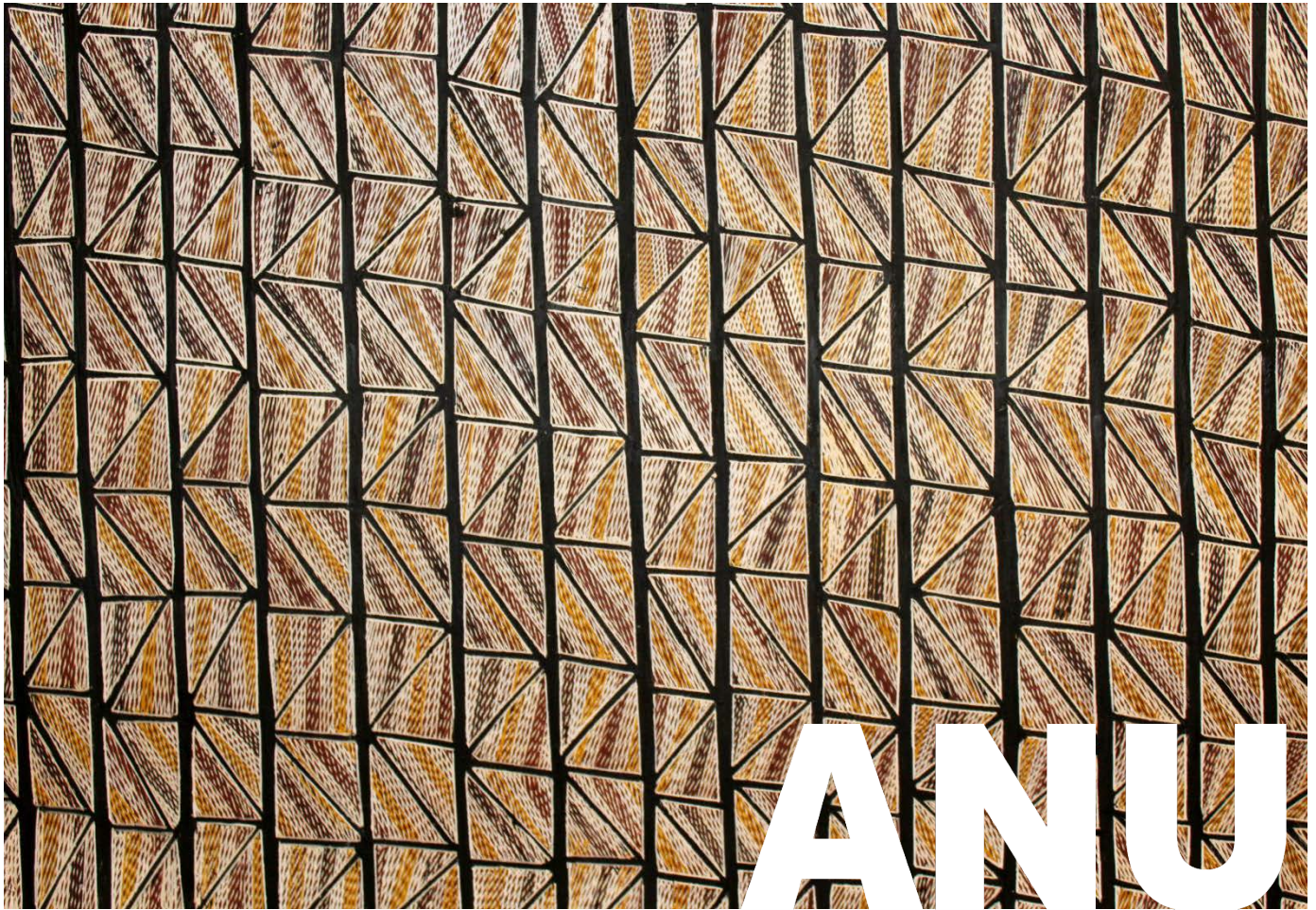




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LIVED EXPERIENCES OF THE
CASHLESS DEBIT CARD TRIAL,
CEDUNA, SOUTH AUSTRALIA

E VINCENT

Centre for
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Lived experiences of the Cashless Debit Card trial, Ceduna, South Australia

E Vincent

Eve Vincent is a senior lecturer in the Department of Anthropology, Macquarie University and a visiting fellow at the Centre for Aboriginal Economic Policy Research, Research School of Social Sciences, College of Arts & Social Sciences, Australian National University.

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Abstract

The Cashless Debit Card (CDC) quarantines 80% of working age recipients' income support payments in selected trial sites. This paper concerns the lived experiences of Indigenous and non-Indigenous individuals subject to the first CDC trial in the Ceduna region of South Australia. This paper centres the voices of those affected by the trial, using narrative interviews to highlight recurring themes: complex shame responses to being a part of the trial; local perspectives on circumvention of the card's restrictions; CDC holders' comments on two existing processes: the Wellbeing Exemption Clause, which might result in an applicant exiting the trial and the Ceduna Region Community Panel, which is empowered to assess applications to vary the split of restricted and unrestricted monies. To date, non-Indigenous participants in the trial have been disproportionately successful in pursuit of either these options. Finally, I consider the reasons why some research participants express support and enthusiasm for the CDC and why others bitterly resent its introduction and effects. Those most opposed to the card can be understood to advance a critical analysis of the card in social and historical terms.

Keywords:

Cashless Debit Card, income management, welfare reform, conditionality

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Acronyms

| | |
|-------|--|
| ABS | Australian Bureau of Statistics |
| ANAO | Australian National Audit Office |
| ANU | Australian National University |
| CAEPR | Centre for Aboriginal Economic Policy Research |
| CDC | Cashless Debit Card |
| CDEP | Community Development Employment Projects |
| CIM | Compulsory Income Management |
| DHS | Department of Human Services |
| FoI | Freedom of Information (request) |
| LGA | Local Government Authority |
| UAM | United Aborigines Mission |

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Introduction

This paper concerns the lived experiences of Indigenous and non-Indigenous individuals subject to the first Cashless Debit Card (CDC) trial in the Ceduna region of South Australia. The CDC quarantines 80% of working age (15–64 years) recipients' income support payments in a selected trial site: 20% of payments are deposited into the recipient's bank account; the remainder is available on a debit card barred from operating at any alcohol or gambling outlet across Australia.¹

The first CDC trial commenced in the Ceduna region of South Australia on 15 March 2016 and encompasses the Aboriginal communities of Koonibba, Scotdesco, Yalata and Oak Valley. Around 75% of CDC holders in the Ceduna trial are Indigenous.² An amendment to the *Social Security (Administration) Act 1999*, which was passed on 4 April 2019, provides for the 'trial' to continue until 30 June 2020. This paper draws on an earlier report prepared for the Aboriginal Legal Rights Movement, which was in turn submitted to the Senate Community Affairs Committee Inquiry into the aforementioned legislation (Vincent 2019a).

This paper foregrounds the voices of those affected by the trial. It is not an assessment of the CDC's effectiveness in reducing the social harms associated with excessive alcohol consumption or gambling. This task has been undertaken by other experts, who consistently find that there is no robust evidence to indicate that the CDC trial or earlier iterations of Income Management are meeting policy objectives (Bray 2016; Gray & Bray 2019).

This paper has a different focus, highlighting the importance of listening to those people affected by this controversial experiment in conditional welfare delivery. Deeply qualitative research sheds light on CDC holders' complex experiences of various dimensions of participation in this policy trial, revealing the potential impact that welfare reform measures have on an individual's sense of worth and social belonging. These everyday and affective experiences are not captured by a narrow emphasis on behaviour change. An Aboriginal man in Ceduna told me repeatedly, 'No one listens to us.' His frustration was palpable. This paper is an invitation to policymakers and the public to listen to the voices of those affected by the introduction of the CDC.

The paper is organised into seven sections. The paper first summarises the shift towards conditional welfare rationalities globally, before outlining the introduction of Income Management into predominately Indigenous settings in Australia since 2007 and setting out the more specific origins of the CDC. In the second section the geographic region under study is introduced. A brief explanation of the research method comprises section three.

The paper then focuses on a series of thematic discussions arising from the research, extensively quoting research participants, verbatim. Section six deals with shame and stigmatisation. Section seven explores research participants' perceptions surrounding the possibility of circumventing the CDC's restrictions on spending. In the following section, I draw attention to CDC-holders' perspectives on two existing processes: the Wellbeing Exemption Clause, which might result in an applicant exiting the trial; and the Ceduna Region Community Panel ('the panel'), which is empowered to assess applications to vary the split of restricted and unrestricted monies from 80%/20%, so that up to 50% of the applicant's payments become available as cash (and 50% remain available only on the CDC). To date, non-Indigenous participants in the trial have been disproportionately successful in pursuit of both these options. In the final section, I explore some of the reasons

¹ Age Pension and Veterans' Pension recipients in the trial sites are not placed on a CDC but may volunteer to participate. See: <https://www.dss.gov.au/families-and-children-programs-services-welfare-quarantining-cashless-debit-card/cashless-debit-card-frequently-asked-questions>.

² According to the Aboriginal and Torres Strait Islander Social Justice Commissioner (2016:91), there were 752 people participating in the Ceduna trial, 565 of whom were Indigenous, as of September 2016.

why some research participants express support and enthusiasm for the CDC and why others bitterly resent its introduction and effects.

1 Conditional welfare regimes

1.1 The global context

Arguments about welfare state retrenchment, which involves the rollback of welfare state provisions, has been a key feature of post-1970s global north post-industrial societies (Pierson 2001). According to new paternalist thinking, unemployment becomes not a structural feature of advanced capitalist economies but a problem stemming from individual moral failings on the part of the poor (Mead 1997). Dependency is thus rendered a pathologised and suspect condition (Fraser & Gordon 1994).³ Within broader neoliberal discourse, the provisions of the welfare state are understood to blunt motivation and inhibit self-actualisation (Marston 2008).

In response, recent decades have seen the introduction of increasingly punitive welfare regimes and an intensification of the conditional delivery of welfare. In sum, as moral-behavioural concerns have come increasingly to the fore, both the penalties meted out and the obligations on the unemployed have increased (Harris 2001; Fowkes 2019). Further, in some cases, assistance is conditional not just on the recipient fulfilling obligations that pertain specifically to their employability, such as active job seeking. Income Management also has a behavioural focus, which aims at the reform of subjectivities, delimiting certain practices, such as drinking, smoking and drug use, and encouraging others, such as school attendance (Klein 2016).

The United States is often taken to represent the most comprehensive restructuring of post-war welfare state provision along neoliberal lines. The 1993 Personal Work and Responsibility Act, which discursively targeted African American single mothers, has been extensively scrutinised (Morgen & Maskovsky 2003; Wacquant 2009; Cooper 2017). However, analysts of the Australian welfare state argue that 'Australia took conditionality further [than other comparable nation states] through the introduction of Compulsory Income Management (CIM) in 2007' (Mendes, Marston & Katz 2016:393). Initially applied only to Aboriginal Australians, CIM was first introduced as part of the Northern Territory National Emergency Response ('the Intervention'), one of a suite of measures announced in putative response to allegations of sexual abuse in remote Aboriginal communities in the Northern Territory (Altman & Hinkson 2007).

1.2 Welfare reform in Indigenous Australia, 2007–present

In Australia, the welfare reform agenda has focused particularly on Aboriginal Australians' relationship with social security payments. Prominent Indigenous public intellectual Noel Pearson has long argued that in the pre-colonial period Aboriginal people partook of a 'real economy', in which the labour involved in food procurement was crucial to the reproduction of Indigenous society. After the introduction of the pastoral award and the decline, beginning in the 1960s–1970s, of rural economies and industries such as pastoralism, which had previously relied on exploited seasonal Indigenous labour (Keen 2010; Fijn et al. 2012; Beckett 2015) welfare payments came to replace 'real work', that is both waged work and the pre-colonial work essential to survival (Pearson 2009). Crucially, Aboriginal Australians became increasingly dependent on the universal provisions of the Australian welfare state in the same historic moment as State-based racially discriminatory legislation was repealed, which previously barred Aboriginal entry to drinking establishments and restricted the legal purchase

³ Nancy Fraser and Linda Gordon provide a genealogical account of the associations of dependency as it changes in pre-industrial, industrial and post-industrial capitalist societies. It is important to note that the meaning of dependency varies across culture as well as across time. Anthropologist David Martin writes, 'However, it can not [sic] be assumed that the pejorative view of dependency advanced in the welfare debate, grounded as it is, in no small part, on an ideological construct of the moral worth of the productive individual within the market economy, is necessarily shared by all Aboriginal people' (Martin 2001:6). See also the important work of James Ferguson (2013).

of alcohol. In South Australia, for example, the drinking of liquor by Aboriginal people was legalised in 1965 (Brock 1995:233).

Critics have cautioned against Pearson's 'mono-causal' account of the troubling conditions in Cape York communities, whereby the introduction of the welfare-based cash economy itself is seen to have precipitated social decline (Martin 2001:20). As well as pointing to the role of a complex conjunction of historical and structural factors, others have questioned Pearson's portrait of pre-1970s community life in Cape York. Pearson's vision of an abstemious, industrious and domesticated people, Elizabeth Watt argues, extrapolates from the experience of authoritarian supervision on the Lutheran mission of Hope Vale to all mission and pastoral communities in Cape York, 'to provide an all-encompassing theory of social change since the 1970s' (Watt 2018:45).

The CIM quarantining of a designated percentage of social security payments, prohibits specific goods such as alcohol for purchase. As stated earlier, CIM was first introduced as part of the 2007 Intervention, affecting 73 prescribed communities in the Northern Territory. This development entailed the suspension of the *Racial Discrimination Act 1975*. As evidence of Pearson's influence, income management was also introduced into Cape York in 2008. In the Northern Territory and on Cape York, the instrument used for income management to date is the BasicsCard. In the Northern Territory, generally 50% of social security benefits are quarantined on to the Basics Card, to be used at approved stores. Alcohol, tobacco, pornography and gambling products are prohibited from purchase on the BasicsCard.

The Cape York Welfare Reform Trial explicitly targets 'irresponsible behaviours', potentially quarantining the benefits of community members who are called before the Family Responsibilities Commission because they are the subject of a child safety concern; or they have not enrolled their child in school or failed to send them to school for three days without a reasonable excuse; or they have committed a petty crime; or they have violated a public housing tenancy agreements. Assessment of the effects of the Cape York Welfare Reform Trial have been mixed. As Gray and Bray note, 'to the extent the Cape York initiative can be seen as having some positive outcomes all research has identified this as being linked to the specific model and not income management per se' (Gray & Bray 2019: 2).

Following the reinstatement of the *Racial Discrimination Act 1975*, CIM was extended to non-Indigenous people with the introduction of New Income Management in 2010 (Bielefeld 2012; Bray et al. 2014; Lovell 2016), Place-Based Income Management in 2012 (Spencer 2018), and with the 2016 introduction of the CDC.

1.3 The Cashless Debit Card

The CDC represents a modification of recommendations made by mining magnate Andrew Forrest in his 2014 report, *The Forrest Review: Creating Parity* (Forrest 2014; Klein 2014). Indeed, interviewing a prominent CDC proponent in Ceduna about the origins of the CDC they immediately nominated the moment they read an opinion piece by Forrest in *The Australian* as the beginnings of the process. In *Creating Parity*, Forrest proposed quarantining 100% of welfare payments onto a 'Healthy Welfare Card', which would:

...enable welfare recipients to purchase the goods and services required to maintain healthy lifestyles, yet block those goods and services...that damage health, family wellbeing and ability to enter or return to work (Forrest 2014:27).

The quarantined percentage was reduced to 80% in consultation with Indigenous community representatives, according to another Ceduna interviewee.

The Social Security Legislation Amendment (Debit Card Trial) Bill 2015 outlined four objectives for the trial of the CDC. The trial aims to: reduce the amount of certain restrictable [sic] payments available to be spent on alcoholic beverages, gambling and illegal drugs; determine whether such a reduction decreases violence or harm in trial areas; determine whether such arrangements are more effective when community bodies are involved; and encourage 'socially responsible behaviour'.

Soon after the CDC trial commenced in the Ceduna region in March 2016, a second trial commenced in the East Kimberly region, Western Australia on 26 April 2016 and a third trial commenced in the Goldfields region, Western Australia on 26 March 2018. Approximately 80% of participants in the East Kimberley trial are Indigenous, while 43% of the participants in the Goldfields trial are Indigenous (ORIMA Research 2017:37; Mavromaras et al. 2019: 10). A fourth trial began to be rolled out in Hervey Bay and Bundaberg, Queensland from 29 January 2019. In this predominately non-Indigenous trial site, the card will affect only those aged 35 and under.⁴ All four of these trials are now scheduled to conclude on 30 June 2020. Further, the May 2019 Budget flagged a \$128.8 million Commonwealth government contribution to transition BasicsCard holders in the Northern Territory and Cape York onto the CDC, as well as to further extend the four trials to 30 June 2021. Minimal details have been released at this stage.⁵

In Ceduna, the CDC is referred to as the 'grey card' by its users, after its silver-grey appearance, or the 'Indue card', after the private company contracted by the Commonwealth Department of Human Services to issue and effectively administer the CDC trial's operation.⁶

Consultancy firm ORIMA Research was contracted to produce a report evaluating the CDC (ORIMA Research 2017). The shortcomings of the resulting report have been highlighted by numerous authors, who point out that self-reported behaviour change may well be influenced by the interviewee's reluctance to admit to engaging in drinking or, especially, illicit drug use (a limitation acknowledged by ORIMA) (see Hunt 2017:1). Most damningly, the Australian National Audit Office (ANAO) released a report in July 2018 analysing the implementation and performance of the Cashless Debit Card trial. The ANAO report stated that it is difficult to ascertain 'whether or not there had been a reduction in social harm' as a result of the CDC's introduction (ANAO 2018:8).

2 The Setting: Ceduna and surrounds

According to the Australian Bureau of Statistics (ABS), the Local Government Area (LGA) of Ceduna had a population of 3549 in 2017. At the time of the 2016 Census, conducted in August 2016 (around 5 months after the commencement of the CDC trial) 21.8% of people identified as Indigenous in the 2016 Census, as compared to 24.8% in the 2011 Census (ABS 2017). The Ceduna LGA is distinct from the CDC trial site, and does not include Yalata. According to the 2016 Census, Yalata had a population of 248 people, 87% of whom are Indigenous (ABS 2016). According to the 2011 Census, Yalata had a population of 293 people, 89% of whom were Indigenous (ABS 2011). Further analysis is needed to establish whether or not there is a relationship between the CDC trial and the population trends in evidence above: the proportion of Indigenous people in the Ceduna LGA has contracted, and the population of Yalata has shrunk.

⁴ Cashless Debit Card – Bundaberg and Hervey Bay region, Department of Social Services. See: <https://www.dss.gov.au/families-and-children-programs-services-welfare-quarantining-cashless-debit-card/cashless-debit-card-bundaberg-and-hervey-bay-region>

⁵ See: The Complete 2019 Australian Federal Budget, *The Guardian*, 2 April 2019: <https://www.theguardian.com/australia-news/ng-interactive/2019/apr/02/the-complete-2019-australian-federal-budget-choose-what-matters-to-you>

⁶ Elise Klein and Sarouche Razi have established that 'Indue was granted more than \$10.8 million of the \$18.9 million spent on the trial (up to April 2017) for operating the CDC during the trial (in both Ceduna and the East Kimberley) and building the technology' (Klein & Razi 2017:1).

Elsewhere I have sketched a brief history of the Ceduna region which is abridged here (see Vincent 2018).

A permanent European presence was established on the South Australian far west coast by 1860 with the founding of the pastoral station 'Yalata,' approximately 150 kilometres west of present day Ceduna (Faull 1988:37). By the turn of the century, first pastoralism and then agriculture had engendered a critical food shortage for local Aboriginal people (Brock 1993:65). For historian Peggy Brock (1993:71), the 1898 founding of the Koonibba Lutheran Mission, approximately 45 kilometres west of Ceduna, offered a 'refuge' to Aboriginal people increasingly displaced by colonial capitalist land use and on the brink of starvation. Initially there was constant movement between Koonibba and further north for initiation ceremonies, however, the permanent population had 'stabilised' by 1916, according to Brock. Koonibba residents were, missionaries hoped, in the process of becoming sedentarised workers, possessed of Christian moral values.

Further movement on and off the mission continued in the form of itinerant work around the district, Aboriginal men working as shearers, fencers and railway workers, and on the wharves of the Ceduna/Thevenard deep sea port, loading wheat and wool (Brock 1993:97), among other examples. These Koonibba families lived in rudimentary fringe camps on the outskirts of relatively segregated rural towns (Burgoyne 2000).

After the Koonibba mission closed in 1963, the State government assumed responsibility for the settlement, which is now run by a community-elected council. Throughout the 1960s, Koonibba families increasingly moved into the region's towns. In sum, experiences of becoming *relatively* sedentarised, of wage labour, and of a formal Lutheran education, on the mission and sometimes in boarding school in Adelaide, characterise the past of those people who have ties with Koonibba. This differs in many regards with the experience of Pitjantjatjara-speakers, which is outlined below.

In 1917 Ooldea Siding was established approximately 300 kilometres northwest of Ceduna. This railway siding was a tenuous outpost located near Ooldea Soak, a permanent water source among sandhills which lay on the southern 'edge of a waterless stretch of the Great Victoria Desert' (Brady 1999:2). Western Desert Aboriginal groups had been visiting the soak for centuries (Brady 1999). They were increasingly attracted to the siding as news spread about the availability of new food and tobacco at fettle camps and depots along the line. Between 1919 and 1935, the philanthropist Daisy Bates shared her own food supplies, administered medical aid and documented the social life, language and cultural knowledge of those with whom she camped at Ooldea (Reece 2007). Bates made no attempt to Christianise her companions (Brady & Palmer 1988:237).

In 1933, the United Aborigines Mission (UAM) established a small settlement at Ooldea and made a concerted attempt to disrupt cultural practices such as mortuary rituals and male initiation (Brady & Palmer 1988:238–240). Relations between Bates and the UAM missionaries were strained and Bates left the area soon after (Brady & Palmer 1988:238). Anthropologists Ronald and Catherine Berndt conducted fieldwork at Ooldea in the early 1940s and recorded extensive ritual knowledge. Mobility continued to characterise the Ooldea scene; the population fluctuated enormously, with new groups coming out of the spinifex country throughout the 1940s (Berndt & Berndt 1942).

The course of the Pitjantjatjara story was then reset by the advent of the imperial atomic age. During 1953–63 Britain conducted a series of 12 full-scale atmospheric nuclear weapons tests and a series of 'minor trials', which scattered plutonium in the South Australian desert. Aboriginal people had earlier been affected by the 1952 closure of the Ooldea Mission, and the transfer of its population south to Yalata – by this stage the former pastoral property had been acquired by the South Australian government (Brady 1999:5). Those living at Yalata were barred from entering the Maralinga testing range, a development that anthropologist Kingsley Palmer (1990) termed the 'Maralinga Lock-out'. Southern Pitjantjatjara people were effectively alienated from their ancestral country.

The 1984 *Maralinga Tjarutja Land Rights Act* granted freehold title to 76 420 square kilometres of land (Mattingley & Hampton 2008:85) and from 1985 the community began moving back to 'into their home country' (Yalata & Oak Valley Communities 2012:60), despite ongoing concerns about radioactive poisoning. Oak Valley was established over 400 kilometres north of Yalata.

Aboriginal people who reside at Yalata and Oak Valley continue to visit Ceduna for various reasons: for medical appointments, to go shopping, to play or watch the football, and 'for holiday' as it was explained to me – to drink. Both Yalata and Oak Valley are ostensibly dry communities (see Brady, Byrne & Henderson 1991).

Those Aboriginal people in Ceduna primarily associated with Koonibba generally self-identify as Nungas (a term that is used across much of South Australia), whereas those Aboriginal people primarily associated with Yalata generally self-identify as Anangu (the Western Desert word for person). As outlined above, the histories of Nungas and Anangu then are both particular *and* intertwined. One of the effects of the CDC trial has been to animate potential tensions between people associated with these different historical trajectories. Many of my interviewees made a distinction between Indigenous people or Anangu that they sometimes termed 'transient people', 'tribal people', or in very respectful terms as 'traditional people', and other Indigenous people or Nungas, whom were sometimes termed 'urban people', 'township people' or 'local people'.

While this is a sensitive issue, it is important to include mention of the fact that a number of research participants spoke very passionately about their conviction that local Aboriginal people were being affected by income management measures that were really targeted at those Aboriginal people who came into Ceduna from more remote areas to drink and who often make use of the Transitional Accommodation Centre, colloquially referred to as Town Camp.

One interviewee declared:

It's as if we are being punished for somebody else's bad behaviour, because they went by statistics. So those statistics are, were used against, like, the township people – when it was transient people.

Another interviewee told me:

But when you think about it, all of these statistics that's gathered on to support this card, we're basically getting punished for out-of-towners. Like the locals, we don't use the Day Centre [the Stepping Stones Aboriginal Drug and Alcohol Day Centre], we are not in the Sobering Up Centre 24/7 or the hospitals or Town Camp, and those statistics are gathered up to support this card. The people that are doing good by it, we was suckered into believing it was a trial. Now that those statistics are all gathered up, it's kept the trial going, and it's not fair on us locals because we're getting punished for bloody out-of-towners, the people that's got no residential in this area.

These Nunga interviewees' attitudes towards remote visitors to Ceduna have arguably hardened as they grapple with life on the CDC, the introduction of which they attribute to the attention given to public drinkers and frequent users of social services designed to combat excessive alcohol consumption. This consequence of the CDC's introduction into Ceduna cannot be appreciated without a grasp of the historical circumstances and context that give rise to it. A more detailed exploration of this complex intra-Aboriginal relationship is beyond the scope of this paper (see Vincent 2018) but it is important to appreciate its significance.

3 Method

This paper is based on three months of fieldwork in Ceduna undertaken since mid-2017. This recent fieldwork builds on a decade of research in the area (see Vincent 2017). My research seeks, first, to understand and analyse Cashless Debit Card holders' lived experience of this policy trial. Second, my research aims to denaturalise the category of 'welfare recipient,' which defines people by that which they do not currently do: waged work. I explained to potential research participants:

I am **not** evaluating the Cashless Debit Card. I am seeking to record people's life experiences in all of their complexity. I want to get beyond the label of 'welfare recipient' and better understand how people affected by the trial see themselves, see their lives and describe their personal experience of welfare reform.

In-depth narrative interviewing, or recording people's stories, brings to light the role of unpaid care work in people's lives, for example. I spoke to people who detail the time spent raising their own biological children, 'growing up' the biological children of kin, caring for sick relatives, and looking after younger siblings when they were growing up. I have also spoken to people about: loading or lumping wheat, sewing wheat bags, working in a cannery, working in mines, driving trucks, cooking, housekeeping, aged care, disability care, child care, the old Community Development Employment Projects (CDEP) building gang, selling artefacts and serving sandwiches at the old Yalata roadhouse, laboring, salvaging waste, nursing, teaching, working on fishing boats, cleaning, dressing up as the Easter Bunny in an Adelaide department store... and much more. This second research objective explains why I have spent my time talking at length with small numbers of people, with whom I have built relationships of trust. In this paper, I confine myself to findings about the card itself.

I endeavoured to spend my time with people affected by the CDC trial in some way. This has seen me: volunteer with the Red Cross as part of the Driver Mentor Program; help with the breakfast shift at the Stepping Stones Day Centre throughout 2017; go to footy matches in Ceduna and nearby Pengong; partake in gym classes and tennis practice; 'hang out' and wash tea cups in the Red Cross community lounge; and visit people at home (when invited to do so). I have also visited Yalata Aboriginal Community on five occasions to date.

In addition to this fieldwork, I have conducted narrative interviews with 22 people who have participated in the CDC trial. By narrative I mean that these interviews involve people telling me the story of their life, before we focus on their perspective on the CDC. A couple of these interviews did not take more than 30 minutes, even when people shared truncated stories of difficult childhoods, their working lives and their current predicament. However, many of these interviews involved numerous conversations, spread out over months, and I have now recorded around 4 hours' worth of material with select individuals. While it is hard to generalise, initial narrative interviews generally last one hour. I have met with all of these 22 participants on multiple occasions.

Out of these 22 interviews, 11 were with Indigenous people and 11 with non-Indigenous people. These numbers should be treated with caution: they illuminate little about the way these racialised identities are lived out in a complex setting. For example, one of my interviewees told me proudly that they had 'Aboriginal blood' but I am aware that they do not socialise with any other Aboriginal people in the community. Another one of my interviewees was non-Indigenous. This person had partnered with an Indigenous person with whom they had children: their daily life was closely enmeshed with the lives of their Indigenous relations by marriage. All of my non-Indigenous interviewees were either long-term Ceduna locals or more recent arrivals to the area.

As well as conducting interviews, I have had a series of shorter conversations that are much more specifically about the CDC. I have spoken to some 64 individuals about the card. I have termed these 'focused exchanges' as these conversations were dedicated primarily to the topic of life on the card. Focused exchanges were up to 30 minutes in length. These conversations sometimes involved talking with more than one person at once; they

were sometimes recorded, but sometimes involved someone directing me to take notes by hand rather than recording their voice. Further, these conversations sometimes arose quite incidentally as I was telling people why I was in Ceduna and they took the opportunity to quickly 'put their yarn in' or 'have their say'.

In the case of focused exchanges, 54 out of 64 of the respondents were Indigenous. Of these 64 respondents, 42 were currently on the CDC when I spoke to them. Others sought to speak to me about the experience of having close family members on the card (including their children and grandchild) or friends on the card. Some had been part of the trial at some stage, or had maneuvered to ensure they were not subject to the card (i.e. by changing their address prior to the card's introduction). In a few cases, they were locals taking a keen interest in the CDC trial, and had relevant experience that they wished to share.

Finally, I have also sought to interview community figures working in Ceduna-based organisations involved in the trial's design, implementation and evaluation, or working in organisations involved in some way with trial participants' lives. I have conducted seven in-depth interviews with organisational figures. These interviews greatly aided my understanding of the CDC trial, but they are not the main focus of this paper.

My focus is on people's individual stories and experiences. Listening to people's stories might be criticised on a range of grounds. Geographer Kate Coddington's recent analysis of the BasicsCard argues for the use of secondary data 'in part because of ethical challenges with researching in over-researched contexts' (Coddington 2018:3). More pointedly still, First Nations scholar Eve Tuck argues that there is a de facto and ultimately flawed theory of change relied upon by many well-meaning researchers. Tuck writes, 'In a damage-centred framework, pain and loss are documented in order to obtain particular political or material gains' (Tuck 2009:413). In Tuck's view, marginalised peoples 'tolerate this kind of data gathering because there is an implicit and sometimes explicit assurance that stories of damage pay off in material, sovereign and political wins' (Tuck 2009:414). Indeed, far beyond merely 'tolerating' this approach, Indigenous people have a strong sense of the significance of their suffering and its relationship to settler colonial domination.

I have certainly elicited narrative accounts of lives affected by premature death, sickness, violence and racism. Tuck's challenge prompts me to ask: To what end? Upon return of their interview transcript, those research participants who vigorously opposed the CDC and resented its effects on their lives urged me to 'put it through' to government, evincing a faith that participation in the research will affect policy. While this faith might well be misplaced, I took care to both honour this request as well as not foster unrealistic expectations of the influence of this research.

Yet, telling one's stories has other personal and public effects beyond some people's focused desire to produce policy change. In reflecting on the consultation process many of my interviewees expressed views such as 'None of those government officials ever spoken to the community. It's like they was all cherry picked.' Another interviewee commented, 'They pulled the blanket over everyone, and just secretly said that everyone is on the card, without informin' the community about it'. Participation in this research had the potential to redress this sense of disempowerment, to some degree.

People's stories about life on the Cashless Debit Card reached a broader audience through publication of an online article (Vincent 2019b). On learning of my interest in people's stories, one woman involved me in a project to record, shape and publish a small book about her life, something she had long aspired to do (Illi 2019). More generally, the intersubjective experience of telling one's story might itself prove empowering, therapeutic to some degree, or simply enjoyable.

Bearing the aforementioned critiques in mind then, this paper argues that there is value in giving voice to participants' experience of a policy trial, treating seriously their analysis of its rationale and manifold effects. This working paper proceeds to highlight four consistent themes of the research. Selected quotes reflect recurring

themes of the interviews, which were identified after close analysis of my exchanges with Ceduna residents affected by the CDC trial, using qualitative data analysis software NVivo.

4 'It's an insult.' The question of shame and stigma

4.1 Background

The ORIMA final evaluation report states:

...in the quantitative survey, only 4% of all participants on average across the two sites explicitly raised 'stigma' or 'shame' associated with the card as an issue at Wave 1 (6% did so at Wave 2)' (ORIMA 2017:88).⁷

However, the issue of shame and stigma is complex (Goffman 1990 [1963]; Biddle 1997) and a short survey is an inadequate instrument for capturing the profundity of context-specific experiences.

Anthropologists have long noted that the meaning of shame or 'shame job' in Aboriginal Australian communities is quite different to how the notion is used in the broader Australian community. Jay Arthur's study of Aboriginal English emphasises that shame is a central concept in Aboriginal English, 'and a difficult term to translate into non-Aboriginal English' (Arthur 1996:107). Arthur (1996:107) summarises three meanings of the term shame: 'embarrassment; fear; a sense of having transgressed the social and moral code of society, intentionally or unintentionally'. Public attention might cause 'shame' as it transgresses an emphasis on 'social cohesion' rooted in pre-contact values (Arthur 1996:107–108). Anthropologists argue that this can be partly explained by the cultural value placed on egalitarianism in small-scale mobile societies (see especially Myers 1986). In contemporary usage, 'shame' (*kunta* in Pitjantjatjara) might refer to an experience of being distinguished as an individual, for good or bad reasons. For example, I talked with a young person who collected a NAIDOC Week award on behalf a relative. The experience of accepting the award on stage was described to me as 'shame', even though it was a joy-filled moment.

Because the CDC was issued to so many fellow relatives and community members, when I asked about the issue of shame in Yalata, most of my research participants shrugged and shook their heads – there was no shame involved; everyone was on the card. Again, this draws attention to the two distinct historical experiences that have conditioned different responses to the CDC's introduction in the present. For example, it was explained to me: 'Just usual, I suppose. Like the Medicare card and everybody uses that. Like that to me, you know, you're not shame.'

In Ceduna, where Aboriginal people constitute a numerical minority and the town's fraught racial history is something many of my research participants are keenly interested in, the issue was quite different.⁸ Many research participants shared their perspective on finding the card an 'insult', of feeling 'targeted', of involvement in the trial being 'degrading', of being regarded as lesser by those implementing the card trial ('they think we're rubbish'). The following section sets out this genre of responses in more depth.

⁷ Wave 1 refers to data collected six months since the commencement of the Ceduna trial; Wave 2 data was collected nine months later, 15 months since the commencement of the Ceduna trial (ORIMA Research 2017:8).

⁸ The history of tense race relations in this region found expression in the 1967 referendum results. While the overwhelming national 'yes' vote, of a little over 90%, is today remembered as a powerful affirmation of the public's support for change with regards to Aboriginal issues, in the town of Ceduna 48.45% of voters cast a 'no' vote (out of a total population of 809) (Bennett 1985:29). I thank Maggie Brady for directing me to this detail.

4.2 'It's an insult.' Research participants' experiences of shame and stigmatisation

When I pull the Indue card out...[sighs]. I tell them...It makes me shamed I come to the shop. There are a lot of people standing back looking: they got money in their pockets, you know. Then I thought, 'I wonder what they're thinking, you know?'

The speaker here is an Aboriginal mother, grandmother, a celebrated artist and someone who has both been remunerated for aged care role and also assumed the burden of unpaid care work for ailing kin. A relative interjected into our conversation saying, in effect – you don't smoke, don't drink, 'hardly ever go to the pokies'. The research participant continued: 'Yeah. I'm still hit with a Indue card! They're taking the responsibility away from me. From my life I reckon...'. This person's relative interjected again, asking about pride. The first speaker continued:

Yeah and my pride and...I was very respectable woman and always there for my children. Tell them, I'll be there for my kids and tell them...I've always been there for my kids. If anybody messes with my kids... I don't like [the Indue card] because I've been working all my life.

Note that above the interviewee directs the researcher to communicate her perspective to the government, repeatedly saying 'tell them'.

Another Aboriginal research participant's pithy comment captures a common sentiment expressed by Ceduna interviewees: that the acute shame first experienced in 2016 had lessened over time: 'Yeah, first time it came out, made me shame. But then big mob got it! [Laughs.]' A non-Indigenous person on the Disability Support Pension agreed with this notion:

Not anymore. It was. But like I said, the shopkeepers and that around Ceduna and around the area where's it been used the most have gotten used to see it. For a start, it was awful...

This sentiment is elaborated on by another Aboriginal research participant: 'The shame was that, at first. Now, it's become acceptable and people don't even look at it as shame anymore.' 'Did you feel that shame?' I asked. They responded:

Yeah, I did. I felt like I was, what do you call...? A stigma was attached. You were being segregated. You know, you were looked down upon, but now things are just sort of changing and it's become acceptable, and I mean, 18 months later, it sort of has.

A final example will suffice to underline this point. I was in a conversation with two Nunga cousins about the card, 'Make you feel *kunta*?' one asked the other. The other replied slowly, thinking about it:

Well, some people it might make them feel like that there, you know, because...I just, I have got no choice but to use it, I just use it...Like a lot of people, when they first was on the card, it was kind of degrading and shame. They actually felt embarrassed going into the shops, to pull out the card. But like I said, me, I'm not. But there's a lot of fella that would be, feel like that there, they would feel that, and hesitate, probably look around before they pulled the card out. It's just after a while, you sort of get used to it, and you think, well, the card is there for bills.

What's important to note about the statement above is that the speaker is reflecting on the fact that they have become used to the card and is also expressing defiance in response to the question of shame—a defiance I encountered elsewhere. 'I have got no choice but to use it', the research participant points out. Others, too, expressed to me a conscious refusal to feel shame. Why should I feel ashamed? was the perspective of these

research participants, who did not regard themselves as lesser just because they need government assistance. Another non-Indigenous research participant did not see the CDC as shame-inducing because he compared it with other experiences that invoked shame even more strongly: 'Since I've entered the mental health system, I've had to deal with a huge amount of humiliation. Welfare card's nothing.'

A non-Indigenous interviewee, whose peripatetic working life had led them to Ceduna, but the misfortunes of a local business had since seen them become unemployed, told me about an employee in another local business:

When you produced your Indue card, she'd give you a filthy look...until I rang head office in Adelaide and told them about this lady and she accepts it now. I knew her name and everything. I rang head office in Adelaide and said, 'Listen, there's a woman up here in [name of local business], doesn't like people using their Indue card...she just gives you the filthiest look.'...I'm still payin for it! I'm not walking out of the shop, taking the milk! I just couldn't understand the point of view. I had to talk to my job network people and they said, 'Well you can only ring the company that she works for and let them know that she is giving you such a filthy look.' And I wasn't the only one. I know other people were saying, 'One woman gives you such a dirty look.'

What prompted this local woman to cast dirty looks at those carrying the CDC? 'Cause you're on the dole, I suppose. You're nothing better.'

Other Aboriginal research participants continued to find possession and use of the CDC shame-inducing under specific circumstances. 'So I do me shopping. And I've got money in there, I checked.' Another person chimed into the conversation, stating with familiarity, 'And then you haven't got enough to pay for the shoppin', and you ring back up and the amount's supposed to be in there?' The first speaker agreed, 'Nothing! I gotta put everything back. It's shame, I've got to go right down to the...[back of the local supermarket, to return the food to the shelves].' Another person consistently had trouble knowing how much remained in their Indue account. They described having to put items back after the card was rejected due to insufficient funds:

It just made me feel shame. I had to put some things back, you know, like, yes...I find that it causes embarrassment for me, you know?...My son's on the Indue Card. He finds that shame, embarrassing.

Other Aboriginal research participants found being on the card shameful in a more general sense, feeling that it impugned their character: 'Yeah, I felt like that. Shame job. When I first...because I haven't been on it for that long, you think, "Oh, you know, druggie."' A young woman became very animated:

...we all just got categorised like that. It's a different thing if [you] got reported to DCP [Department of Child Protection] or you had so many whatever reports about you, not looking after your kids and stuff. But as for the other mothers who do know how to do things like that there. We just got chucked on the Indue card and that's it.

A non-Indigenous research participant relayed to me that on seeing the flash of silver-grey, they automatically thought, assuming a judgmental tone, 'Oh, you're on the card.' And then they reflected to me: 'And, I'm on it!' I asked another non-Indigenous research participant if there was some 'stigma around being on the card or some shame?' They replied, 'Yeah. Especially if you're going to like a op shop [second-hand shop] and you go to use it there. I really feel it there.' 'I wonder why you feel it there?' I asked. My interviewee responded:

I don't know, because they're elder [sic] people and they're very well respected in the community [it is predominately elderly volunteers who staff the town's second-hand shops]. They've got all these different views on the card, like a lot similar to the mayor [a prominent CDC supporter]. It makes me feel like I'm a drug user or something like that because I'm on the card, where it's not the case at all. So that's why I

think that it's sort of stereotyped there that if you're on the card you're ..When you could just be a simple Centrelink recipient.'

A non-Indigenous research participant summed up her sense of being associated with inferior social category by dint of her use of the card. 'Yup. Yup. When we're in town and we show this grey card, we're really identified. We really are. Yeah, we really are.'

Finally, the shame associated with being on the Indue card was often a shame that resonated with past personal experiences. A Nunga interviewee told me:

I just feel like I'm another person to blokes that's got regular job, and me, pulling the grey card out in front of them, that's embarrassing. 'Oh, he's on the Indue card', you know. So anyway...Yeah, you get your little smirks and stuff like that around the place, you know. Fellas thinking, 'What are you on the Indue card for?' Ask the government that! You know. They've given us Indue cards because they've taken away our rights, simple as that.

As my relationship with this research participant developed I came to understand that he was perhaps especially attuned to the smirks and gaze of others, as this dynamic resonated with childhood experiences. For example, he relayed a story about schooling, which involved a shocking transition from the Koonibba mission – 'from being around, amongst blackfellas all my life' – to a school where 'I was just like...one little blackfella against, amongst a [large] high school...you know? I'm the only one there. I just felt so alone.' At 14, this person left high school because 'I pretty much had enough of all the racism'. A varied working life in low skilled manual jobs followed with intermittent periods of un- or under-employment.

5 'Not the panel's business!' The community panel and Wellbeing Exemptions processes

As earlier noted, the Ceduna Region community panel ('the panel') is empowered to assess applications to vary the split of restricted and unrestricted monies from 80%/20%, so that up to 50% of the applicant's payments become available as cash (and 50% remain available only on the CDC).

The panel is made up of prominent local people who sit in the positions listed below:⁹

- Chief Executive Officer of Koonibba Community Aboriginal Corporation and Adviser
- Chief Executive Officer of Scotdesco Aboriginal Corporation and Adviser
- Chief Executive Officer Yalata Community Inc and Adviser
- General Manager of Oak Valley (Maralinga) Inc and Adviser
- Chief Executive Officer of the Ceduna Aboriginal Corporation and Adviser
- Mayor of The District Council of Ceduna
- Chief Executive Officer of the District Council of Ceduna.

The ORIMA evaluation concluded that at the time of data collection, community panels 'were still perceived to be not well understood or communicated to the wider community' (ORIMA 2017:107).

Research participants raised numerous concerns with the panel. Some research participants were convinced the panel was not being equally accessed by Aboriginal and non-Aboriginal trial participants ('Nungas don't

⁹ See the Ceduna Region community panel guidelines, available from: <https://www.dss.gov.au/families-and-children/programmes-services/welfare-conditionality/cashless-debit-card-trial-overview/ceduna-community-panel>.

know about it!'). Another research participant described the panel's decision to grant them 40% of their payments in cash, rather than the requested 50%, as a 'power trip'. This woman is a non-Indigenous survivor of a violent marriage whose knitting and volunteering fills her days. She told me:

Anyway and then somebody said to me, '...you won't have any trouble'...I was on 80/20: 80% on the card and 20% in my bank account. [Someone else advised] '...you should go for the 50/50'. So I filled out all the paperwork and I took it into the local partners.

'Where do you take it in to?' I asked. She continued her story:

There's a job network place. Behind the bakery in the mall, yeah, in there. It's not their fault, the girls there are wonderful. Any time I've been in there they've been just great and they've got the Indue number. They just dial it. They don't even have to look it up anymore, so that's how often they have to ring it. I had to take it in there, and they looked it through, and they said, 'Oh, you won't have any problems at all. Look at this.' Rah-rah-rah. Then I waited three months before I got a letter, in a secondhand envelope, that had stuff stuck over the previous...What it had been used for. It said, 'You won't be getting your 50/50, but we'll give you 60/40.' And to me, that's just a power trip.

Again, it is important to listen carefully to the day-to-day minutia in these stories. The 'girls' in the local job network workplace affirm the speaker, dealing with her immediately and with familiarity. But the disrespect evinced in the panel's decision, as this woman perceived it, was communicated in a secondhand envelope, which compounded her sense of injurious and impersonal treatment.

Another participant also stated:

Yeah. I applied to them for 50/50, but I still got 40/60...I just asked for 50/50, but they saying that the panel wasn't giving anybody 50/50. They were giving them 40/60, so 60 in your Indue, 40 in cash, 40 sent in cash.

The concerns about access to these processes are reflected to some degree in data obtained after a Freedom of Information (Fol) request was lodged in September 2018. Applications approved by the panel over the course of the CDC trial, as at 31 August 2018, are set out in Table 1.

Table 1. Approved applications to vary split of restricted CDC monies, Ceduna Region community panel, 15 March 2016–31 August 2018

| | Indigenous | Not identified as Indigenous/non-Indigenous* | Total |
|------------------------------|------------|--|-------|
| Approved applications | 81 | 59 | 140 |

* Includes participants who did not wish to respond.

Source: Fol request by author.

As earlier stated, Indigenous people comprise 75% of CDC trial participants. However, Indigenous people seemingly comprise 58% of approved applications to the panel. Non-Indigenous people comprise 25% of CDC trial participants, but seemingly comprise 42% of approved applications to the panel.

Research participants' perception that the panel is flouting its decision-making power are strongly borne out by data obtained under the same FoI request. Of the 140 approved applications as of 31 August 2018:

- 8 applicants have had their restricted amount reduced to 50%
- 80 applicants have had their restricted amount reduced to 60%
- 52 applicants have had their restricted amount reduced to 70%.

Other research participants raised concerns regarding the Wellbeing Exemption clause. As noted earlier, CDC holders might be exempted from the trial if participation in it would seriously risk that person's mental, physical or emotional wellbeing. One research participant believed that whitefellas were able to get off the card using the Wellbeing Exemptions, but Aboriginal people couldn't.

The same FoI request revealed data regarding exempted Ceduna participants (Table 2).

Table 2. Exempted participants, Wellbeing Exemption clause, CDC trial, Ceduna Region community panel, 15 March 2016–31 August 2018

| | Indigenous | Not identified as Indigenous/non-Indigenous* | Total |
|-------------------------------------|------------|--|-------|
| Exempted Ceduna participants | 5 | 23 | 28 |

*Includes participants who did not wish to respond.

Source: FoI request by author.

While Indigenous people comprise 75% of CDC trial participants, Indigenous people seemingly comprise just 18% of exemptions. Non-Indigenous people comprise 25% of CDC trial participants, but seemingly comprise 82% of exemptions.

The existing community panel application involves applicants selecting 'yes' or 'no' to the following set of questions:

| |
|--|
| Have you been convicted of an offence where alcohol, drugs or domestic violence were a factor in the past 12 months? |
| Have there been any substantiated child protection issues against you in the last 12 months? |
| Have you been evicted by Housing SA from your public housing tenancy in the previous 12 months? |
| Have you been removed from the Ceduna Transitional Accommodation Centre in the previous two months? |
| Are you currently suspended from staying at the Ceduna Transitional Accommodation Centre? |
| Do you have any current Housing SA rental debts that are not being repaid? |
| Have you received any health assistance in the last 12 months as a result of substance use? |
| Last term, did your child/ren miss more than one day a week of school on average? |

Applicants are then asked to consent to grant the panel administrator access to various of their personal records, as follows:

| |
|---|
| give my consent to the panel administrator collecting the personal information I have provided in this form |
| give my consent to the panel administrator disclosing my personal information to one or more of the SA Police, Housing SA, SA Health, Department of Education and Child Development, Tullawon Health and the Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation for the purpose of confirming whether the information I have provided in this form is correct |
| give my consent to the SA Police, Housing SA, SA Health, Department of Education and Child Development, Tullawon Health and the Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation disclosing this information to the panel administrator |
| give my consent to the panel administrator providing the community panel with my personal information received from the above agencies |
| give my consent to the panel administrator notifying the Department of Human Services (DHS) to change the restricted amount of my payment to the amount decided by the panel, understanding that the panel will take into account my requested amount |

While many of my research participants had no knowledge of the community panel process, others were reluctant to engage in it because of perceived (and arguably, real) intrusions on their privacy. As earlier noted, the panel is constituted by locally powerful figures, some of whom have been extremely prominent in debates about the controversial CDC. I recorded comments such as:

There's a lot of people that won't go because there's personal problems is their personal problems. They do not have to tell a panel why they are stressed out! That is not the panel's or the government's business!

Another research participant stated:

The panel! The so-called panel that was actually, um...To access this panel, you had to pass a little survey...It was about, yes and no, about have you been kicked out of town camp. If you've got a domestic violence order, that kind of shit. Yeah, pardon.

The non-Indigenous research participant quoted above, who had a chronic health condition, started the process of applying. Their story continues as follows:

I started to, but then I bumped in, I tried to, they connected me to somebody in Canberra, and we just weren't on the same wave length, and I tried twice, and both times told them they can go fuck themselves. Like just, that's not what I wanted to hear. Yeah, yeah, yeah, so I stopped. Yeah. And I thought it was just too hard at the time. I had lots of stuff going on, you know. That was just another burden. Yep. And then I always, I didn't think it was a fair panel, because somehow some of the names of the people on the panel were leaked, and it appears on a Facebook page. I...Yeah, I know some other people on that panel, and I'm a little bit, and I don't wanna front community members about what's going on in my life, particularly my financial situation. You know, I don't need that kind of scrutiny.

The passage of the 2019 legislation establishes a new process whereby participants in the CDC trial can apply to the local panel to exit the trial completely, on the basis 'that the person can demonstrate reasonable and

responsible management of their financial affairs'.¹⁰ The concerns raised above are unlikely to be allayed by the introduction of this new process, which again involves granting a panel comprised of local figures, who occupy positions of institutional power, with decision-making power over lives of marginalised community members. It is imperative that this new process be clearly communicated to trial participants, especially Aboriginal participants, so as to ensure eligible trial participants are fully informed about their right to apply. Resources should be directed to support applicants in the process of understanding any privacy implications of their application and to filling out the form. Further, transparency surrounding the decision-making process and timely communication of decisions should be ensured.

6 'Drunks gonna drink!' Getting around the card

I guess it's like anything. There's always a way around it. Like, 'Hey, I'll fill up your car and give [me] \$80 cash' and, you know, 'you use my card and put \$150 fuel on it'.

This comment was made in answer to the following question, 'Is it possible to get around the card?' Another person, living in a household of heavy drinkers, shook his head ruefully in response to the same query, saying, 'Drunks gonna drink!' This was a common theme of my interviews.

An Aboriginal research participant told me:

Yeah, the card is no good. And it doesn't work, it just doesn't work because people, they find many ways of getting the money around and getting the cash in hand.' Also, 'And all come together, you know, and chuck in a little bit here, little bit there...' And, the thing about it is people who are elderly and exempt from being on the card they're vulnerable targets of assaults. And, only recently, like a couple of months ago, a lady had her arm broken from her own son...To support their habit, like. It's ridiculous.

The incident mentioned above is not the only example of a senior Aboriginal person being assaulted in an effort to access to cash that was relayed to me. It is important to note here that a strong rationale for the CDC's introduction was its potential to protect caregivers from the constant demands to share cash, which in turn affects their ability to spend their incomes on the children for whom they are responsible.

'You reckon people can get around the card?' I asked an Aboriginal woman in her 60s. Her response speaks to awareness of the racialised hierarchy that is ever-present in Ceduna:

Of course, they can! They think blackfellas is stupid. Blackfellas not stupid...They walk around like they don't know nothing, but they smart. They know to use their brain.

Another person described:

You go down the street, there, you got everybody, all looking around. [They are thinking:] 'How I'm gonna get money, how am I'm going to try for this card? Who's card can I put it in?' They're thinking down the street, those people that got paid today, 'Who's got that money in the card?' They're thinking really hard, 'How am I going to get this money in my hand? Because I can't get anything with the card but, like what I really, really want...'

More concretely, someone explained to me, 'What they'll do is they'll go buy a laptop on the card and then flog the laptop.' 'For cheap?' I clarified. They replied:

¹⁰ Parliamentary Hansard, 4 April 2019, p.35.

Yep. Cheaper, yeah. Well, they buy radio or they buy a telephone. What do ya call the...? An iPhone and then they'll flog the iPhone for less to get money to go to grog.

'Have you seen people do that?' I asked:

Yes, I have. And I don't...You can't blame the people that are...you know. It's against the rights, human rights, because they should be able to do what they like with their money. The government's saying they can't and they're making the decisions like they did years ago when they took the Stolen Generation away. They're making the decisions, which is not fair. Not fair.

Another research participant shared their experience:

Of course they can [buy alcohol], yeah. Because they've got that extra bit of cash, see. People chuck in, drink their life away...What they needed to build here was a rehab centre for people to actually go in, not send 'em away to be away from their families. I know from my ex-partner: he was went away for rehab. He was missing his family, got out, and went back on heavy drugs. If there was a rehab center here, instead of a Hungry Jacks, he could have probably would have put his mind to it. Could have done daily visits or something. That's one thing they need to think about.

(The nearest residential drug and alcohol rehabilitation facility is located in Port Augusta, almost 500 kilometres west of Ceduna.)

Others had firsthand experience of these circumvention efforts:

I've got a friend, who I used to work with, who, you know, [large] family...are on the card. And it's particularly when money runs out. You know, the in-house theft, you know what I mean? Yeah, yeah. It's hocking things, yeah. I have noticed.

Further, a research participant shared:

I have bought large ticket items on my card, received the cash for it. I did it twice...And I think if you're in a position where you can saddle up with someone who's got some kind of ready income, and who's able to do little things like that, well and good.

Finally, a senior Yalata figure told me, 'They're trying to stop people from drinking. When they made this stuff.' This person reflected with poignancy on the introduction of alcohol as part of the colonisation process. 'They made the alcohol. And it never stops. You can't stop people from drinking.' This person also told me despairingly, 'We've lost our vision. A card cannot give vision to the community.'

7 'Some like it'. Accounting for divergent perspectives on the Cashless Debit Card Trial

My interviewees were often careful to point out to me that they did not assume the right to speak for others. This was not just because it is culturally inappropriate to impinge on one's capacity to speak for oneself in this setting. Many of my research participants felt that they had been 'tarred with the same brush'. By contrast, they avoided generalising about their fellow community members – respecting the fact that everybody has the right to speak for themselves. Research participants frequently told me, 'Some like it.' I sought out conversations with those people who liked the card, as I was conscious that disaffected community members were more inclined to actively approach me to tell their story.

My conversations with people who feel positive about the card were often much shorter than with those people who perceived that their opposition to the card was not being heard. For example, I spoke with an Aboriginal person I had come to know quite well, and with whom I'd had numerous conversations about art, bush foods, raising boys and other topics. This person told me they liked organising all of their finances online via their Indue account. Even though I was keen to talk in more depth with them, the person who felt positive about the card thought they didn't have much to offer my research. Instead they directed me to a relative of theirs who they thought would be a more interesting interviewee: this person was described as 'very vocal' and was locally well known for their opposition to the card.

The following research participants' comments reflect views on the card ranging from positive to ambivalent:

In all fairness, it probably has curbed my habits. But then again, maybe I was better off with cash because I used to go down the pub, knowing that I wasn't gonna get any more income and I'd go and put a couple of bets on, on the horses. And I may just come out with a couple extra bucks, you know? I don't think that that's a bad thing, however, trying to do it with your last couple of dollars.

Another person stated:

I've even said to my job network people: 'The Indue card is the greatest thing. I get paid Friday and I'm usually broke Saturday. At least with this thing, the money's still in the card.'

Others also perceived that it was easier to save funds on the CDC: 'I can save up on that Indue card. Keep saving. Saving up.'

Numerous research participants also commented on their interactions with Indue in positive terms: 'They're nice. They help me through it.'

At first glance these research findings echo the mixed response to the trial recorded by ORIMA. At Wave One, 49% of participants in the Ceduna and East Kimberley CDC trials indicated that it had made their lives worse; at Wave 2, this figure had dropped to 32%. Across the two sites, the proportion reporting that the CDC trial had made their lives better, however, remained consistent – 23% at Wave 2 and 22% at Wave 1. Further, 'Ceduna participants (28%, n=228) were significantly more likely than those in EK (18%, n=234) to report a positive impact on their wellbeing' (ORIMA 2017: 6). But *how* should one account for the reasons some research participants, as noted earlier, emphasise the punitive dimensions of the CDC while others experience the card as supportive?

The question of interpretation is important as certain statements imply that CDC critics are essentially self-interested, objecting to the CDC because they desire personal access to prohibited items (Holderhead 2018:19). My research encourages a more nuanced account of the divergent responses to the CDC trial.

In my experience, the most articulate and passionate critics of the card were often those attuned to broader colonial, racial and social injustices (see Vincent 2019b). These research participants sought to understand the card in a historical perspective. Conversations with these research participants were far-ranging, encompassing discussion of *terra nullius* and treaty, local policing issues, and the implementation of the Community Development Program (Jordan 2016), a Commonwealth employment scheme that many research participants are also enrolled in. Those who liked the card, on the other hand, tended to leave these larger issues in the background, with more immediate familial concerns claiming their everyday attention. Far from narrowly thinking of themselves then, many research participants advanced a critical analysis of the card in social and historical terms. Being on the card, one Yalata man perceived, was like being 'taken back', 'to the days when old people were given a pinch of tea, some sugar and salted beef'.

Conclusion

This working paper explores a range of experiences of the CDC trial in Ceduna, South Australia. The first trial site for the CDC, Ceduna, is a complex, highly racialised setting in which the local lives of whitefellas, Nungas and Anangu are entangled and yet distinct. Numerous research participants highlighted a longer history of race-based treatment in formulating their opposition to a policy experiment perceived as punitive and stigmatising. Others experienced minimal shame, as their circumstances were shared with others, who had also been issued the card.

Nevertheless, many research participants stressed that Aboriginal people, especially, were adept at avoiding state designs on their lives. The devastating toll that alcohol exacts in this setting is not disputed. Over the course of this research I became close to a number of people who told of their serious problems with alcohol over the course of their lives. As I got to know them, they spoke more candidly about the long process of overcoming their addiction as well as the traumatic life events that precipitated their turn to drinking. In each case, these people had endured horrific deaths of those closest to them. The conjunction of support from other individuals, personal determination, access to rehabilitation services, and the other assistance that enabled them to break their drinking habits casts doubt on whether a blunt instrument like the CDC can stimulate individual meaningful transformations (see Brady 1995, especially 125–146).

As the Commonwealth government moves to extend the CDC and to introduce a new process by which some income support payment recipients can exit the trial, my research suggests it is imperative that this new process be clearly communicated to trial participants, especially Aboriginal participants. This would ensure eligible trial participants are fully informed about their right to apply. Further, resources are needed to support applicants to understand the privacy implications of their application, and to assist with filling out the form. Finally, transparency surrounding the decision-making process and timely communication of decisions is urgently needed.

In sum, my research attends to the divergent perspectives card holders have about life on the card with a view to listening to *their* analysis of its effects. In the current policy environment, this task might be seen as futile, given bipartisan commitment to increased welfare conditionality in a broad sense. However, the Cashless Debit Card trial continues to generate controversy, and too often public and policy debate about its future leaves little space for the perspectives of those most intimately affected by it. My engagement with card holders suggest that many are keen 'to put our yarn in'. While some people like aspects of the card, many research participants clearly articulated their understanding and experience of the CDC as a punitive and unfair intervention into everyday lives that are already characterised by hardship.

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CONTACT US

Centre for Aboriginal Economic Policy Research
Research School of Social Sciences
ANU College of Arts & Social Sciences

Copland Building #24
The Australian National University
Canberra ACT 0200
Australia

T +61 2 6125 0587

W caepr.cass.anu.edu.au

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