money I can't give it to them. P58GF W2*

The perceived stigma associated with the Card was also considered to contribute to poorer well-being for some CDC participants (see Section 5.2.11 for further discussion of this issue).

*Looks it has set off a lot of anxieties, it brought me right back down to a place I didn't really want to go...I was in a really good place, I had a job, the kids were all doing well, we got a new house, we were doing well in that and I didn't feel like, I felt like I was being punished for being a single parent, that's how I felt and it just yes, I stopped working and everything because of it, started going a bit crazy and losing the plot a lot. P33GF W2*

*People with acute mental health, these people, they're getting more and more depressed and more and more anxious on the card, then they end up in A ward but there's no support for them when they come out...I think the mental health issues are just going to increase in the city and the card will contribute to that particularly because it's stigmatising. SH46GF W2*

In addition, respondents expressed concerns that the CDC was exacerbating symptoms of depression and anxiety for those with pre-existing mental health issues. This group of individuals were considered to be particularly struggling with the changes brought by the CDC. Examples were provided by several of the CDC participants interviewed of the perceived negative impacts the CDC had had on their mental health.

*So when I moved back here last April, it was a massive change for my children and me. No warning to be put on the Indue card. I got very upset. Okay, I struggle as it is...I had, about four, five years ago, I had a massive mental breakdown...When I'm struggling financially, it's when my anxiety gets really bad... This is my pet peeve, being on the Indue card. The amount of times I have ended up in massive tears, I'm not a crier. P07GF W2*

*It definitely has on their health and their mental health. It's been a very negative, and even speaking for myself, it's very stressful trying to juggle different bank accounts, money from where—what can I pay with this and what can I pay with that? It is very hard, and it does have a very negative affect on you, and I already suffer with depression and chronic pain and chronic sleep and post traumatic and severe anxiety. SH27GF W2*

Of most concern, it was suggested by several respondents that the implementation of the CDC had contributed to suicidal ideation for some participants and, in a few cases, actual attempts of suicide and self-harm.<sup>10</sup>

*I know up until 12 months ago it was 14 people so far that they directly attributed to suicide from the card...There's a lot of people that they've directly attributed to the welfare card, putting them in, like I went through, the depression. P33GF W2*

*When I was in Kambalda there was probably one person a week that would come in and threaten to suicide, due to them not having funds and a lot of these people that came in and threatened this, they didn't smoke, they didn't drink, they just kept to themselves and did what they did on a daily basis. SH20GF W2*

A small number of respondents in contrast reported that improvements in the health of some CDC participants had been observed; this was typically linked with lower levels of alcohol consumption. A reduction in alcohol-related assaults and injuries, ambulance call-outs, and hospital presentations and admissions were described. The physical health of some CDC participants was also noted to have improved due to a perceived reduction in alcohol or drug misuse and a subsequent increased intake of food.

*It has actually given our community a real calming effect...I talk regularly to the police and St John's and the amount of callouts is probably half of what they had prior to the introduction of the card so as a community benefit that has decreased the need for those resources as well. SH12GF W2*

*We saw a dramatic decrease around alcohol related health issues and hospital admissions and Flying Doctor. SH31GF W2*

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<sup>10</sup> It is important to note that these are subjective views, verification with substantive evidence was outside the scope of this research. The reason why a person may want to take their own life is a complex issue with multiple contributors, which may include social determinants and clinical factors (The University of Western Australia, 2017).

## 5.2.10 Loss of autonomy and control

Around a third of respondents (particularly CDC participants) expressed concerns that the Card removed the autonomy of CDC participants to decide how to spend their Centrelink payments. Some respondents felt that the policy had been forced onto Centrelink recipients in the region and was a violation of their human rights.

*I think it's very controlling...The lower socioeconomic, they're easy targets. Easy to push around and tell them what, they don't have a choice, "You are going to be trialling this cashless card, oh and by the way, there's going to be an extension, oh and by the way, we're not actually going to get rid of it now"...It's not going to go away because this is what they wanted, so I think they've been coerced into it myself and I think it's disgusting. SH08GF W2*

*You didn't have a choice to choose your own financial institution of where your money goes, so again it's a violation of liberty really...You feel like they are controlling everything you do...it's like you have lost that control to be independent because you can't choose, you didn't have a choice to be on it, you know, you have just got to have it and put up with it. P25GF W2*

In addition several CDC participants were worried that their spending could potentially be tracked and monitored through the Card; this was considered to be an invasion of privacy.

*I think it's more the privacy side of things too. It can be used to track where you're spending, what you're spending, how you're spending it, because it's all written there...and you don't know what your rights are. Whether someone else is, can get into your account and actually see what you're spending and that, because no-one's actually even told us that. P06GF W2*

Many respondents were concerned that the CDC removed the control that people could have over their own finances including how and for what purposes this money was spent. This was felt to disempower and reduce the financial independence of CDC participants. While it was acknowledged that some CDC participants may not make wise decisions over the use of their money, as adults it was felt that they had the right to decide how to spend their payments.

*I think there is a huge clientele of participants on the card that are very upset about not being able to buy what they want...where, you know, "I'm a free person. I can use a card, cash when I want," but if that right is taken I guess there is significant people that feel like, "We are treated like we are prisoners or so," because there are restrictions and people don't like restrictions. So, a lot of them I think do feel that way. SH11GF W2*

*The least is probably not being able to spend the money how you'd like to spend it because it sort of feels like the government is just taking hold of that money, and you as an individual is not able to be free to work that money out for you and your family. P30GF W2*

Concerns were particularly expressed regarding the restrictions that the CDC placed upon the payments of people who had previously been in the workforce and paid taxes, along with those who already managed their money well and did not misuse alcohol and drugs.

*Don't classify everybody in the same group, because some of us are actually trying to do the right thing. Yet control was taken away from us, like we were getting treated like two year old's with pocket money. So it was very, very demeaning. P10GF W2*

*The Centrelink recipients who probably have it the hardest, probably are ones who have been working and then end up on Centrelink...You know they may have spent their whole lives working and suddenly they're told they've got to be on this system, and they're told you need to use the Indue card. It's hard enough for them just being on Centrelink, let alone being managed. SH15GF W2*

Furthermore, perceived similarities with previous government policies which had exerted control over the lives of Indigenous Australians were noted by some stakeholders and CDC participants. In particular, references were made of the parallels between the historical distribution of rations to Aboriginal people and the proportioning of monies onto the Card under the CDC.

*I also was really angry because I go back to colonisation days, and thinking about my ancestors, how they used to live on the ration stations and that. And I thought, "Why the hell do I have to?" Me, being an Aboriginal woman, why do I have to put in a piece of paper and write to someone and say, "Excuse me, sir or ma'am, can I please pay my rent?" That's so degrading for me in society today...The government's still trying to control and protect, monitor people. P22GF W2*

*When I was a young teenager, I lived in the Pilbara and that was during the period when Aboriginal people were given rations across the counter instead of the benefit payments that they get now, so they would get two tins of jam, a bag of flour, a bag of salt, a bag of sugar...I felt when the cashless card came in, we were going back to controlling, trying to control people. SH22GF W2*

### **5.2.11 Stigma, shame and embarrassment**

Concerns relating to the perceived stigma, shame and embarrassment associated with the CDC were expressed by over half of all respondents. Many respondents reported that being on the Card enabled CDC participants to be identified within their community as being in receipt of Centrelink payments. This was felt by some to be a breach of confidentiality and privacy.

*It is basically you're a card carrying member of someone who is on government services and is seen to be in need of financial management on their behalf. For that, yes, that pisses me off. So every time you present your card, for every purchase, it's right there, this person is on government services which should be confidential and was also part of that having their finances managed. I don't appreciate that one. P47GF W2*

In addition, CDC participants frequently described feeling as if they were being judged by others in the community as being "dole bludgers" and too lazy to work. This was felt to be causing divisions between those who were on the Card and those who were not.

*In this little town some people feel it's like an advertisement that you're on the dole...Many, many people feel like they're discriminated against or looked down as an underclass. P08GF W2*

*I honestly believe that it's actually, it's providing a divide in the community. Definitely providing a divide. So, it's like 'us' and 'them' and they might as well go around with a beacon on their head, like, "I'm on the cashless card"...They're also getting, set in a bad light, because they're on benefits. They're being tarred with the same brush, you know, you're on benefits, you're a low-life, you're a good-for-nothing and there's a lot of shame, there's a lot of embarrassment. SH08GF W2*

Moreover, as the primary aim of the CDC was to address the social harm caused by alcohol, drugs and gambling, there was said to be widespread community perceptions that the Card was only for those with an addiction or who neglected their children. Thus it was not thought to be widely understood that the Card was for all working age people receiving Centrelink payments. As a consequence of these misperceptions some CDC participants felt that they were being judged and wrongly labelled as alcoholics, drug users or as not caring adequately for their children.

*In certain businesses and everything, you'd pull out the card and you'd get that look. And you'd literally feel like you're being treated like somebody sitting in the corner shooting up, which disgusted me...I think stigma, yes. There is a lot about it. Because it's been so advertised that it's for drugs, alcohol and gambling. So, a lot of people think well, if you're on it you must have a problem with drugs, alcohol or gambling...It goes back to putting everybody in the same category when we're not. P10GF W2*

*I think that when you pull it out, it's like, 'Oh, well, these people can't manage their money. They don't know. They're not paying their bills, their children aren't going to school.' It's just all that kind of things that I think that people think and it makes me feel embarrassed because I feel I am really responsible with my money. And I feel like my children are in school, they are taken care of. I spend the money on food and on bills. It's not like I'm just out here doing all kinds of crazy stuff. P27GF W2*

As a consequence of this perceived stigma, respondents also described feelings of embarrassment and shame of having to participate in the CDC. Some CDC participants were reluctant to use the CDC in local shops as they did not want sales staff and fellow customers to see their Card.

*I don't like bringing it out. It's this big silver thing with a purple back and everyone knows what it looks like...You feel a bit ashamed about it. People looking at you different. They see that big silver, purple card and it looks nothing like a bank card. I could show you 27 cards and you'll pick that out straight away. P12GF W2*

*I wasn't using it at first, when I first got it, because I just didn't want to pull it out because I don't want to be like, "Oh, she's just like she's got no money. Why is she not working?"—all of that kind of thing. When you have your money in a keycard, people don't know like where is it from, like how you're getting it, all those kind of thing. Now, when you pull out the Indue card, it's kind of like you can get all this judgement and discrimination. P27GF W2*

Respondents commonly reported perceptions that CDC participants were treated differently in shops and businesses; this included having to use a separate till in the local store in one community as the main till did not accept the CDC. Examples of negative responses received from sales assistants or members of the community when using the Card were also provided by CDC participants.

*Its discriminative, it's humiliating, it's depressing, it's very segregating, it has segregated people a lot...Every time you pull that thing out it's like everyone knows who you are and what the government has perceived you as being and that's the saddest part about it is that you have been judged generally and every time you use that card that's how you feel...I have heard people laughing at you behind your back. I went to Esperance with my kids over Christmas last year and when I used the card in Woolworths the young fella behind the counter started laughing and saying hahahaha that's a cashless card isn't it? P33GF W2*

*At the shop here you have to get served at a different checkout, like anyone with an Indue card has to go to a different check-out so it sort of like discriminates you, so everyone knows you're*



*on the Indue card if you're at that check-out...[It makes me feel] that I'm not as good as everyone else 'cause I don't have a job, and everyone knows I don't have a job 'cause I've got the Indue card, and there's a big sign that says "Indue card cash register." P57GF W2*

### 5.2.12 Employment outcomes

Around a fifth of respondents reported that the CDC was having an impact upon employment outcomes. While opinions were mixed as to whether these impacts had been positive or negative, respondents were slightly more likely than not to describe beneficial outcomes on workforce participation.

Some respondents felt that the Card was providing encouragement and motivation to CDC participants to seek paid work. Employment was considered to be a way of addressing the restrictions placed on spending by the CDC as people could earn their own income and take full control of their finances.

*I think it forced a few of them to go and get jobs. I've seen them go, hang on a minute. Someone's got control of my money. I'm not going to have someone tell me what to do. I'm going to get a job. SH35GF W2*

*Sometimes some people actually go away and actually get employment, just to get off Indue. Like go and get a job and get off Indue and they've got their own control of their own money and they're not answering to the government. P22GF W2*

A few examples were provided (including by CDC participants themselves) of increased job seeker activity or the successful gaining of employment since the implementation of the CDC.

*Should I just work, get a job, and then get the cash, work for it? I'm thinking of that. P32GF W2*

*The odd few here and there have said "Oh I need to get a job. I can't do this Indue card"...say that they want to get jobs. Some of my nieces and nephews have been pulling their heads in and looking for work. P52GF W2*

Other respondents reported that the CDC had not led to any improvements in employment outcomes in the 18 months since its implementation and that few people had secured work in order to come off the Card.

*I've only maybe seen a couple of people get off the card and into employment, but yeah, I haven't seen quite a lot of Aboriginal people or non-Aboriginal getting a job because of the card. P30GF W2*

*I think the people that are on the card, ones that are unemployed they are still looking for work, a lot of them think that they don't have the qualifications because they have never done that sort of role, the ones that are on the card, so they don't bother applying for that sort of work...You can't change some people's minds, mindset. I don't think it's encouraging people to get off their bums and get a job...people do what they want to do anyway. SH20GF W2*

Difficulties in finding work (especially in smaller towns in the trial site) were described by some of the CDC participants interviewed. The CDC was not considered by these respondents to be an appropriate way of addressing joblessness caused by a lack of employment opportunities.

*But there's not much job around here. But for the ladies there's only this place here, I don't think there's much job. P64GF W2*

*It's a good idea but the reality is that it's not addressing anything other than what you're spending your money on...So for me personally, in that regard, it's not helping the problems that I'm on Centrelink for. It doesn't help me find a job. P47GF W2*

### 5.2.13 Local organisations

The stakeholder interviews examined the impacts that the CDC had had both on the representative's own organisation as well as on other services within the Goldfields trial site. Several respondents reported that the CDC had had little impact upon their organisation. For these respondents, the numbers of clients they supported and the issues these clients were experiencing were said to be unchanged from before the CDC. Other stakeholders noted that the trial had brought changes to their own and other local organisations. Opinions were mixed as to whether these impacts had been positive or not, with slightly more stakeholders reporting negative changes associated with the CDC.

The negative impacts of the CDC on local organisations included additional work directly related to the implementation of the policy. Several stakeholders described experiencing an increase in the number of individuals and families seeking support.

*I've not seen families who were using our service drop off. I've actually seen more families come and use our service. If the effects that were being reported were going to be impacting a large number of people I would have expected to see a decrease in our people coming through here. We didn't. We saw an increase. SH19GF W2*

Clients also often brought their concerns about the CDC to these service providers and time was spent counselling them over this, providing information about the CDC, referrals for support and assistance with CDC process (including help with applications to opt off the scheme).

*When I was working with [organisation] in Kambalda it was probably every second client that was coming through the door was complaining that their rent wasn't being paid, they were in financial hardship, they don't know how they are going to pay the bills, we would have to refer off to Centacare, to a financial advisor where they can sit down and do a budget with them to try and get them on track, give them the right numbers to call for the cashless card to help with their payments to be paid. SH20GF W2*

A few stakeholders also noted that some of their clients were angry and distressed as a result of their experiences with the CDC. This had led to concerns for the safety of their staff.

*It has also increased in terms of mental health issues, which is now causing issues for the community and for resources such as ours, because at the end of the day, we're having to deal with a hell of a lot more high-volatile situations and behaviours. At the end of the day, it becomes a safety risk for everybody. SH08GF W2*

Positive changes for local organisations as a result of the CDC were described by a few stakeholders. This included the establishment of new services to support the CDC, most notably the CDC Shopfronts. Within some communities the opening of the Shopfront had had the benefit of providing opportunities for local people to gain employment.

*That's been a really positive thing in that [the Shopfront] had staff in the beginning who had not been in employment for a while...members of the local community. SH31GF W2*

## 5.2.14 Transient populations

A further area of impact explored within the qualitative interviews, and discussed mainly by stakeholders, was the effect of the CDC on transient populations. The towns in the Goldfields trial site were reported to be a common congregation point for Indigenous people living in neighbouring communities. These people would come into the area and temporarily reside there in order to attend funerals, participate in cultural business and to visit family members. The movement of visitors from Aboriginal communities into towns within the Goldfields region was a common and longstanding occurrence which pre-dated the CDC. The communities they usually lived in were not part of the CDC trial site and therefore these individuals did not have restrictions placed on the use of their Centrelink payments.

*You've also got the community issue where they have the outside, because it's such a transient town, you've outside areas, such as Warburton and so forth, who are not necessarily on the Indue card, that bring in this amazing amount of cash just to drink or just to do drugs. SH08GF W2*

The issues related to influxes of transient people into the trial sites area were discussed primarily by stakeholder representatives. As has been discussed above, social issues were still occurring when visitors who were not on the CDC came in from the Lands. Thus the potential for positive outcomes from the CDC trial were thought by some respondents to have been compromised. Several stakeholders also highlighted that it was difficult to accurately determine the impacts of the CDC as it was challenging to separate the social issues affecting locals living permanently in the trial site and those of transient people visiting the area.

*It is working for, like, our locals here...There wasn't so much mothers at the pub, children hanging outside and all that...But when you got people from the lands come in, that's the problem there. So, I think, the lands, they're not on this card yet. They didn't want it. They come in with cash, see? These people, they trade their card for cash. The worst part is this now, Christmas, soon it will be really horrible. P63GF W2*

*All I can say is that in Laverton, it's been successful. What's not successful is those that aren't on the card and so until everyone's on it then you can do a proper understanding of how it impacts on everyone. Because the impact for us on people coming in who aren't on the card, is massive. And it's really detrimental to community and that really shakes everyone up and causes real issues in community again. SH31GF W2*

The numbers of transient people visiting towns in the Goldfields were not thought by stakeholders to have been influenced by the introduction of the CDC. Moreover, increased incidence of alcohol and drug-related social harm, gambling, crime and child neglect was said to commonly occur during these visits. This was considered to be a result of easier access to cash within the community at these times as visitors shared their income with other local members of their family, thus enabling the purchase of alcohol and drugs.

*Every night prior to the cashless card coming in, you'd be hearing disputes whereas now you only get them when people from the lands come in. And they do, they create absolute havoc here for the police and emergency services and everything...When the family members from out on the lands come in, and because they're not on the card and they're cashed up, well they*

*can go and stay with a local family and of course the local family can go, right, well we'll buy the food, you can buy the alcohol. SH39GF W2*

*When people come in from out of town that aren't on the cashless card, again, alcohol-related issues increase....These people are coming from out of town that are buying alcohol, and then there's people here on the cashless card that can't get as much alcohol as the other people, then that causes issues as well. SH34GF W2*

Some transient people from neighbouring Aboriginal communities were reported to have stayed in the trial site for long enough to be triggered onto the CDC. Several respondents noted that these individuals were experiencing issues with the CDC once they returned to their communities due to the lack of support and infrastructure in those communities to support people with the CDC (i.e. local shopfronts). This included having difficulty using the CDC in their communities, struggling to access funds if they lost their Card, and issues with checking their account balance or paying bills.

*People come in from the lands and they stay in here for I don't know if they're reporting and they're in Laverton, they automatically get on the card...They lose their card, they've got no way access of getting their money. Which makes it really, really hard. SH47GF W2*

*What about them poor people in the desert? I worry about myself and not paying rent on time and all this crap. What about that mob in the bush, in the desert? Like how the hell do they get on if they're wanting to pay any bills or anything with Indue? What if they don't have education that I have? P22GF W2*

In addition, many of these CDC participants were described as having low literacy levels and did not have English as a first (or often a second) language. Thus the CDC and its processes were said to be particularly challenging and therefore understanding of the Card and how it worked was low. This issue was compounded by the absence of any on-the-ground support to assist participants with the CDC in their local community.

*Sometimes we would get the influx of others that might come from the lands or from Wiluna or from wherever, they've got no real idea of the setup. You know, they're here for two weeks or three weeks or four weeks and find themselves on the Indue card and know nothing about it. SH30GF W2*

*We had some who when they moved from the lands, it triggered them. They came to Kalgoorlie, they'd go on to the Indue card. And these people are not speaking English as a first language, it might even be a second. So the literacy problems are huge...Some of these people would go back to the land...Because now they were back in the community they'd need to come off the card. So how did you come off the card when you're in the middle of nowhere? SH15GF W2*

### **5.2.15 No impacts**

While many CDC participants and stakeholders reported that the introduction of the CDC had led to various impacts (both positive and negative), a further group of respondents—around a seventh of those interviewed—considered the policy to have failed in addressing the social issues present within the Goldfields trial site.

These respondents felt that the aims of the CDC had not been achieved and that the issues facing the area now were the same as those present prior to the implementation of the policy. Hence, for these

respondents the incidence of alcohol, drug and gambling misuse and the social harm connected to these was seen as being unchanged by the CDC, partially due to the workarounds being conducted around the restrictions of the Card. Several CDC participants noted the lack of impact that the CDC had brought to their own lives.

*People still seem to be accessing alcohol. They still seem to be accessing drugs, and still, you've got the same social issues that we've had all along. I can't tell you that I've noticed an improvement. SH29GF W2*

*It's a good idea but the reality is that it's not addressing anything...People will find a way to get around, I imagine, from what I've heard. So for me personally, in that regard, it's not helping the problems that I'm on Centrelink for. It doesn't help me find a job. P47GF W2*

As a result of the perceived lack of outcomes from the CDC, several respondents felt that the government money spent on the trial had been wasted and—in order to effectively address the social issues present in the region—should be used to support other initiatives.

*Is there any proof anywhere that it's working at all? Because I'm not seeing it one way or the other. I'm not saying it's not working, but I'm not seeing that it is either. I personally think it's not made any difference, other than waste money. If people have got a will, normally they'll find a way. So you tell me how the Indue card stops them. I can't see it. P54GF W2*

*Right now, I'm not seeing a lot of evidence for it being a negative impact or a positive impact. It's a lot of money for that resource, to be putting into a project if there's not actually going to be an outcome for it. SH23GF W2*

## 5.3 Implementation of the Cashless Debit Card

The interviews with stakeholders and CDC participants discussed the elements of the implementation of the CDC in the Goldfields region which were considered to be working well and not working well.

### 5.3.1 What is considered to be working well?

The key factors of the CDC which were felt to be working well by respondents included financial management and spending patterns, the CDC shopfronts which had been established to support participants, practical aspects of the Card and improvements to social conditions within the region. These are discussed in more detail below.

#### 5.3.1.1 Financial management and spending patterns

Improved financial management and spending patterns was the most common aspect of the implementation of the CDC that was considered to be working well. Over half of all the respondents reported that these factors had been strengthened with the Card. This centred on four main factors—spending on essential items, budgeting skills, the ability to save, and financial control.

A key positive of the policy, reported by many respondents, was that it encouraged CDC participants to spend more of their Centrelink payments on essential items for themselves and their families and diverted money away from alcohol, drugs and gambling. Hence greater spending was noted on food, bills, and clothes, household goods. The children of some CDC participants were felt to be particularly benefiting from this change in spending patterns.

*The card puts you in a position where you can't finish all your money in one go drinking, buying alcohol, which is great because there's so many families that would and the kids probably wouldn't have anything to eat at the end of the day. So, that is a very good thing, you know, that's limiting you from spending everything at one go and on things that are not really essential. SH11GF W2*

*It's good, I'm enjoying it. It's all good. You can buy a feed only and no alcohol or anything with it. P75GF W2*

Respondents (particularly stakeholders) also frequently reported that the placing of monies onto the Card and the reduced availability of cash encouraged participants to take more responsibility over their financial situation. As a consequence, the subsequent developing/improving of budgeting skills was seen as a positive element of the introduction of the CDC.

*It is teaching particularly the younger people that are on them how and why they need to manage their money a little bit better so that they are catering for the needs of their kids and not always for themselves or whatever they're into, that sort of thing. So I think it is working well for the kids. SH06GF W2*

*Indue card's good, to teach them how to pay their bills and that. P26GF W2*

*I like not losing my money...So I suppose if you had cash on you, it's easier to just go, 'Ooh, that's ... I'll buy that'. P48GF W2*

Some respondents considered that a further benefit of the CDC was that it provided an avenue for saving money. For these respondents the CDC was seen as facilitating the ability to have funds kept aside to ensure that household monies could stretch until the next payday or cover emergency needs.

*Saving, that's what I like about it. You can put your money in there and build up. As long as you ring them up and let them know what you're going to spend it on...it's your money in there you can spend it on whatever you want. P73GF W2*

*People are using it as their back-up money...It's like putting a money in a jar...So, using it as another bank account to put money aside. That's the best thing there. SH32GF W2*

Finally, the Card was also considered to have led to a greater sense of financial control for some CDC participants. In particular this was connected with perceptions of reduced levels of humbugging and the ability of CDC participants to better refuse such requests.

*The best thing about the cashless debit card is it gives people the opportunity to have assistance to manage their money and it reduces other people humbugging and taking all their cash for alcohol or drugs. So, they're able to keep the cashless debit money aside because it can't be used for those reasons. SH38GF W2*

*I don't have nobody annoying me for money, yes. It's really good. P64GF W2*

#### 5.3.1.2 *CDC Shopfronts*

The CDC shopfronts, or Local Partners, were viewed by many respondents as being a successful aspect of the implementation of the CDC in the Goldfields. The shopfronts were perceived to provide important support to CDC participants particularly with managing CDC processes such as card activation, balance checks, fund transfers, direct debits, replacement cards, and exit applications.

*Activating replacement cards, doing transfers, setting up payments. Some people have got payments already set up like for their rent or other little bills and stuff. Sometimes balances as well...A lot of people don't have mobile phones, so we do a lot of basic stuff that can be done on an app, but that's the thing, people don't have phones and access to that. So our office helps people that don't have phones. So we do have a self-service desk but people prefer to come and see us because they have no idea how to use a computer. SH47GF W2*

*When I was stacked up in Laverton, and I left my card back here so I couldn't get the money to travel back. And I found out there was an office there, and just got an emergency card. So that helped. P43GF W2*

Many of the CDC participants interviewed had sought assistance from their local CDC shopfront, and on the whole had found this help to be very useful in addressing any issues they faced with the Card.

*It was good. They really help. Like, if you, like a few fellas I know that have, "Oh, can you do this for me?" I just tell them, "No, go to the new office out there and they really help you." P68GF W2*

*The times that I've had to go in to see the Indue people, more than helpful...and it was quick service too, not like Centrelink. P20GF W2*

While it was acknowledged that the need for support with the Card had reduced over time in most areas of the trial site as participants became accustomed to the processes of the CDC, there was still

a core of CDC participants for whom ongoing on-the-ground assistance was perceived to be vital. This included people with lower levels of financial and English literacy, those who had no access to, or found the use of technology difficult, (including older participants and people from the Lands), and people with disability or mental health issues. In addition, an ongoing role for the shopfronts was identified with new entrants to the CDC who required assistance at least initially to aid their understanding of the Card.

*Twenty per cent of our participants really struggle and they need a lot of help. So we tend to work the majority with those 20 per cent...That 20 per cent are people who are really needing that support so the people where literacy is pretty low, where people may have mental health problems, disabilities, English is not their first language...But also people that are self-sufficient, sometimes when there's changes need that help and advice and support. SH31GF W2*

Several of the CDC participants themselves identified that they needed regular assistance from the shopfront staff.

*I don't use it on the phone. I just come straight here to transfer, 'cause I don't know how to do things on the phone. P66GF W2*

*With the Indue card, they help me out, check the balance, go online and check the balance and all that. P75GF W2*

Stakeholder representatives identified that the success of the CDC shopfronts partly hinged on the ability of their staff to create a safe space for CDC participants, particularly Indigenous community members. Therefore, the setting up of shopfronts in spaces that were informal but still offered privacy, allowed CDC participants to feel comfortable accessing this support.

*People trust that space. It's not like going into a government building, a Shire building and people don't necessarily feel comfortable or trust that space to get the help they need and they wouldn't necessarily ask for the help if they were struggling and that's when they'll get into bother. SH31GF W2*

*I also think that after coming here and experiencing the fact that they could get all of their business done in private, in a room, a nice room with air conditioning. And then they could get a glass of water. Out there they were being treated with respect. I really believe that helped. So the environment just sort of soothed overnight. SH15GF W2*

Moreover, some of the CDC shopfronts were co-located with other services and this enabled participants to obtain information about, and access, other community supports. This included the ability to make referrals to programs including for emergency relief funds to CDC participants if they had had money stolen from their Card account.

*Sometimes in the Local Government contracted services there wasn't the ability to create linkages for those who engaged today about CDC but the underlying issue is domestic violence or underlying issue is homeless or some of these other mental health issues...When Centacare took over, those staff were more adept at making those linkages because obviously they had a team that had that broad skill base. And so we found that there were a lot more linkages being made and so that changed the model in which they were working with people as well. SH43GF W2*



Other shopfront offices were also described as offering assistance with needs beyond the CDC, e.g. support with banking, housing and Centrelink. This holistic approach assisted CDC participants in addressing these underlying and important issues in an environment where they felt comfortable to disclose and discuss the difficulties they were facing.

*I think it's helped having us being the shopfront. It's building relationships with people and I've found since they come in for other stuff that they needed in their life. I think it's really good. SH42GF W2*

*We help with other things as well in the community. So a lot of people come in for that as well. We've got housing forms, we help people do that. People come in and use the self-service for MyGov. A lot of people don't feel comfortable going down to the local Centrelink for things and sometimes we're dealing with a lot of Centrelink stuff as well. We get a lot of visitors from out of town that need help with banking, even our locals. SH47GF W2*

Finally, the employment of the right type of staff within the CDC shopfronts was seen by some respondents as contributing to their success. In particular the practice of employing local people (particularly Indigenous staff) with knowledge of the community was central to the successful rollout and implementation of the CDC. This enabled CDC participants to feel comfortable in engaging with the shopfronts and the development of trusting participant-worker relationship were noted by several respondents.

*Our office's very well needed in this town and it's good that there's local people working in our office...because it helps everyone. It encourages people. They know it's a safe place and they know that they're going to get help. Proper help. And be understood with what help they need. SH47GF W2*

*It's been good too because they've developed trust and those girls that we've got over there are pretty understanding. They're patient and prepared to explain everything to them all the time. SH30GF W2*

### 5.3.1.3 *Practical aspects of the Card*

When discussing the implementation of the CDC, almost a third of respondents (mostly CDC participants) nominated practical aspects of the Card that they considered were working well. In particular the functionality of the Card was praised. The CDC was perceived to operate as a normal bank card which was relatively easy to activate and use.

*Initially, when I found out we were going on the welfare card, I was a bit troubled and anxious about it, but getting the information pack with my first Indue eftpos card, it explains everything. You can have BPAY payments. You can have cash withdrawals out of your account of \$200. You can set up independent funding transactions that are not normal. You can have private direct debit rent or credit card payments. All of this is explained in the booklet. I find the card itself is pretty easy...and I don't have any problems with it. P61GF W2*

Some of the security measures placed around the use of the CDC (e.g. having a PIN or being able to turn off the Card) were welcomed as this was considered to reduce the risk of fraud. In addition, CDC

participants frequently mentioned the benefits of the CDC mobile app<sup>11</sup> to easily check on balances and spending.

*The Indue card is easy to control. From a smartphone, you can turn your Indue card on every time you want to use it and off when you don't, so that even if somebody gets access to your card, they can't use it unless they also have access to your mobile device...If you get a teenage son who nicks it, then he'll go down to the local coffee shop, buy everybody slushies and ice-cream, and that could put a big hole in your weekly budget, so that was one of the controls; being able to turn it on and off. SH22GF W2*

*We've both got the app, downloaded it on her iPad and my phone. It's easy to use and whatnot. It's pretty much like all your banks when you're paying someone. As long as you know what you're doing and how to do it and rah, rah, rah, you just whack it all down, done. P29GF W2*

The ability to use the Card in many shops and businesses with an eftpos facility was welcomed by respondents. This included stores both within and outside the trial site, and also on some online sites. In addition, the capacity to purchase any item other than those restricted under the Card (i.e. alcohol and gambling products) was also seen as offering considerable choice to CDC participants over how to spend their Centrelink payments. CDC participants commonly welcomed the ability to purchase cigarettes with their Card. With regard to this and the large number of stores in which the CDC could be used, the Card was seen in a more favourable light than the BasicsCard by some CDC participants.

*I can do the same thing I do with my normal bank card, go online, buy stuff, I can go to the shops, I can pay all my bills online, BPAY, Centrepay, whatever. P22GF W2*

*I've never had any problems with it. I can't buy alcohol with it, that's one good thing about it. But you can buy smokes in Coles and Woolworths. P21GF W2*

The ability to make monthly transfers from the CDC was a further practical aspect of the Card that was seen in a positive light by some respondents. Examples were provided of these funds being used to supplement the cash component of the CDC, to pay for board or to assist other family members with money when needed.

*I like the fact that I can transfer. See how it's 10 o'clock now? I can go into my Indue app. Right, I want to transfer \$50 to my NAB account. That'll be there by 5 o'clock, and if you've got Indue to Indue, it's automatically. P23GF W2*

*You can transfer money. You know, when your family is that place over there and they've got nothing, you can just transfer money, Indue to Indue. You don't go to the post office. You don't have to pay \$25. I think that's alright. I like that thing about the Indue. P77GF W2*

#### 5.3.1.4 Social conditions

The addressing of difficult social conditions within the region was a final key element of the implementation of the CDC that was considered to be working well by almost a quarter of respondents (mostly stakeholders). Although still acknowledged to be problematic within the region, these respondents felt that the CDC was contributing to a decrease in the levels of alcohol, drugs and

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<sup>11</sup> A Mobile App is available to CDC participants to enable them to manage their card, e.g. card activation, checking account balances, monitoring transactions.

gambling misuse. These benefits had particularly been observed in the smaller towns in the trial site which were located outside of Kalgoorlie-Boulder.

*I think it's definitely hit what they wanted to hit with helping reduce the alcohol and drug problems for those who were affected with it, so I definitely think that's the probably the biggest positive. SH18GF W2*

*I think the best thing is that we don't see the violence on the streets that we used to see, and we don't see the consumption of alcohol on the streets like we used to see. SH30GF W2*

*I've got to admit it has helped in some of the smaller communities for the alcohol wise. P06GF W2*

Several respondents also noted improvements in child welfare which they attributed to the implementation of the CDC. In particular the children of some CDC participants were reported to have better access to food and clothes, were attending school more regularly, and were observed to be less frequently out on the streets at night without adequate parental supervision.

*The kids are on the street are looking better, and kids on the street looking healthier and better dressed. So the families are not drunk, and the kids aren't missing out, and not getting subject to as much domestic violence. SH27GF W2*

*If the outcomes are as they say they are with the young kids at school, that's a really positive outcome. That's great. If kids are being fed, if they've got their uniform, their fees are being paid, if they've got lunches that's a win. That's a really great thing if that's the case. That's definitely important. SH05GF W2*

#### 5.3.1.5 *No aspects of the CDC perceived to be working well*

In contrast, more than a quarter of respondents (mostly CDC participants) were unable to identify any aspects of the implementation of the CDC which they considered were working well.

*I don't like one damn thing about it. It goes against all my principles. P15GF W2*

Some CDC participants reported that the Card had not had a positive impact for them personally and had instead led to challenges and ongoing difficulties.

*I haven't heard anything positive about the card at all. No-one's actually come up to me...and said "I'm really happy with it, it's working really well." Everyone who came up said even if they had adapted within the confines of the card and were doing everything right, they still said they felt stigmatised. SH46GF W2*

*For me, no, because it's just caused nothing but issues. P13GF W2*

Moreover, some respondents believed that over its trial period, the CDC had not contributed to any positive personal or community-level change within the Goldfields region. These respondents felt that the CDC was not an appropriate tool to deal with the underlying social issues still present in the region and should not have been implemented.

*So, is it stopping and has it stopped all the dramas that happen within the community? No. Has it worked? I can't see it, literally. SH08GF W2*

*Well I don't like anything about the card. I understand that while it might have been a good idea and it could work in some places, definitely, it's definitely not working in all places and for all people. P09GF W2*

### 5.3.1.6 *Groups for whom the CDC is considered to be working well*

The interviews with stakeholder representatives and CDC participants sought to identify the groups for whom the policy was considered to be working well and not well for. Two key groups were identified as benefitting most from the CDC: families; and people with alcohol, drug and gambling issues.

Overall, respondents considered that the Card was working best for CDC participants who had children. In particular, within family groups where the consumption of alcohol and drugs had previously been problematic, the CDC was seen as ensuring that money was now spent on essentials such as food. Observations were made that the children of these CDC participants were directly benefiting from the Card, as they were seen to be better cared for, dressed and fed.

*It's good for people who's got young children and not looking after 'em...It probably does work good for people with kids who's on drugs and alcohol all the time. They're wasting their money on that instead of looking after their own kids...It's good for people who need it for the kids' safety and feeding them and that. You need that. P26GF W2*

*Only for certain people. People who's on drugs, who drink too much. Mothers that don't look after their kids much. I get them people, they should go on the Indue card. I reckon it will help them, settle them down from doing that and neglecting their kids. P77GF W2*

The CDC was also thought by several stakeholders to enable some women—who may have been experiencing domestic violence, whose partners had substance misuse issues or were the subject of excessive humbugging from other family members—to now have greater control over the household finances.

*I've got a client...She does like it because she was in a relationship where it was quite abusing, domestic relationship, and she can control this now and she knows where it's going and what's been going on with it...I think that's more beneficial because she's got control and it's not worrying about someone's going buying \$200 worth of cannabis...So it has worked for families. For families it's a little bit better because they can control it. And people are not stealing and they know where they're at with it. SH41GF W2*

A second group for whom the CDC was considered to be working well by some respondents (and especially CDC participants) were those experiencing issues with alcohol, drugs and gambling.

*For those people that were struggling or have like a gambling and drug addiction and alcohol, I think the card's awesome. P48GF W2*

These respondents reported that for some CDC participants with addictions, the Card was assisting in reducing access to funds which would previously have been used to support their addictive behaviour. Consequently, since the introduction of the CDC some people had either been able to slow down their use or address these issues completely.

*I think the concept is great. For people that are unable to manage their own affairs and they might like to spend all their money on the poker machines or rah-rah. Then the card's great. P08GF W2*

*I think if it's used correctly and with the right information it can support people. Particularly our cliental who they need all that support to stay off drugs and alcohol...it can have its benefits there to manage their money once they're in transitional and be like this much is for this and this much is for that kind of thing. SH03GF W2*

### 5.3.2 What is considered not to be working well?

To a greater degree, respondents raised aspects of the implementation of the CDC that were considered to be not working well. Seven primary issues were identified and included financial management and the availability of cash, practical aspects of the Card, policy targeting, card workarounds, wraparound services, a perceived lack of social outcomes, and insufficient information.

Only a minority of respondents were unable to identify any aspects of the implementation of the CDC that were not working well.

*No, I don't mind being on the card. It's all good. Nothing's frustrating. P28GF W2*

#### 5.3.2.1 Financial management and the availability of cash

A common difficulty experienced with the CDC—which was raised by more than half of all respondents (and especially CDC participants)—were issues relating to financial management and the availability of cash.

For many respondents, the limited availability of cash under the CDC was of particular concern. As discussed above in Section 5.2.4, limited access to cash was said to make it difficult for CDC participants to provide money to their children and to make their finances go further through the purchase of second-hand goods (both at garage sales and online).

*It's hard enough being on the dole and living off the amount that you have to live off without being able to stretch that a little bit further by buying stuff say, on Facebook, like you can buy say, a lounge suite, for an eighth, a tenth of the price that you would in a retail store. SH09GF W2*

*I'd like to help my children out and that, but it's very hard you know. You can't send them any money because you don't get that much to send them any money. P45GF W2*

Some respondents were also concerned that the implementation of the CDC had had a negative impact on the ability of participants to manage their money. The management of two different accounts was thought to be confusing for some CDC participants, and it was therefore considered more difficult to monitor account balances and budget finances.

*We've got a lot of clients that can visualise their cash in their hand...using like the old envelope system when you go, you know, this pocket's for this much and this is for something and here's for your bills and here's for your food, when all of a sudden it's on a one big bulky card and then you kind of go spend, spend, spend, spend, and then they end up in trouble. SH17GF W2*

*Having the two different accounts...It just gets annoying with the two. Trying to remember all the logins and stuff like that. P38GF W2*

Concerns were also raised regarding the use of the CDC to make payments. While the ability to arrange direct debits was available under the CDC and seen in a positive light, issues with making payments

were still reported to occur as some organisations were said to not accept the Card. Issues were particularly highlighted with making payments for rental accommodation and board arrangements.

*I'm finding it very hard. As a homeowner, we use local tradesmen that we've been using forever, and they're owner operated businesses so they don't have the facilities to be able to pay them with the Indue card. So plumbers, electricians, handymen, any maintenance to do on the house, that's not counting your rates because the Shire don't. So paying your rates is another issue as well. Trying to save up to pay your rates is an absolute bloody nightmare. You've got to try and shuffle two bank accounts. SH27GF W2*

*One of my best friends...she went to set up her rent to get a cash release so she could pay her mother because her mother owns the house she lives in and she was paying her mother rent. She has a legal binding lease with her mum and everything, and she took that into Indue, and they told her point blank that they thought she was lying and wanted to use the money for drugs so they weren't going to release the money. And she attempted three times to show them a legal document lease and they would not do it, so now she pays her rent in food...That's not going to be an appropriate agreement. SH25GF W2*

Finally, the ability to access any savings which had accumulated in the CDC account was reported by several respondents to be difficult and the processes involved in transferring these funds lengthy and intrusive.

*Say if you wanted to try and save up for a second hand car you know, accessing the cash for that, but again you have to get the permission and there's quite a bit of a process for it, you can't just say oh yes, by the time you do that the car could be gone. P25GF W2*

### 5.3.2.2 *Practical aspects of the Card*

Difficulties which had been experienced with practical aspects of the Card were raised by over a third of respondents. Although many local stores and businesses in the Goldfields trial site accepted the CDC, this was not universal.

*The only downside from my point of view are maybe retailers who have been resistant to joining up and not making their services available for the card to be accepted...I have spoken with one retailer, that was a number of months ago, who it's fair to say he's racist and just didn't want that type of person coming into his shop. SH40GF W2*

*I think they've done something without actually talking to people on the ground. It's all these people that sit in an office like oh yeah, let's control money and roll that out to the little regional towns. Did they even think about people in regional towns that don't have a supermarket with eftpos? Things like that. SH03GF W2*

An inability to use the CDC in some businesses outside of the trial area was noted by some respondents. Particular issues had been experienced by CDC participants travelling away from the region who had been unable to pay for fuel or accommodation at mixed businesses that were also licensed for the sale of alcohol.

*I think it's unfair for the people that if they do leave out of Kalgoorlie that it follows them because, you know, Kalgoorlie is obviously equipped to be able to utilise this card and then you move to somewhere where they don't have it and then all of a sudden you can't do certain things with it or buy certain things with it. SH17GF W2*

*Getting accommodation, fuel, meals. I've had heaps of trouble, especially when you go to areas that don't know anything about the Indue card, are not set up for the Indue card. Being rural and remote, just about everywhere around...the service station/accommodation/where you get your meals, is always a licensed premises. So you go in to get some fuel and a feed and maybe even sleep the night, get a motel or a room. But you can't because it's a licensed premises. SH27GF W2*

Limitations in the ability to use the Card on some online sites (e.g. when attempting to make purchases through businesses that also sold restricted items) were noted as being particularly problematic in remote areas such as the Goldfields where there was limited choice within local stores and relatively high prices.

*There's not many shops here anyway. There's really just a Target and a Kmart so we buy everything online, which is cheaper too really...And when you're not able to buy something online, that can get very frustrating. SH11GF W2*

The processes associated with the CDC (e.g. activating the Card, remembering PINs and passwords, checking balances, arranging transfers and direct debits, exit applications) were reported to be challenging for some CDC participants. This was particularly so for people who were unfamiliar with modern technology and did not have easy access to mobile phones or the internet. As a consequence, some CDC participants continued to require ongoing support in managing their Cards.

*It's causing a lot of hassle and a lot of people to get bad credit...Quite a few of the payments I've tried to set up through the Cashless Debit Card, they end up coming out on the wrong days or something goes wrong. Every time. And I end up with them trying to chase me up and then I get a bad mark on my credit file and so yeah, that's the bad part of it. Definitely. P09GF W2*

*A lot of perpetrators will take the card, know the pin numbers or they'll guess the pin numbers, because some people they have the most simplistic life and probably do have literacy issues and their pin number would be their date of birth or their father's date of birth, and you can't tell people, "Don't choose that" because they'll never remember anything else. SH08GF W2*

A final issue related to security and the fraudulent use of the CDC. As discussed above in Section 5.2.6, financial fraud was reported by some respondents to be occurring with the CDC. This fraudulent activity was said to be happening in two ways: purchases made with stolen Cards and online transfers arranged without the permission of the account holder.

*It's not doing me any favours because money's been missing out of my account a couple of few times, especially when you've got families and friends and nephews and nieces. They just catch on what you're doing, catch on your email address and account numbers and stuff like that. They'll just take it out of there. They just take the money and think it's theirs. P62GF W2*

*I got hacked. Somehow, like, I don't use online transactions; I don't buy things online. I don't give people my email address or my card details, but I got hacked by a UK online dating service. They took \$70 out of my Indue account...How did they get that information in the first place? But they [Indue] weren't really willing to do any explanations. They just wanted to hush me up and give me my money back so I wouldn't make a complaint. SH25GF W2*

### 5.3.2.3 Policy targeting

Reservations about the cohort which had been chosen to participate in the Goldfields CDC trial were expressed by over a third of respondents. As the stated intention of the CDC was to address the social

harm associated with substance misuse and gambling, having a blanket approach whereby all Centrelink recipients of working age were placed on the Card was seen as being inappropriate by many respondents.

*You can't just chuck everyone on there to be fair, because it's not fair to the people who haven't got any issues for substance abuse or addictions of any kind...It's like sending everyone to jail, you know, for no reason when they haven't even committed a crime. P37GF W2*

*For me, the biggest thing about the Cashless Debit Card...was about human dignity and recognising an individual and recognising that an individual has their own complex situations and just you cannot apply a uniform blanket and not even the word "apply" but "impose"...The biggest thing for me was just the lack of dignity or the stripping of dignity through this. We're dealing with a lot of the repercussions of that. SH19GF W2*

These respondents questioned this all-inclusive approach and thought it was unfair that Centrelink recipients who were "doing the right thing" such as managing their money well, cared for their children, and did not have an addiction had to participate in the CDC.

*As far as I can see the reason for the Indue card is to stop them drinking and that and for the kids, give them school and food. I don't have any of those issues. To me I don't see why I should be on it...I'm not involved in any of that. P54GF W2*

*The downside to it is, those people who are doing the right thing, who are caught up in this and are impacted because they're lumped into the same boat as those who are being irresponsible or don't have the skills, mismanaging public monies. SH40GF W2*

Moreover, concerns were reported that the three areas chosen as the initial trial sites for the CDC had large Indigenous populations. Hence, it was considered by some respondents that the CDC policy had racial undertones and was unfairly targeting and stereotyping Indigenous Australians. Indeed several non-Indigenous CDC participants noted that they thought the Card had been specifically designed for Aboriginal people and they were confused as to why they themselves had been placed on it.

*Now I know it wasn't just for Indigenous people, it was for everybody who was on benefits, but because it was targeted so much at Aboriginal communities like Ceduna and East Kimberley, I was really disappointed. SH22GF W2*

*I had no choice, and apparently it was brought in to stop Indigenous people from drinking and using drugs and I don't do either and I'm not Indigenous either and like okay then. Fun, fun, fun, the joys of living in the country. P56GF W2*

Dissatisfaction also expressed by some respondents about the choice of the Goldfields region as a trial site for the CDC. It was suggested that other areas of Western Australia, e.g. metropolitan locations such as Perth, had more challenging social conditions and should have been the focus of the policy instead. Some of these respondents felt that the Goldfields had been unfairly stigmatised as a result of becoming one of the trial sites for the CDC. Moreover, the exclusion of surrounding Indigenous communities from the CDC trial was considered by several stakeholders to be an oversight which had impeded on any potential outcomes.

*Why is it that people in the city, they don't get on this card. Why is it the country people?...There's more crime is happening in the city, you know. P45GF W2*



*Those communities are not actually on the card but that, when there is funerals basically they are all held in Kalgoorlie or Coolgardie and a lot of those people will come into the region and because they are not on the card they've got to access the alcohol. And so there has been a big push from the Mayor of the City in Kalgoorlie...to put those remote communities on the card...to actually try and get it implemented in there as well which would then have the whole region which I think would be of benefit. P12GF W2*

#### 5.3.2.4 Card workarounds

As described above, the potential capacity of the CDC to reduce alcohol, drugs and gambling misuse in the Goldfields region was very commonly reported by respondents to be hampered by card workarounds. These workarounds (or loopholes) were said to have been identified and adopted soon after the initial implementation of the CDC.

*They've had to do what they've had to do in order to just survive...because they can't afford to access the drugs or whatever, they've had to deal with that, but there will always be something that they will trade for it. So, is it stopping and has it stopped the community, all the dramas that happen within the community? No. Has it worked? I can't see it, literally. SH08GF W2*

The most frequent workaround which was reported by many stakeholders and CDC participants was trading using the CDC. The most common form of trading involved the selling of goods purchased with the CDC—such as groceries, cigarettes, fuel and phone credit—in exchange for cash or directly for alcohol and drugs.

*I've basically got three friends, I've got access to cash. I can borrow if I have to, instead of giving him \$50 I'll buy him two packets of smokes on the Indue card and they can have them. It's an exchange. P12GF W2*

*The new monetary system at the moment is...you buy a packet of cigarettes on the Indue card, and if you need money, stand at the front of Woolies, sell it to somebody who is about to walk in and buy a packet \$10 cheaper and you've got cash, if you know what I mean. I mean, you've ripped yourself off \$10, but it's still cash. It's still accessible. It's not stopping anything. SH25GF W2*

Respondents also reported that some participants were either exchanging their Card for cash (and then claiming that their Card had been lost) or allowing others to use their Card in return for cash or alcohol.

*If they got money on the Indue card and they give it to someone who has got the cash, they give the cash and they get the card...I sometimes do that. P77GF W2*

*We tend to see people here in our centre as a result of their drug and alcohol addictions...What I'm seeing is people who come through to us go "I've lost my card" and then us overhearing conversations that "I gave it to Aunty Betty to do such and such"...We're still seeing people who we know are still struggling with those things, and they're on the card and it hasn't changed for them. SH19GF W2*

While for some CDC participants this trading activity was equitable, in general, goods or the Card were being traded for a much lower price than they were actually worth. Thus trading to circumvent the restrictions of the Card was often perceived to be financially disadvantaging CDC participants.

*I have been offered it a few times. I had somebody come around the other week, they were trying to get something, they had a pack of, and like a \$60 pack of smokes they offered me for \$20. It's just sending them backwards further. It doesn't matter what they do, they are going to try and find a way around it somehow and of course the people that haven't got that are going to take advantage of it so really the what's the word for it? The people that are in the worst positions are getting taken advantage of by people in good positions you know, and that's what happens. P33GF W2*

*I've heard...you sell me this on Facebook. You sell it for \$500 and I'm going to give you \$100 and we'll split the \$400. So there's been a lot of that. And exchange, buying and selling, and I'm not talking about massive amounts of money but buying and selling cards and ID / identities. Trying to get money out before you report the card lost. All this sort of stuff...Oh no it would be inequitable. Absolutely. There would be somebody with the idea, they're going to be hurt the most. Not the sucker who buys into it. SH15GF W2*

A further common workaround to the CDC was the purchasing of gift cards (e.g. pre-paid Visa cards) which could then either be sold or used to buy alcohol. While several respondents thought that this particular issue had been identified and addressed by DSS, others considered that this workaround was still continuing.

*We did hear is that people were purchasing the gift cards from their local IGA and...the Woolies and Coles cards because they could buy them and then go and purchase a carton of beer or wine or whatever they wanted. So the Department sort of cut that out with the big stores and I know they are trying to do the same thing in like places like Leonora. SH12GF W2*

*My drug dealer does it. My ex-drug dealer. They actually transfer their money to the Load and Go card in the post office. And walk into the post office and get it all out in cash. P06GF W2*

Reports were also provided by some respondents (mostly CDC participants) that it was still possible to purchase alcohol with the CDC from retailers both inside and outside the trial site area. In some instances these purchases were said to be occurring from hotels and bottleshops who purposely had found ways to bypass the rules of the CDC.

*I get a laugh because I know that you can use it to go and buy alcohol anyway if you really wanted to, there's places you can go, it actually lets alcohol goes through down at the pub...They are using people in the community to police their system, it's not really set up properly. P33GF W2*

*I have heard of businesses taking advantage of people on the card...still selling them alcohol and stuff. Just charging them exorbitant amounts and doing it through the backdoor. SH25GF W2*

Finally, several further (but less frequently used) workarounds to circumvent the CDC were described by respondents as a way of supplementing the cash component available under the CDC. The purchasing and subsequent refunding (for cash) of items purchased with the Card was noted by several CDC participants. While some stakeholders believed that this particular loophole had been stopped, other respondents thought it was ongoing.

*They'll go to, say, Kmart or whatever, buy stuff on the Indue card and then return it. Yes, it has to go back onto a card but they'll put it back onto their other card. P16GF W2*

*We noticed locals going to certain businesses in the area that were not normally at those businesses, and then we obviously made inquiries as to what was going on, and that business was taken off the cash so they could no longer accept the cashless debit cards. But people were going there and making a purchase for something and then getting a refund but being charged a service fee for that purchase. SH34GF W2*

Furthermore, the use of royalty money to purchase additional supplies of alcohol was also perceived to be occurring by a few stakeholders. In addition, a few CDC participants described prospecting for gold which they then sold to supplement their Centrelink payments.

*They also get handouts from mines, things like that. Yeah, royalties. They get handed out \$1,000 in their hands when that happens and half the town has been given \$1,000. Then you see the spikes again in drinking. SH45GF W2*

*A heap mob in this town...most of them are on needles around here...I don't how the hell they get their money, probably stealing and all that there. Or just go out the bush and look for gold and come back into town. Get more gold, look for gold on the weekend, come back with two-three grand. P18GF W2*

It was also reported by several respondents that some CDC participants were prostituting themselves for cash in order to buy drugs and alcohol.<sup>12</sup>

*We're also aware of some instances of trading sex for alcohol...for example some of the young ones will hang around outside the pub and participate in those behaviours to be given alcohol...They might have more limited access to cash that's definitely a negative of the card because the people that do want to use drugs and alcohol will find a way to use it and to get access to it if they don't have cash and unfortunately that often if you're a female comes at the expense of your body. SH05GF W2*

*I was coming home from Kal a couple of months ago. I only know this lady in passing and I have seen her pull out the Indue card when we're in the shops. But she was actually selling herself on the street. You can't miss it. So you've got women resorting to that. P07GF W2*

Finally, while permissible under the CDC, the transferring of funds from the Card was perceived (particularly by CDC participants) to be a further way that some individuals were able to access additional supplies of alcohol and drugs. This included the use of monthly transfers from the CDC into the participant's own keycard account and the transferring of funds into the accounts of others (including at times directly into the CDC accounts of local drug dealers).

*What I see is probably that people are still, who are on the card, still finding ways of purchasing alcohol. That's probably the negative of the whole thing. They're still trying to find ways...They find ways around it, like in terms of getting their \$200 every 28 days. So, every 28 days they can get an extra \$200 put in as cash and I think, that's how they're using it. SH37GF W2*

*A lot of people that deal drugs are also on the Indue card and you can transfer an unlimited amount of money between Indue accounts. So for drug dealers they can just get someone else's*

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<sup>12</sup> It should be noted that prostitution was reported to have been occurring before the introduction of the CDC as an alternative way to obtain money.

*Indue card to transfer the money onto their Indue card. So that hasn't solved anything. Like this guy had been on it for a week and he told me that's what he did. P51GF W2*

### 5.3.2.5 *Wraparound services*

The CDC trial was accompanied by additional funding for wraparound services to support the effectiveness of the Card in each of the trial sites. However, over a third of respondents expressed dissatisfaction with regard to the actual outcomes relating to this process. Many respondents were unaware that any additional support services had been funded under the umbrella of the CDC since the trial in the Goldfields had begun.

*It's a joke that they keep saying, oh we'll provide these extra services to your community if you go on this card. They don't...They're still waiting. P13GF W2*

*I stay closely in touch with the community through the disability sector, through the mental health sector...We've been around various service providers and organisations and I'm not aware of any services that have been created to support people on the Indue card. P15GF W2*

For those respondents who were aware that CDC funding had been allocated to bolster support services in the Goldfields, concerns were expressed that these funds had not been targeted well. Funds were considered to have been spent primarily on the development of the CDC shopfronts and additional financial counselling services. Hence, the funding of broader wraparound services—such as drug and alcohol rehabilitation, mental health and counselling services—to work alongside the CDC was not thought by many respondents to have been realised. Particular dissatisfaction was expressed that gaps in these wraparound services in the more remote areas of the Goldfields still persisted since the implementation of the CDC.

*One thing I brought up when they first came to talk to Laverton, I said, "You need the support services" and the two things that I thought were important were, financial management and alcohol and drug addiction. No change in the alcohol and drug addiction support. I would say there was zero change. There was an increase in financial counselling support...Disappointed that the Government didn't provide the extra support service that they said they would as regard and to alcohol and drug addiction. SH38GF W2*

*Well we had the shop fronts...a person employed to help with the CDC. Apart from that...I'm unaware of any extra services. The shop fronts, I'm on the understanding they were there for helping people with understanding how the transfers worked. And maybe if there's a problem, well they've got the numbers to call and everything like that. But with the emotional wellbeing and the feeling of loss that you get, on a more mental level, definitely not. I haven't noticed any, not here anyway. Not in Kambalda. P10GF W2*

Inadequate co-ordination in the way the funding for wraparound services was arranged was also described by several stakeholders with perceived overlaps in service provision present. Moreover, a few stakeholders questioned whether the funding of wraparound services to support the CDC (i.e. shopfronts and financial counselling) had now ceased in the Goldfields.

*I do know that there were those two offices set up and so if people had issues they were supposedly able to go to them and go to those offices...Then they've shut. It was like okay, it's done now, we're gone. SH19GF W2*

### 5.3.2.6 *Lack of social outcomes*

A further concern regarding the implementation of the CDC which was discussed by over a quarter of respondents (and especially stakeholders) was a perceived lack of social outcomes since the trial had commenced. Some respondents expressed concerns that the CDC trial had not achieved its intended aims and that social conditions within the Goldfields region were unchanged.

*No offence, but I don't see any changes in any community personally with the fact that the Indue's been brought in...I don't see any difference, 'cause you're still going to have your bad people. P29GF W2*

*I just don't know that our kids are actually getting what they need because parents are still drinking, and the kids can't then have access to cash which then allows them to go and get something to eat. SH29GF W2*

Thus the CDC was not perceived by these respondents to be an effective tool to address the social issues which were still present in the region. The policy was not considered by itself to effectively tackle the underlying factors contributing to addiction and child welfare issues and that the monies used to fund the CDC could be better utilised within the region.

*I have concerns around the card being held up as the cure all for the alcohol and drug issues and the very, very strong political views and opinions being placed on this as this is the cure but it's very misleading...it's one string in the bow. SH05GF W2*

*Apparently it spent \$4M to bring Social Services in to role this out in this community...That would be a lot better if there was an area that needed to be spent, that money and to concentrate on that area, would be far better than the results that we're seeing for the people that didn't necessarily need to be on it...We would be better off to concentrate and offer the need and fulfil the need to what was there rather than blanket the community. P11GF W2*

Moreover, the identification and use of card workarounds by some participants in order to continue to obtain alcohol and drugs were felt to be undermining the potential outcomes of the CDC.

*There are too many workarounds on it. It's not a solid thing and, yeah, there's a lot of things that can be done with people who will think about it and are clever about it, so therefore it's not having the effect that it possibly could have. SH34GF W2*

*There's ways around it. Now but if there wasn't ways around it I mean it'd be an excellent way of saving your money but as long as you put people out there that...let you transfer money to them and pay for what you want that way, it's never going to stop it. P06GF W2*

### 5.3.2.7 *Insufficient information*

A final concern regarding the implementation of the CDC which was raised by a fifth of respondents (especially stakeholders) was dissatisfaction with the information provided about the CDC trial in the Goldfields region. Some respondents felt that inadequate levels of formal information about the trial had been provided directly to CDC participants. Information about the CDC was reported to have been circulated by the media or via social media channels such as Facebook. However, the veracity of this information was questioned by some respondents.

*It's probably the ignorance of people just believing what's in the media and going with that little information and saying, "I can't do anything on that card". The worst thing about it*

*personally also I would say is the media, just bringing forward wrong information. I can recall a few articles in the paper where participants were saying they can't make certain payments and me, as the shopfront staff, knowing what people can do. It's just wrong information that's been promoted. SH10GF W2*

Several stakeholders were also critical of the amount of information sharing which had occurred between the DSS and local community services (particularly in the more recent months of the trial); this was felt to limit their ability to support clients with any concerns about the CDC.

*There was another member of staff (DSS) who was based in Kalgoorlie to sort of set up the implementation. He would send me everything and give me all the links to the government websites and where we were at in parliament and all of that...to keep us informed. That has stopped [with his departure]. We're not getting that. SH31GF W2*

Where information was noted to have been provided directly to CDC participants (e.g. the information booklet which was distributed with the Card), concerns were expressed that it was not in a format which was easily accessible by all. Those participants with a low literacy or English-language ability were thought to especially struggle with reading and comprehending the official information circulated about the CDC.

*We didn't get much information on it...It was a bit hard to understand; they used big words. P36GF W2*

*I've looked at the terms and conditions of those cards and for a lot of people who don't have literacy skills, then they're not going to read those terms and conditions and won't have a clue how it works or how to make it work for them, or even attempt it, because...they are so complex to actually understand. SH08GF W2*

In addition, while some further information about the Card was available online on the DSS website, this was also felt to be too complex for some CDC participants to understand and assumed ready access to, and the capacity to use, the internet.

*A lot of people I find don't know how to contact the cashless card, even googling it as a provider when we do the cashless card, the information is very, very, very limited on the internet and it's very hard to work your way around it. SH20GF W2*

As a consequence of these issues, some CDC participants still had limited understanding about the Card, including where assistance could be sought (e.g. the existence and location of the CDC shopfronts), and the future of the trial. Of note, respondents reported that little information had been shared with the community regarding the recent legislative changes in operation from July 2019. Many respondents (and particularly the CDC participants interviewed) were unaware that people could now apply to exit the CDC or of the processes involved in this.

*We don't know where help. Try and find out how we can talk about it, how this thing can work at properly and work at better...So at the moment we don't know what's really going on unless the Government changes the system, we don't know what's going on...Because we hear people say oh you're Indue card going to be going away some people say that. There's a lot of rumours about it. But at the moment no action. P42GF W2*

### 5.3.2.8 *Groups for whom the CDC is considered not to be working well*

Respondents identified four key groups for whom they considered that the CDC was not working particularly well for. These groups included people with physical and psychosocial disability, those with limited literacy and IT skills, older people, and Indigenous CDC participants living in remote communities.

People with physical and psychosocial disability were reported by respondents to be the group most frequently experiencing difficulties with the CDC. Some of these individuals were reported to find the processes of the CDC difficult and to feel discriminated against by having to be on the Card.

*I reckon the government should have done their homework a bit better because I've known people that have got disabilities...My brother's girlfriend...she's got the spina bifida and a tube in her throat and there's no reason why she'd be on the card. I don't see no reason because it's like it has depressed her even more than what she already has been. P50GF W2*

For those with pre-existing mental health issues, the transition to the CDC was said to have brought additional stress and contributed to the exacerbation of their condition.

*We saw a good number of people with quite significant mental health issues and things, that were just never going to cope with it...They were, just not being able to cope with managing the card then on top of that they have their own mental health issues, it just adds up all together. SH15GF W2*

*It's adding a lot of turmoil to existing mental health issues, be it bipolar, be it schizophrenia, be it just anxiety. SH08GF W2*

A second group of CDC participants who were also commonly considered to be struggling with the requirements of the Card, were individuals with low literacy and IT skills. As a consequence a great deal of support—both initially and ongoing—had been required with many CDC processes including the setting up and managing of email accounts, card activation, balance checking, transfers, and the replacement of lost cards.

*There are people in town whose comprehension and understanding is not as high as others...So, they find it harder to understand. They're probably just the more needier people generally in town. So, they get extra assistance, but if they slip through the cracks and nobody knows about it, and if they're not somebody who goes to the cashless debit team regularly, then they don't get help. SH38GF W2*

*This really points to the digital divide. It's generational as well. So you have people that can do this stuff on a smart phone, pop in a log in and save....And you've got these people who don't know how to turn on a computer and search up... you know it's a real classic case of the digital divide in action, and what that meant it made certain parts of the population really vulnerable. SH15GF W2*

These CDC participants were also often described as not having personal access to a mobile phone or computer which made self-management of the Card more challenging.

*A lot of our clients don't use the internet, don't like the internet because they are not computer savvy or they don't have the money to get credit for computers or their phones or they don't even have a laptop, don't even have the phone...I would say probably a quarter of our caseload have trouble with reading and writing. SH20GF W2*

*I had a guy come in, he's from South Australia, he came here for a month to visit his son for a while...and it triggered him to the Indue and he was not happy...He only left a couple of weeks ago and he's still on it. His mental capability of apps, he doesn't even have a phone...and all of a sudden he's on a card to pay bills and I don't know if he's going to know how to do it. There will be no one he can turn to except on the phone but he doesn't have a phone. SH42GF W2*

Older CDC participants were a third group reported by some respondents to be experiencing difficulties with the CDC. This was primarily due to these participants being more comfortable using cash finances and having less familiarity with technology (e.g. having an email address, understanding how to use the internet, or access to a computer or mobile phone). Because of these factors older CDC participants were described as often needing support to manage their Card and the practical processes associated with it. Older CDC participants were also seen to be at a higher risk of being taken advantage of, such as having their Card stolen or their account fraudulently accessed.

*I think it's just making it harder for older people, people that don't have access to apps and internet and all this stuff, to be able to do those things that they need to do and pay for. Because it's, obviously, all on a card and older people, well, they don't know how to use that the best. P27GF W2*

*I did hear that there was a lot, due to the fact that the kids are on drugs so young these days, that they were getting the elderly. There was one gentleman and here's an example, he's in a wheelchair and he's quite disabled and...they're taking his wheelchair and the only way he can get his wheelchair back is by giving these kids the Indue card with the PIN number. Our elderly in our community are just, I think they're at their wits end. SH02GF W2*

Perceptions were also expressed by respondents that the participation of these people on the CDC was inappropriate as due to their age they were thought to manage their money well, have fewer issues with alcohol or drugs, and had often previously worked and contributed taxes.

*One of the ladies said to me, "look, I'm just fed up with this. I'm not a little kid. I have been managing my money since I was 14 years old"—she's now a grandmother—and suddenly somebody is telling her how to manage her money and it's really frustrating for the majority of people who have managed their money well. SH22GF W2*

*But I think the hardest people that got hit with it was the old more senior age groups that sort of have worked most of their lives and so I think the age group is way way too high...Most people by the time they are 60 have done quite a bit of work and you know once you start getting to around 55 plus you know that's when a lot of health problems start to arise, so they have got to stop work for these reasons, it's hard. P25GF W2*

A final group who were said by several respondents to be experiencing poorer outcomes with the CDC were Indigenous participants who lived in remote communities outside the trial site. These individuals had been triggered onto the CDC when visiting family in the region and were described as encountering particular difficulties when they returned to their home communities with the Card. With English as a second language, a lack of understanding of or access to technology, a previous reliance on cash, and no access to local CDC shopfront support, the processes of the CDC were thought to be particularly challenging for this group.

*It's sad seeing my older people from the bush, traditional people, on the card. And I'm like, this is not right, you know, because they're traditional, more honour, they live in the bush more, connected to land. They should have coins, money, it's more old-fashioned. P34GF W2*



*It also appears to be creating a cashless society and if we're entering the digital age, a lot of Aboriginal people don't have access to computers and is again another injustice...I don't think some people realise the effects that it could have and how it can really change the dynamics of who we are as Aboriginal people. P72GF W2*

## 5.4 Perceived opportunities for improvement

The in-depth interviews sought to obtain CDC participant and stakeholder perceptions of any aspects of the CDC which they felt could be improved. A small minority of respondents (mostly CDC participants) were unable to identify any improvements that could be made to the CDC. However, other respondents identified five key opportunities for improvement: policy targeting; practical aspects of the Card; changing the proportion of cash placed on the Card; wraparound services and policy measures; and consultation and information provision. These five areas are discussed in detail below.

### 5.4.1 Policy targeting

The most common opportunity that was considered to need improvement—which was suggested by over half of all respondents—was for changes to be made to the groups targeted by the CDC policy. Many of these respondents were opposed to the current blanket targeting approach of the CDC and felt only those who needed their income to be managed should have to participate.

*It's stupid. It should only be for people who need it...I've never had a problem with gambling, drinking, drugs or anything, so I don't see why everyone should have to suffer 'cause a few people can't manage their money. P57GF W2*

As the specific aims of the CDC were on curbing the social harm associated with alcohol, drugs and gambling, it was suggested that the focus of the Card should be on these individuals. Other groups for whom the CDC was seen as being potentially useful (and who should therefore be included in the target population) included people who needed help to effectively manage their finances and those who did not provide adequate care for their children. It was also noted, however, that participation in the CDC for these individuals should not be a sole measure but instead be occurring alongside enhanced support.

*The Indue should have just targeted the drug addicts, the alcoholics, the real bad ones...Maybe they should go ahead and target the ones who are on methamphetamines, cannabis, alcohol. Target those people because they're the ones, them and their children and families, they're the ones that are suffering. P22GF W2*

*I'd like to see a change in the approach how it's brought out, where it's targeted more towards people which have offences related to alcohol and drugs and they're placed on it...Definitely a targeted approach, a hundred per cent. I think that'll contribute to reducing a lot of the mental health side of things that we've seen as a result, and it makes sense to be targeted. SH18GF W2*

It was suggested by many of these respondents that these individuals could be readily identified through records which showed problematic behaviour which had come to the attention of the health, police, justice or child protection sectors or referrals to community organisations for additional support.

*And I do think some of the funding that's been allocated to the Indue card, and its administration, and the various evaluations that are taking place could just be channelled much more effectively into identifying people who are vulnerable and do need to be on the card, without taking away worth and dignity of other people who have never done a damn thing wrong in their life. P15GF W2*

*I think there should be more data collected and more of a selective process in terms of who gets put on the card if you're noticing the same families accessing welfare services and clothing vouchers and food vouchers, maybe they need a little extra help and maybe the Indue card can be the final thing to implement but let's put some other things in place first perhaps to try and help them, because imposing something doesn't help them automatically budget money better. SH03GF W2*

Adopting a more selective targeting of the groups chosen to participate in the CDC was considered by respondents as enabling CDC participants who were responsible and managing their money well with the opportunity to come off the Card. Groups whose participation in the CDC was considered to be inappropriate included people receiving disability or carer's pensions, older participants (aged in their 50s and 60s), and those who were either currently working part-time or had previous extensive employment histories.

*I think people who can't manage their money and things like that, I think they're better off staying on the card but people who can manage their money, non-drinkers, non-drug users, should be able to get off without any hassle. SH47GF W2*

*I think that anything that has 'pension' attached to it...Disability, Carer's, should not have even been thrown onto it...There are a demographic that do need the assistance, people that are in the drug rehabs or are known to the police or are known to Centrelink, that need assistance. This can be a great tool but it's just not implemented properly. It's just 'dump everybody in the same bucket' and it doesn't really help everybody because you can't identify who really needs the help. P16GF W2*

## 5.4.2 Practical aspects of the CDC

Over a third of respondents saw opportunities for some of the practical aspects of the CDC to be improved. These changes included the view that there could be greater flexibility over where the Card could be used, i.e. in shops and businesses within and outside of the Goldfields trial site and online stores.

*Make it easier for online purchases. Make it more presentable, and make it more wide open to other stores like Target, Woollies. P29GF W2*

*Just make it accessible in a broader area around the businesses. They should canvas the businesses and say who will accept and who won't. I mean, it's not up to the business, it's up to the till basically. It's an ATM card, it should work anywhere. If they could make it work anywhere, it would work better. People would have less dramas. SH26GF W2*

Several respondents proposed the future introduction of product-blocking which would enable the CDC to be used in more businesses—particularly for online shopping—but still prevent the purchase of restricted alcohol and gambling products.

*I don't understand why...we haven't been able to work out a system where people would be able to utilise the card to be able to do online shopping...There'd be no reason, I don't think, that...we'd be able to restrict liquor purchases, but still allow our customers to use online shopping. I think, it's certainly a way of the future when I think about people, particularly in the Goldfields and in East Kimberley as well, who live in these remote communities, as a way for them to more effectively do their shopping. SH23GF W2*

*There's a friend like has a lot of car issues and he can't buy car parts on Amazon, he can only buy them on eBay but then you can't use the Indue card on eBay either 'cause they sell alcohol on eBay. But why not make it so that like you just can't do it, there's a cut off that that's an unacceptable thing. Surely that can be arranged. P56GF W2*

The appearance of the Card itself was a second practical aspect of the CDC which respondents felt could be improved. Although changes had already been made to the appearance of the Card and were seen in a positive light, some respondents thought that the CDC was still too identifiable. In order to reduce any associated feelings of shame or embarrassment, it was suggested that the colour of the Card be changed from grey to make it look more like a regular bank card.

*Can't it be something different coloured card or something, why is it grey? As soon as you spot that, first thing they say is oh you're a bludger. But when I pull my ANZ card out doesn't seem to be nothing. Soon as you pull that grey card out, oh you're a bludger, you're a druggie, you're a piss head. P45GF W2*

*Maybe people can change the design of the card, pick their colour, things like that. Like how you do with a normal bank card...Everybody hates the grey card. So maybe if they could make the look of it a bit different people might feel a bit more comfortable having it. I've seen with some people they get the Indue logo and they scratch it out or they're covering it with something. Because of the shame of that word. SH47GF W2*

A third practical aspect of the CDC discussed by respondents was potential improvements to the transfers which could be made from the Card. Some CDC participants suggested that the maximum monthly transfer amount be increased and processes around additional transfers for special purchases be made easier. It should be noted, however, that as concerns had been expressed that transfer payments were sometimes being used for the purchase of alcohol and drugs, not all respondents agreed that changes should be made to transfer arrangements.

*Maybe increasing the withdrawal amount. Because \$200 is really nothing with me with five children. P71GF W2*

Respondents also proposed that the time taken for transfers to be finalised was too lengthy and should be reduced. Moreover, the CDC shopfront staff interviewed suggested that more information was needed on the CDC online portal to better assist with participant queries about their transfers.

*If somebody was to transfer their money, two days is a long time to go without it when you haven't got that much...I think if they can manage it quicker would be great. P19GF W2*

*The worst thing about the cashless card, for me personally as a shopfront staff, is still that we can't really tell when somebody's trying to change their housing limits or trying to work if they can transfer a certain amount into their personal bank accounts or somebody else's. We can't, as shopfront staff, can't tell how much there is still left for them to transfer, other than trying to contact Indue and finding out. It would be quite good for us if there was a way to find that information on the online portal when we go and assist the participant. SH10GF W2*

A final aspect of proposed change to practical aspects of the CDC related to exit processes to come off the Card. Several stakeholder representatives felt these processes were currently too complicated and delays were occurring in exits being facilitated. Hence, it was recommended that the CDC exit process be simplified and made quicker.

*I've helped them since day one, as soon as you have the application we've had ten, and none of them have come off. They are still waiting. And it's pretty sad, because the amount of information they ask to exit the program, you know some of them didn't even have a birth certificate and we helped them get birth certificates to identify them. And none of them are off. You know if they were willing to go all that way just to get off it, because they felt intimidated, they felt embarrassed, and controlling, and they're still on it today...Someone has been waiting six months and they haven't heard back to exit the program...So we do hit lot of negatives about that form, where the DSS needs to try and up their game. SH48GF W2*

### 5.4.3 Changing the proportion of payment placed on the Card

An increase in the proportion of cash funds available under the CDC was proposed by over a third of respondents (mostly CDC participants). As described previously in Section 5.3.2.1, more than half of all respondents had expressed concerns that having 80 per cent of Centrelink payments placed onto the Card with only 20 per cent available in cash was leading to negative impacts for some CDC participants. Increasing the amount of discretionary cash funds, it was argued, would allow more flexibility for CDC participants as to how, and where, they spent their payments.

*If they don't just remove it—probably having a larger percentage go into your account, like cash-wise, than having more percentage in your Indue card. I think that that would be a better option. P27GF W2*

*I just thought that 20 per cent was too low, been just a lot better at 50-50...an extra 30 per cent would just give people that little bit extra breathing room so they actually could save up a few dollars and buy themselves something outside the box, besides everything being on the card and recognised and no bartering power. P50GF W2*

It was also suggested that addressing the widespread concerns about the proportion of payments which were placed on the Card could make participation in the CDC more workable and agreeable for many CDC participants.

*Majority of people said that they would like to stay on the card but have less Centrelink money on the card...So some of them said get off it, but then some did say, no, I like the card, but can we have less money on the card, and have more money in our cash, because we like to go garage sales, want to go Kalgoorlie. SH48GF W2*

*It would be different if they had half and half, I wouldn't mind so much but not when it's like that [80:20 split]. P45GF W2*

Most of those respondents advocating for a change in the proportion of cash available under the CDC suggested that a 50:50 division of funds (i.e. 50 per cent onto the CDC and 50 per cent into a keycard account) would be preferable. However, it was argued by several respondents that were this change to be implemented, it should only apply to those who were managing their money well.

*If they split it and just go "Look, we'll give you half your cash and we'll leave half in there", so that can cover you for your food expenses and what you can do with your Indue. Then you can pay your board and go to whatever shop you like to get whatever you want...It's just a little unfair on the people who don't—that haven't got problems, they should be able to have at least half of their income and leave the other half in the Indue. They should have more flexibility. SH26GF W2*

*Me personally I'd rather have like complete cash but if it's a point of playing it fair by everybody make it 50, 50. Unless DCP's involved or something then make it 30, 70. 'Cause clearly if DCP's involved with families they're obviously not doing the right thing. P56GF W2*

#### **5.4.4 Wraparound services**

A perceived need for improvements to wraparound services within the Goldfields region was reported by more than a fifth of respondents. With the exception of the CDC shopfronts and some additional financial counselling services, the promised funding of wraparound services to accompany the CDC was not thought to have been realised. For some respondents the further strengthening of wraparound services in the region was considered to be an important part of a holistic approach to complement the provisions of the CDC and increase the likelihood of successful long-term outcomes.

*It was raised with the Department on a few occasions when the card was introduced that these wraparound services would be provided and it probably has not got to the scale where it needs to be...The only drawback I would say is if we can redefine the services, the wraparound services and look at reviewing that I think then that would be pretty much a complete package. SH12GF W2*

*That's one big issue I think with the CDC. At the start they said there were going to be all these wrap-around services for like drug and alcohol counselling, financial counselling, like child support, all things like that, and...they just didn't deliver...I believe there could be a lot more support out there for people. SH07GF W2*

For others, the CDC was not considered to be an appropriate tool to address the underlying social issues within the region. Therefore these respondents suggested that the funding currently being used to implement the CDC could be better directed towards increased service provision.

*I think they needed to have put the money that they put into setting up that card for each individual and put it into services that will actually help these people at the ground level. SH09GF W2*

*I do think that the amount of money that has been invested on the administration of the Indue card could be much better directed towards addressing some of the problems. For instance, \$12,000 could create another place in rehab so I think that money would be more effectively spent in investing in the problems that we face rather than taking a punitive approach to people and using a blanket approach to hopefully solve and reduce the problem. P15GF W2*

Respondents highlighted perceived gaps in wraparound services—alcohol and drug services, mental health services, financial counselling, job readiness, housing and programs for young people—that would benefit from additional resourcing. This included more on-the-ground services in the remoter areas of the Goldfields (e.g. Leonora and Laverton) which could better address the needs of the local communities.

*One thing I brought up when they first came to talk to Laverton, I said, "You need the support services" and the two things that I thought were important were, financial management and alcohol and drug addiction. No change in the alcohol and drug addiction support. I would say there was zero change...Disappointed that the Government didn't provide the extra support service that they said they would as regard and to alcohol and drug addiction. SH38GF W2*

As discussed in Section 5.3.1.2, the CDC shopfronts (established to assist participants with the Card), were considered to be an important and successful part of the implementation of the CDC in the Goldfields trial site. It was seen as being imperative that the funding for these shopfronts continue in order to assist those transitioning onto the Card and with any day-to-day issues experienced with the functionality of the Card.

*We are very much needed I think...They needed that support...I believe we saw a good number of people with quite significant mental health issues and things, that were just never going to cope with it...So for people who have some issues around literacy and they needed support to do their banking the local partner services, could not be better in that way. SH15GF W2*

#### 5.4.5 Consultation and information provision

A final area of potential improvement—raised by a tenth of respondents (especially stakeholders)—was community consultation and information provision around the CDC. Some respondents highlighted the need to consult with stakeholders and community members to inform future decisions about the CDC. This included consideration as to improvements which could be made to the CDC as the trial progressed.

*I would be strongly encouraging the department to listen to the respective Local Governments around how the programme, not just how it's going, but how it can be improved, rather than just taking an arbitrary unilateral view that this is what will happen, this is the changes, and implement the changes. If it's not done without those Local Governments who represent the people, at a local level, then it will come unstuck. SH40GF W2*

*There'll be those people who will say that, "I hated the program," because there was a minute detail that could've been changed but we don't know to make that change. So it'd be good to get that feedback from people about, you may not have liked it or you may have liked it and it could've been better, what could've been done differently to make it meet the need. SH43GF W2*

Some respondents felt that there was a need for more information about the CDC to be shared with both stakeholders and CDC participants. This included information on CDC processes and any changes to these (including the exit process and application), the cost of the CDC program, and the future of the trial in the Goldfields. It was seen as being important, however, that this information be provided in a form that was accessible to all CDC participants, including those with low literacy skills or a first language other than English.

*It's like on the grapevine. Any changes that happen, you only hear through hearsay. Maybe the government should come out with pamphlets and let everybody know, "Look we're doing changes to this and that". SH26GF W2*

*One of the major issues that came out...was how much it actually cost...Even today on Facebook there's discussion that it costs \$12,000 to set up. Whether that's true or not it's definitely an everyday discussion within the city of Kalgoorlie-Boulder...So there's lots of stories and I think being very clear on what it costs and what it doesn't cost is probably really important. SH46GF W2*

## 5.5 Future of the CDC

A final topic which was explored in the in-depth interviews were respondents' perspectives as to whether the trial of the CDC in the Goldfields region should continue or not. As described below, respondents were divided as to whether the CDC should continue (either in its current form or in an adapted form) or should be halted altogether. Strong differences were found in the views of the CDC participants and stakeholder representatives, with CDC participants far more likely to advocate for a stopping of the trial. The interviews also examined the potential consequences for the region if the trial was to be stopped and CDC participants reverted to receiving their full Centrelink payment into their regular bank account.

### 5.5.1 Continuing the CDC Trial

Opinions were diverse as to the future of the CDC and whether the trial should continue. Slightly more respondents (and especially stakeholders) reported that they were in favour of the CDC continuing in some form compared to those who wanted the policy to stop.

#### 5.5.1.1 *Continue the trial in its current form*

Only a small number of respondents who were in favour of the CDC trial continuing, wished to maintain its current form. These respondents perceived that the CDC in the trial area was successfully meeting its aims, including reducing access to alcohol and drugs, improving social conditions within the region, and enabling CDC participants to take more responsibility for the management of their finances. As a consequence they felt that the Goldfields would benefit from the continuation of the CDC and that the implementation of the policy should not change in any way.

*I think it would be a backward step because I think there is definitely, because you know people have now got used to it and the fact that there is not so much continued opposition I think it would be a really backward step to actually withdraw it and take it out now.... I think it has been proven now that just about in every single trial that has been carried out that most of the communities are embracing it and the local governments are all in favour of it so it definitely would be a backward step to not to continue. SH1GF2 W2*

*I reckon just leave it how it is, it's good how it is. P21GF W2*

Others thought it should continue in its current form due simply to the cost associated in rolling the policy out.

*I think it should continue because it's ... Obviously it took money to do this and you don't want to waste money so why start something and then just chuck in a bin? What a waste of ... If it's all set up and all ready to go and, apparently, the card cost per person so you might as well just keep it going. P19GF W2*

*I think if it stopped, the government would get hammered because it would have been a colossal waste of money and I think you know what, you may as well continue it because they're already, people are already on it, people are used to it. You're not hearing the talk, I don't hear half as many complaints about the cashless debit card as I did at the start. There's no protest anymore, people aren't whinging about it. They've just kind of gotten used to it and got on with it, so it would be pointless to discontinue it at this stage I reckon and it would have wasted all that money to set it up. So may as well keep going. P20GF W2*



Several respondents (mainly stakeholders) proposed that the CDC should be expanded to other areas in Australia. While some wished to see the CDC introduced nationwide, others considered that the policy should be targeted specifically to areas outside of the Goldfields trial site which were experiencing considerable social issues. It was considered that a wider application of the Card would stop the stereotyping associated with the Card, as well as mitigating some of the workarounds occurring, such as accessing money from people whom come from locations that are not on the CDC.

*I really think it should be expanded to those other two regions....I think that would bring an increased benefit to the Goldfields Esperance region and also I know that there are probably two other local governments in our region that were hoping to get included in the trial that unfortunately did not quite get over the line and I am sure if it was going to be expanded they would be lining up to join. SH12GF W2*

*If it's going to continue, make it Australia-wide straight up, not just pick on little towns. Because, like I said, there's drugs in every town. There's stealing in every town. P26GF W2*

Some noted it should only be expanded if accompanied by shopfronts/partner services based in the local community to provide assistance to participants in transitioning onto the Card as well as assistance with the ongoing financial management of the Card.

*As long as they continue to put the support teams in the town. This team here is particularly good. I've heard of other places that haven't particularly liked their team set up and it hasn't been as supportive as they hoped it to be, but here in particular, it's very successful. SH38GF W2*

Others, however, cautioned against a national rollout noting that the CDC needed to be tailored to the local community in which it was being implemented. This was important in fostering community support for the CDC, as well as community awareness of the aims of the Card and the aspiration for achieving broader social change.

*If you said to me is it the program to be rolled out nationally to every community that's a more difficult thing because the program that we rolled out wasn't the national program, although everyone's got their visions. I firmly believe that my work and the work of the community was rolling out a specific program that met the requirements of all of the communities we went to. So it wasn't about saying, "Here's the card." It's about, "Here's the card. Here's the support. These are the right people in community to get this happening and this is the vision, this what we want to achieve." That's what we did with CDC. We just didn't put in a program and leave it. And that's the difficulty I don't, that's a different conversation about whether you do a blanket approach. SH43GF W2*

*It's full potential will not be realised if you're taking a one fits all model. It will never be fully realised. All these things are driven by funding, but the reality is, it will fail if there's not an intraregional approach taken because you'll end up having the same problems. We'll be having the same conversation in 12-months' time and you'll have the recurring themes right throughout this. That's the way it is....It has to be modified as the need arises and depending on the circumstances and location, potentially. I get that's complicated, not easy to do because we know the Government agencies, like the Department of Social Services, it's a lot easier just to have a centralised who system that you can just roll out, right across. It never, never works. It fails all the time in my experience. SH40GF W2*

*And the places where they're putting it, the communities, they need to look at a bit better and maybe adjust it for those places. But have an all over system that they can use everywhere but maybe it's targeted to their towns. P09GF W2*

Others thought the CDC should continue in its current form because more time was needed to achieve its intended aims. Furthermore, many considered that the CDC should continue to allow a detailed evaluation to be undertaken to enable the evidence to be generated to determine its actual impacts.

*We're not giving it enough time. Since it started it's been six months, oh we're going to review this in Ceduna, we're going to review this somewhere else. All the time review. Why can't you just get on with letting it run its course. Put it up there, say it's here for 2 years, 3 years. Whatever. Give it time. How can you, how can you be able to say how effective this card is, in these sorts of interferences? SH44GF W2*

*I think they should assess the outcomes and make a decision at the time either prior to finishing or afterwards. And I think the research needs to be complete and comprehensive as to what people's feedback is. Obviously we're the ones that are being affected by it, whereas everyone else, if it is brought into play everyone knows what they're getting into. P51GF W2*

Some considered that that the policy should continue simply because discontinuing it risked having detrimental impacts on the community. This is discussed further in Section 5.5.2.1.

*If the government gives it a trial again just to take the card away from people, see how they carry on. If they've trialled it now for nearly, for 18 months, 19 months, maybe trial the card and say, look, we'll take it away and see how things go. And if it's gone worsen, the crime has gone worsen, you hear more things on the news it's gone worsen, maybe then once the card is in the card is in. SH48GF W2*

*Overall, it's made a big change, it really has. And we don't want to see it go. Definitely don't want to see it go...I just, that's really important that, I don't want it to go, if it goes back to the way it was, it would be an absolute disaster, it really will. SH39GF W2*

### 5.5.1.2 *Continue the trial in an adapted form*

The majority of those respondents in favour of a continuation of the CDC trial (particularly CDC participants), wanted this to be in an adapted form. For most of these respondents, a preference for a more targeted approach to participation was advocated. As discussed in Section 5.4.1, it was suggested that in future the CDC should be aimed solely at those individuals experiencing issues with alcohol, drugs and gambling; or those who were not managing their finances or caring adequately for their children. Importantly though, respondents considered that the CDC should always also include wraparound services.

*I think it should continue in some form. But I certainly think it shouldn't go to everyone. Certainly not single parents. Or parents that do the right thing. Parents that have, do drugs; they shouldn't have their kids anyway. Should be on it to help prevent that. But they were going to always find a way to get drugs in one form or another. I don't think it's the only thing that they should put in place to stop drugs and alcohol issues. I think they should do other things, like mandatory counselling and things like that. Because just throwing this in as a band aid isn't going to fix things. P07GF W2*

*I reckon it should be only based at people who's abusing alcohol and drugs. That's what it was supposed to be in the first place. Just the people who's abusing, you know, drug abuse and alcohol abuse, that's what it's supposed to be but it all aimed at the innocent people who don't do it. P31GF W2*

Some of those respondents strongly agreed with the approach introduced by the recent legislative changes to the CDC which enabled CDC participants who could show that they were “doing the right thing” to exit from the program. Thus, it was suggested by respondents that CDC participants who were managing their finances well, did not have an addiction, and cared for their children should be able to apply for an exit from the CDC. This approach, it was proposed, would also provide an incentive for CDC participants to make changes to their lives and address problematic behaviours.

*I personally think there should be an exit process, so just don't block it off, but the legislation where you can now be exempt from it, there should be better publicity and more assistance so that it's easy to be exempt if you can, and on minimal proof. I think we have come to this from the wrong direction. When I was at primary school, we had a headmaster, he used to give us all the stick first thing in the morning just to make sure he didn't miss anyone for the day, and we got it on the way into class. This smacks of that, and we've gone past that. You're not allowed to give kids the stick anymore. SH22GF W2*

*I think if people want to get off it and they prove themselves ... Like I say, if they don't go for heaps of extras like food vouchers or they get their payments early, if they show a track record—I don't know if Centrelink keep it like that. But you know that people, sometimes they get extra handouts and too many per year, so those type of people, you wouldn't want them to not have the card. Where people who just get their fortnightly payment and they don't seem to have that record of extra food vouchers or anything like that, seem to be able to control their fortnightly budget, I think that they should be allowed off it. P19GF W2*

Finally, some respondents while in favour of the CDC continuing, thought that improvements to some current processes were necessary. The improvements to the CDC which were recommended by respondents in the Goldfields region are outlined above in Section 5.4 and include proposed steps such as increasing the flexibility of where the Card can be used, changing the transfer limits and reducing the percentage of the welfare payment that is placed on the Card.

*I think people who have credit cards struggle a lot because they've got a minimum they've got to pay each month. I found that if you ask to up their limit they up it but it includes the \$200. You've got to ask for the extra \$200 and we got caught out with that. I think some changes in that would be good. SH42GF W2*

*I would come off it but I'd be willing to compromise with the 50, 50. 'Cause I'm not completely set in my ways, I'm willing to compromise but like 20 and 80 just isn't working well. P56GF W2*

## **5.5.2 Stopping the CDC Trial**

Around a third of respondents (overwhelmingly CDC participants) reported that they wanted the CDC trial in the Goldfields to end. The reasons provided for the stopping of the trial included perceptions of a lack of impacts from the CDC in addressing the social issues present in the region.

*I'm not seeing an outcome for it right now. So, I would lean towards 'No', primarily because I'm not seeing an outcome. Given that this is something extra that the Government is choosing*

*to do and there's administrative costs, there's a lot of costs associated with the roll out of the programme, if you're not going to see that benefit come from it, then what's really the purpose of it? So, unless we're seeing that outcome, then it definitely leans towards a 'No'. SH23GF W2*

*I think it should stop. Because at the moment the Indue card doesn't do anything about it we have a lot of problems and you know, the bills and food and so it's putting us down really. P42GF W2*

The managing of CDC participants' Centrelink payments and the issues inherent in a reduced access to cash were further factors presented by respondents as reasons for stopping the trial. Finally, the cost of the CDC and the potential for these funds to be diverted into other local efforts and support services was also given by a few respondents as a reason for ending the policy.

*I think the money would be better off spent in services to help these people that can't do it out. Other than that, it's like I said mate, they need to offer better services and get people out there taking these people that aren't looking after their kids properly, DCP actually doing their job properly and getting in there as well. The police sort of helping to manage it a little bit more without being over the top and just wanting to find and lock people up all the time. I just think there needs to be a bit more communication between everyone and more help, more help in the right areas not the wrong areas. P33GF W2*

*Completely stopped. Well that's their life, that's their choice. The Government can't stop people from drinking and smoking and doing things. The Government just can't stop that. So no one can stop it. It's a big epidemic that you can't stop. As much as they try they can't stop it. P58GF W2*

### 5.5.2.1 Consequences of stopping the trial

Opinions were also mixed as to the likely consequences of stopping the CDC trial in the Goldfields region. Stakeholder representatives in general expressed concerns about the potential negative impact of the ceasing of the trial. In contrast, CDC participants were evenly divided as to whether the ending of the CDC would lead to a positive or negative change or no change at all.

A majority of respondents (especially stakeholders) considered that social conditions within the region would be likely to worsen if the CDC trial was stopped. While some respondents felt that conditions could potentially only deteriorate in the short-term as CDC participants adjusted to having greater access to cash again, others were concerned of the longer-term negative impacts on the region.

*I think you'd probably have an initial in some of the risky behaviours but then obviously it would stabilise back to what things were. SH05GF W2*

*Oh, I hate to think of it. Honest to god, it would just be total, absolute disaster here. It would just go back to the way it was, that's all. Cash just destroys it all here. It's just, access to cash is just, it's, well put it this way, if it does, there'll be some politicians up here living here through it, and the police commissioner or something, because of, you know, like, we don't want it to go back to the way it was. We definitely do not. SH39GF W2*

Thus it was envisioned that the perceived gains made from the CDC would be reversed and that social issues would again become more problematic. This included an expected increase in the incidence of substance misuse, alcohol-fuelled violence, child neglect and humbugging.

*It would probably go back to parents not feeding their kids because for one person in a relationship who is addicted to gambling and so forth, it would probably fall back on the same track and probably need extra services for counselling and financial support which probably would cost the government billions, millions more. I think they are on a good path here and I think it should remain in place. SH20GF W2*

*So the people most affected by this will be able to have the money to do what they were doing before, which was what they were doing before. Yeah, lots of alcohol will be sold and lots of people will go into debt again and they won't be able to pay it off. That's what I think will happen. P51GF W2*

Other respondents did not feel that the ending of the CDC would lead to any detrimental changes within the trial site. For these respondents, a perception was expressed that as the implementation of the CDC had contributed little to reducing the incidence of social harm within the area, that the cessation of the trial would not have any impacts.

*I mean, I can't see it getting any worse. I can see that there would probably be your little point where there would be, "Oh, we're free, we'll get on the piss," and there'll be a couple of weeks of that, but then it's going to go back to exactly the way it was or even still is now. I mean, really, people haven't stopped drinking they've just worked a way around it. It's just going to be a little bit quicker for them to get it if it was stopped. Like I said, it hasn't changed anything. SH25GF W2*

*I don't think anything would really change much, really I don't think there would be any real changes to the community at all, I don't think it's really benefitted in that area because there's ways around it, I mean, these sort of people will find ways around you know. P25GF W2*

A final group of respondents (comprised solely of CDC participants) thought that conditions in the region would improve were the CDC trial to stop. With the ability to access more cash funds and self-determine how these funds should be spent, these respondents felt that the well-being and happiness of former CDC participants and their families would increase.

*I'd be happy for it. As myself, I don't need it. Because all my money goes into the Indue card and I can't pay bills. I have to transfer it but you can't transfer money only once a month or something. P76GF W2*

*Everyone would be dancing in the street. P19GF W2*

## 5.6 Summary of the Goldfields qualitative findings

The qualitative research generated information around the following key themes: historical evidence about the initiation of the CDC trial within Goldfields region, including information about the social issues that were seen to be the impetus behind the trial and the broader social policy environment in which the CDC trial was introduced; perceived impacts of the cashless debit card; aspects of the CDC that were considered to be working well and aspects of the Card that were not considered to be working well; perceived opportunities for improvement; and the future of the CDC. Below we provide a summary of the key points pertaining to each of these themes.

### 5.6.1 Initiation of the CDC Trial

The qualitative fieldwork conducted for the CDC evaluation, as well as our previous baseline research, collected historical evidence about the initiation of the CDC trial in the Goldfields region in order to better understand conditions prior to implementation and the reasons why the region was chosen as one of the first trial sites. This information is also important to assist in determining the subsequent perceived impacts of the CDC trial.

Respondents (mainly stakeholders) discussed the entrenched social issues that were the impetus behind the CDC trial. These included the harm being generated by widespread substance use and misuse. The issues experienced with substance use and misuse were said to stem from a long history of cultural dislocation, dispossession and poverty. In the Goldfields it was also thought to relate to the strong drinking culture evident in the region. The CDC was seen by many stakeholders and some participants as being a potentially appropriate and positive option to address these issues. In particular, the CDC was viewed as a way of controlling levels of spending on alcohol and drugs and thereby reducing consumption and addressing social harm related to these issues within their communities. Respondents also described the involvement of key community members in supporting the trial and contributing to its design.

In addition, the interviews examined the broader social policy environment in which the CDC trial was introduced. This included information about the local Alcohol Accord, the increased policing associated with “Operation Fortitude” and the introduction of the “Safer Streets Patrol”. It was noted by many that these interventions which were working concurrently alongside the CDC, would make any assessment and attribution of whether the CDC had caused behaviour change within the Goldfields region difficult.

The qualitative research made clear that the level and quality of the community consultations undertaken in the Goldfields region was high. The stakeholder engagement work undertaken by DSS was said to have been extensive and inclusive, engaging not only easy-to-reach groups but also engaging appropriately and sensitively with Indigenous community groups.

The qualitative research also uncovered evidence around community and CDC participant reactions to the introduction of the CDC and how this had changed over the one year trial period. These reactions had been varied—with some community members supporting the implementation of the CDC, and others not. The majority of respondents reported that community responses towards the trial had become less negative over the rollout period as more information was disseminated and understanding grew about the CDC and how it operated. It was suggested that many people had become used to the Card and had worked out ways to manage adequately within its parameters. A few respondents indicated that there were people who remained unhappy with the CDC and that in

some instances this discontent had grown over time. However, it was perceived that those against the Card were a vocal minority who did not represent widespread community views.

## 5.6.2 Perceived impacts of the Cashless Debit Card

There were mixed views as to whether the CDC was fulfilling its intended aims and having a positive impact on levels of alcohol and drug misuse or not in the Goldfields region. While some respondents reported that levels of alcohol and drug use had decreased (especially in the smaller communities outside Kalgoorlie-Boulder), others felt that there had been no observable change. Respondents were more positive about the impact of the CDC on levels of gambling within the area; a reduced incidence of public card games since the start of the CDC trial was particularly noted.

With regard to the broader impacts of the CDC, improvements were described in the spending patterns of CDC participants with more priority now given to the purchase of essential items, such as food and household bills. Respondents also reported positive impacts for the children of CDC participants, including spending on children, school attendance, child welfare, and participation in activities.

Perceived negative impacts of the CDC were discussed in relation to crime in the region with around half of all respondents relaying concerns that criminal activity had increased since the implementation of the Card. Moreover, concerns were expressed that the CDC was associated with the occurrence of financial abuse, fraud and exploitation; older people (both CDC participants and Age Pension recipients) were reported to be particularly affected by these issues. The introduction of the CDC was also thought to have been stressful and stigmatising for some CDC participants, leading to adverse effects on their psychological well-being. Concerns were also reported that the CDC reduced the autonomy and control of participants over their finances and decisions about how they spent their Centrelink payments.

A lack of clear outcomes of the CDC on financial planning and management, employment, and for organisations within the trial site were also described. In addition, it was recognised that the numbers of visitors from neighbouring Aboriginal communities (who were not on the CDC) had not changed. A heightening of social issues were noted during these visits and compromised the potential positive outcomes of the CDC trial.

While many respondents reported that the implementation of the CDC had had various impacts on the region (both positive and negative), a minority of respondents thought that the policy had had little effect. For these respondents the CDC was seen as failing to meet its purported aims in addressing the social issues present within the Goldfields trial site.

## 5.6.3 Implementation of the CDC

The interviews identified elements of the implementation of the CDC trial in the Goldfields which were considered to be working well and elements considered not to be working well.

### 5.6.3.1 *Aspects of the CDC considered to be working well*

Four key factors of the CDC were felt to be working well by respondents. First, improvements to spending patterns and (to a lesser degree) financial management were considered by many respondents to have improved with the CDC. Second, the CDC shopfronts—which had been established to provide assistance to CDC participants with managing processes connected with the Card—were reported to have played an important role in the implementation of the Card.

Third, several practical aspects of the Card were seen as working well. These included the functionality of the CDC, the capacity to use the Card in many shops and business to purchase a wide range of non-restricted items, and the ability to make monthly transfers from the CDC to a keycard account. Fourth, some respondents expressed satisfaction that the implementation of the CDC was contributing to improved social conditions within the region. It should be noted, however, that more than a quarter of respondents (mostly CDC participants) were unable to identify any aspects of the implementation of the CDC which they considered were working well.

The CDC was considered by respondents to be working best for two main groups of CDC participants: families, and people experiencing alcohol, drug and gambling issues.

### **5.6.3.2**      *Aspects of the CDC considered not to be working well*

To a greater degree, respondents raised aspects of the implementation of the CDC that were considered to be not working well. Seven primary issues were identified by respondents.

First, the limited availability of cash and the management of finances under the CDC was considered problematic by many respondents (especially CDC participants). Second, several practical aspects of the CDC were noted to be challenging. This included the capacity to make purchases with the Card (particularly outside the trial site and online), the processes associated with managing the CDC, and potential security issues and associated fraudulent use of the Card. Third, reservations were expressed about the cohort chosen to participate in the CDC trial, with some respondents perceiving the current blanket approach to participation as being inappropriate. Moreover, dissatisfaction was also expressed about the choice of the Goldfields region as a trial site for the CDC.

Fourth, the use of card workarounds which hampered the potential positive effects of the CDC were commonly noted, especially trading, i.e. the selling of goods purchased with the CDC for cash or alcohol. Other common workarounds included participants selling their Card or allowing others to use their Card, along with the purchase of gift cards, in exchange for cash or alcohol. It was also noted by some respondents that alcohol could still be purchased with the CDC from retailers both inside and outside the Goldfields trial site.

Fifth, many respondents were either unaware that funding for wraparound services to support the CDC had been implemented, or were dissatisfied with the focus of these services. In particular, a continued need for broader wraparound services to address substance misuse and mental health issues was highlighted. Sixth, perceptions were discussed by some respondents (especially stakeholders) of a perceived lack of social outcomes in the region since the trial had commenced. Finally, dissatisfaction was expressed that insufficient information about the CDC had been provided directly by the DSS to stakeholders and CDC participants. Where information had been provided to those participating in the trial, concerns were raised regarding the format and accessibility.

Four key groups for whom it was considered that the CDC was not working particularly well for were identified by respondents. These groups included people with physical and psychosocial disability, those with limited literacy and IT skills, older people, and Indigenous CDC participants living in remote communities.

### **5.6.4**      **Perceived opportunities for improvement**

The in-depth interviews discussed aspects of the CDC which respondents considered could be improved as the trial progressed. A small minority of respondents (mostly CDC participants) were



unable to identify any improvements that could be made to the CDC. However, other respondents felt that the CDC could be strengthened further and identified five key opportunities for improvement.

The most common perceived opportunity for improvement was for changes to be made to the groups chosen to participate in the CDC. Many of these respondents were opposed to the current blanket targeting approach of the CDC and suggested that the focus should only be on certain groups. This included people with drug, alcohol or gambling issues; individuals who needed help to effectively manage their finances; and those who did not provide adequate care to their children.

Second, the potential improvement of some practical aspects of the CDC was suggested by respondents. These changes included greater flexibility over where the Card could be used, the appearance of the Card, improvements to the transfer of monies from the Card, and more simplified and faster exit processes to come off the CDC.

Third, an increase in the proportion of cash funds available under the CDC was proposed by some respondents (mostly CDC participants). While this was seen as providing more flexibility for CDC participants over their spending decisions, it was also argued that this suggested change only be applied to those who were managing their money well.

Fourth, a perceived need for improvement to wraparound services within the Goldfields region was suggested by some respondents. Disappointment was expressed that the agreed funding of these services alongside the CDC had not occurred to a sufficient extent. Future service improvement was therefore seen as either being an important part of an overall strategy to complement the provisions of the CDC or as a replacement to the Card. Current perceived gaps in service provision included alcohol and drug services, mental health services, financial counselling, job readiness programs, housing services and programs for young people. It was also seen as being necessary that funding for the CDC shopfronts continue in order to assist CDC participants when transitioning onto the Card and with any day-to-day issues experienced with the functionality of the Card.

A final area of potential improvement was in regard to community consultation and information provision. Respondents wished to have the opportunity to inform future decisions about the CDC trial. In addition, some respondents felt that there was a need for more information about the CDC to be shared with both stakeholders and CDC participants, e.g. information on CDC processes and any changes which were made to these, the cost of the CDC program, and the future of the trial in the Goldfields.

## **5.6.5 Future of the CDC**

A final topic which was explored in the in-depth interviews were perspectives as to whether the trial of the CDC in the Goldfields region should continue or not. There were mixed views as to whether the CDC should continue (either in its current form or in an adapted form) or should be halted altogether. Strong differences were found in the views of the CDC participants and stakeholder representatives interviewed, with participants far more likely to advocate for a stopping of the trial.

### **5.6.5.1 *Continuing the CDC Trial***

Of all respondents, slightly more than half (and especially stakeholders) reported that they were in favour of the CDC continuing in some form. Of those who were in support of continuing the CDC, however, only a minority wished to maintain it in its current form as they felt that the trial was successfully meeting its aims. The majority of respondents who reported that they were in favour of the CDC continuing, wanted it to do so in an adapted form. This included a preference for a more

targeted approach to participation, and that the CDC should be aimed solely at those individuals experiencing issues with alcohol, drugs and gambling; money management; or with caring for their children. It was, therefore, suggested by respondents that participants who were managing their finances well, did not have an addiction, and cared well for their children should be able to apply for an exemption from the CDC.

#### *5.6.5.2 Stopping the CDC Trial*

Around a third of respondents (overwhelmingly CDC participants) reported that they wanted the CDC trial in the Goldfields to end. The reasons provided for the stopping of the trial included perceptions of a lack of impacts from the CDC in addressing the social issues present in the region. The cost of implementing the CDC and the potential for these funds to be diverted into other local efforts and support services was a further reason provided for ceasing the CDC trial.

The interviews also examined the potential consequences for the region if the trial was to be stopped and participants reverted to receiving their full Centrelink payment into their regular bank account. Opinions were mixed as to the likely consequences of stopping the CDC trial in the Goldfields region. Stakeholder representatives in general expressed concerns about the potential negative impact of the ceasing of the trial, anticipating an increase in the incidence of substance misuse, alcohol-fuelled violence, and child neglect. In contrast, participants were evenly divided as to whether the ending of the CDC would lead to a positive or negative change or no change at all.

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