SUBMISSION TO SENATE Community Affairs Committee Inquiry into the repeal of Cashless Debit Card Bill by Professor Philip Mendes (Monash University) and Dr Steven Roche (Charles Darwin University)

Correspondence:

Dear CAC,

We are writing to provide a brief submission to your Inquiry which is mostly based on our recently published analysis of Aboriginal and Torres Strait Islander submissions to the six earlier parliamentary inquiries into the CDC (see copy of full paper below).

As you will note, our paper reports that most Indigenous organisations connected to the CDC sites opposed the CDC program. They presented a number of core arguments against the CDC including the following:

- The CDC racially discriminates against Indigenous Australians given they are disproportionately represented in program participants.
- The CDC does not address the root causes of gambling or substance abuse which both have deep-seated structural and historical causes including the impact of inter-generational disadvantage, colonisation and trauma.
- The CDC is unreasonably applied as a blanket measure to whole communities who consequently experience social stigma, rather than being individually targeted via an assessment of personal capacity and need;
- The non-availability of cash hinders participation in mainstream social and community activities.
- The CDC is punitive and disempowering in its application, and was not based on any substantive consultation with Indigenous communities or particularly CDC participants.
- It does not advance the self-determination of communities, and is incompatible with the Closing the Gap partnership principles.
- The substantial funds spent on the CDC would be more effectively allocated to funding locally-led holistic support services.

Please let us know if you have any questions about our submission.

Best wishes,
Philip Mendes and Steven Roche

Philip Mendes, Steven Roche, Lisa Conway and Lani Castan (2022) "Co-design or top-down welfare conditionality? An analysis of the impact of Aboriginal and Torres Strait Islander submissions to six parliamentary inquiries into the Cashless Debit Card", ***Australian Journal of Public Administration*****, DOI:10.1111/1467-8500.12558.**

Abstract
The former Coalition Commonwealth Government consistently asserted that representative Aboriginal and Torres Strait Islander (hereafter Indigenous) organisations supported the introduction of the Cashless Debit Card (CDC) in multiple trial sites. Consequently, they depicted the CDC policy as an alleged exemplar of a co-designed policy model based on partnership with Indigenous community groups. This article examines the validity of this argument by analysing the views expressed by Indigenous organisations via written and oral submissions to the six parliamentary inquiries into the CDC from 2015-2020. Our findings suggest that with the exception of the first inquiry, most Indigenous submissions opposed the introduction or the expansion of the CDC. Yet, these critical views received only limited acknowledgement in the inquiry reports, and seem to have little or no impact on government policy concerning the CDC. It appears that the CDC policy is more accurately identified as a top-down policy imposed by government on local Aboriginal communities which, with some exceptions, neither requested nor consented to the policy.

Keywords
Cashless Debit Card, parliamentary inquiries, co-design, Aboriginal community controlled organisations.

Key points

- Most Indigenous community organisation submissions opposed the Cashless Debit Card (CDC)
- Yet their perspectives received little recognition in inquiry reports and had minimal impact on the development of government policy
- The CDC was applied as a top-down rather than co-designed policy without adequate consultation with local Aboriginal communities

Summary at a glance
This paper examines the views expressed by Indigenous organisations via written and oral submissions to the six parliamentary inquiries into the Cashless Debit Card from 2015-2020. Our findings suggest that with the exception of the first inquiry, most Indigenous submissions opposed the CDC, yet these perspectives seemed to have little or no impact on government policy concerning the CDC.

1 Introduction

Australian governments regularly establish parliamentary inquiries for a range of political purposes, and with varied levels of government versus opposition input and power. Inquiries are a function of parliament, in which a parliamentary committee, made up of a selection of members of parliament, and guided by terms of reference, investigate a topic of interest largely via written submissions and public hearings among other methods (Parliament of Australia, 2021).

Some inquiries are controlled by a majority of government party (ies) representatives who may attempt to 'vindicate' existing government policy agendas (Banks, 2014: 113), and some are controlled by a majority of non-government party (ies) representatives who may seek to highlight the limitations of existing programs. Associated factors that may influence the form and directions of an inquiry include the appointed chair and membership, the terms of reference, and the time period and breadth of public consultations. Additional factors could include the broader political, policy and electoral context that informed or motivated the establishment of the inquiry (Regan & Stanton, 2019).

Ideally, such public inquiries can advance 'policy-relevant knowledge, public debate and policy learning' (Saunders, 2019: 22), and enable consideration of new ideas that may inform alternative policy options and change (Inwood & Johns, 2016). One example of a parliamentary inquiry which directly advanced policy knowledge, debate, new evidence and innovative outcomes was the 2015 Senate Community Affairs References Committee inquiry into out of home care (Community Affairs References Committee, 2015). That inquiry, which was chaired by opposition Greens Senator Rachel Siewert, recommended that out of home care (whether foster, kinship or residential care) be extended from 18 until 21 years in all States and Territories. Subsequently, the Home Stretch campaign led by Anglicare Victoria, effectively utilized that policy proposal to pressure most jurisdictions into establishing forms of extended care (Mendes, 2022).

Yet to date, there has been only limited analysis of the impact of parliamentary inquiries on policy debates and outcomes. Research studies have reported that governments are far more likely to accept some of the majority recommendations rather than the minority recommendations of inquiry reports, but in most cases even the majority views exert only limited formal influence on subsequent policies (Mendes & McCurdy, 2020; Mackay & McCahon, 2019; Monk, 2012). There has been little if any examination of the specific influence of public submissions on report recommendations and/or policy outcomes.

This article analyses the views expressed by Indigenous community organisations via written and oral submissions to the six parliamentary inquiries into the Cashless Debit Card (CDC) from 2015-2020. All six inquiries were controlled by the former Liberal-National Party Coalition government, and chaired by government representatives which suggests that the intent of the inquiries was primarily to advance the implementation of government policy: that is to defend the government bills that initially introduced the CDC trials, and then later sought to extend the trials/programs and/or to expand the CDC to new sites. Nevertheless, the inquiries arguably still provided an opportunity for the divergent voices of key stakeholders to be heard, and for their policy preferences to potentially influence policy development and change over time.

The CDC is part of the suite of compulsory income management (CIM) measures introduced by Australian governments since 2007. CIM refers to the quarantining of a set percentage of income support payments, usually somewhere between 50 and 80 per cent, via a debit card in order to discourage spending on drugs or alcohol or gambling, and reduce associated social harm. Initially, most participants were placed on the BasicsCard, a personal identification number protected debit card. The BasicsCard is still used as the principal card in a number of CIM sites, and also co-exists with the CDC in other sites.

The first CIM program was established by the Liberal-National Coalition government as a component of the Northern Territory Emergency Response in 2007, and then extended by the succeeding Labor government to a number of new sites as Place Based Income Management (PBIM). PBIM targeted groups of social security recipients in five new IM sites: one in Victoria (Greater Shepparton), two in Queensland (Logan and Rockhampton), and one each in New South Wales (Bankstown) and South Australia (Playford) (Mendes, 2018; 2019). Additionally, an alternative version of CIM known as the Cape York Welfare Reform initiative (CYWR) was established via a partnership between the Australian and Queensland Governments and Indigenous community leaders in the Cape York Region of Queensland. That program aims to re-establish positive social norms and reduce passive welfare in the four affected communities. The CYWR created an independent statutory body called the Family Responsibilities Commission which was given authority to refer individuals – where concerns exist regarding child safety, school attendance, criminal or violent behaviour and substance abuse - to support services and/or income management programs. However, the CYWR model differs from the other CIM programs in that it was developed via significant community consultations, and income management is only applied as a last resort (Billings, 2010; Scott et al., 2021).

Following an inquiry by mining magnate Andrew Forrest (2014) into Indigenous Jobs and Training called *Creating Parity*, the new Coalition Government trialled a CDC in the sites of Ceduna in South Australia and East Kimberley in Western Australia. Further legislation extended the CDC to the Goldfields in WA, Hinkler in Queensland, and more recently Cape York in Queensland and the Northern Territory (NT). Compared to the earlier versions of CIM, the CDC mostly quarantines a higher percentage (80 per cent compared to 50-70 percent) of income support payments, although this percentage has been varied in the most recent sites of Cape York and NT. However, in contrast to the BasicsCard, the CDC does not restrict access to tobacco or pornography (Department of Social Services, 2021).

According to the latest statistics from April 2022, , there are 17,404 CDC participants across the six sites, of whom 6274 or approximately 48.5 per cent are Indigenous Australians including a sizeable majority in Ceduna, East Kimberley, Cape York and the Northern Territory plus half of the cohort in the Goldfields region (DSS, 2022).

The CDC has been subject to ongoing political and ideological contention. There are varied competing views pertaining to: whether the core aims of the CDC have been met; whether in fact the official evaluations have even-handedly and competently measured outcomes (Altman & Russell, 2012; Cox, 2020; Hunt, 2020); whether hidden costs around social stigma and shame outweigh identified benefits (Marston et al, 2020; Roche et al., 2022); whether the high administrative costs are justified; whether the disproportionate representation of Indigenous Australians is a form of racial discrimination that embodies continuing colonialist approaches intended to control and disempower communities (AHRC, 2020; Bielefeld, 2021; Klein, 2020; Klein & Razi, 2017; Maher et al., 2021; PJCHR, 2015; Vincent, 2019); and particularly whether the measures have been introduced via a bottom-up partnership with local communities and leaders (including Indigenous community organisations) or alternatively involve a top-down paternalistic process imposed on communities including CDC participants (AHRC, 2020; Mendes, 2018; 2019).

The former Coalition government consistently argued that the CDC was introduced via a co-design process in partnership with community leaders in each site (DSS, 2016; Porter &

Tudge, 2017). For example, in Ceduna, the government signed a formal Memorandum of Understanding with the local Council and the leaders of the five Indigenous community organisations (CALC, 2015b). Consecutive Ministers for Social Services insisted that the CDC enjoys the support of Indigenous community leaders in those sites with large Indigenous populations (Fletcher, 2019; Tehan, 2018). But researchers contest this assertion. For example, Klein (2020) argues that where Indigenous leaders have endorsed the CDC, they have done so only as a result of extreme political and financial pressure, and in order to secure badly needed funds for community support programs, whilst Bielefeld (2021) advises that a number of Indigenous leaders have revised their earlier support for the CDC on the basis that the CDC model promised is not what the government delivered.

The opposition parties also presented an alternative interpretation of Indigenous community views in the CDC sites. The Australian Greens have long rejected all forms of CIM, and argued that the CDC is not supported by most Indigenous leaders or community members, and also directly violates the shared decision making principles underlying the Closing the Gap Agreement (Siewert, 2021). The Labor Party was initially supportive of the CDC albeit with some qualifications, and cited support from Indigenous community groups such as the Wunan Foundation in East Kimberley and the Koonibba Community Aboriginal Corporation in Ceduna as the basis for their approval (Macklin, 2017). However, from late 2017, Labor reversed their position, and instead highlighted what they consider to be a lack of Indigenous community support for the CDC (Burney, 2018; Dodson, 2020).

2 Methodology

Taking a document analysis approach, our study sought to examine the credibility of the competing interpretations of the CDC policy process through analysing the views expressed by Indigenous community organisations (and in two cases individuals whom we judged to be representative of broader community opinion) via written and oral submissions (i.e. presentations to the Public Inquiry Hearings) to the six Commonwealth parliamentary inquiries into the CDC from 2015-2020.

The specific focus on Indigenous community organisations was chosen due to the value of their views on CDC policies, given their deep understanding of the circumstances of the communities in which they are embedded, and their capacity to present informed perspectives on the impact of the CDC. Aboriginal Controlled Community Organisations (ACCOs), frequently titled Councils or Corporations, are incorporated organisations that are located, governed and embedded in Aboriginal communities to provide culturally relevant services and administration (Government of Western Australia, 2017). ACCOs are commonly understood to be structured according to four criteria: They are incorporated under relevant legislation and are not-for-profit; controlled and operated by Aboriginal and/or Torres Strait Islander people;
connected to the community, or communities, in which they deliver the services; and are governed by a majority Aboriginal and/or Torres Strait Islander governing body (New South Wales Government, 2022).

Many ACCOs are Aboriginal Controlled-Community Health Services (ACCHSs) which offer holistic and culturally competent primary health care and services to Aboriginal and Torres Strait Islander people in accordance with protocols determined by the Community (Campbell et al., 2018; National Aboriginal Community Controlled Health Organisation, 2021). These organisations, on top of governance and service delivery roles, can also offer a place for community accountability, engagement and activism (Campbell et al., 2018), although noting that the interests of service providers may not be the same as those of service users (Davis, 2020).

Document analysis

A document analysis approach was utilised for this study. Policy documents are sites of competing discourses and ideologies which can be illuminative of society-wide power structures, core social issues and governance arrangements (Kennedy-Lewis, 2014), as well as resources which can shed light on social realities (Coffey, 2014). As such, this study treats the documents under analysis as social research data, interested in their information, content and function (Coffey, 2014).

Analysis involved taking a qualitative approach to the submissions (Bowen, 2009), applying a deductive method by coding text based on answering three key questions in mind, as well as categorising additional and relevant themes identified via analysis (inductive) (Elo and Kyngas, 2008). Documents were read through and the text coded with the following questions in mind:

A) Who do these groups or individuals claim to represent?
B) Do they have current or potential IM participants involved in their organisation?

C) What are their key arguments for or against the CDC or IM more generally?

Additionally, we examined the extent to which Indigenous community organisation submissions were cited in the Inquiry reports and/or appeared to influence the key findings or recommendations.

Documents under analysis

For each of the six Inquiries, held between 2015 and 2020, the content examined included: 1) Written submissions; 2) Transcripts of Public Inquiry hearings; 3) Final inquiry reports. Documents from six Inquiries were retrieved for analysis. These are listed in **Table 1**. Submissions to these inquiries included written submissions or oral submissions provided at public hearings from a range of organisations, groups or individuals representing organisations or themselves. Across the six Inquiries, there were a total of 95 submissions (written and oral combined) from Indigenous led organisations, groups or individuals representing 16% of all submissions. It is also likely that a range of submissions from individual citizens identify as Indigenous Australians without recording this in their submission. Indigenous organisations and groups included Aboriginal Controlled Community Organisations, Aboriginal Community Controlled Health Services, peak bodies, community-based and national representative bodies for Aboriginal and Torres Strait Islander Australians, think tanks and research bodies as well as development organisations.

Author four read all Indigenous written and oral submissions and copies of reports for the six Inquiries, and presented an initial raw summary report. Authors one and two utilized this report to develop a more advanced set of findings. Author three, who is an Aboriginal researcher, then analysed the cultural appropriateness of the findings.

Table 1 - Inquiries and submissions examined

Title of Inquiry	**Total Indigenous organisations or individuals providing a written or oral submission**	**Total submissions**
Social Security Legislation Amendment (Debit Card Trial) Bill 2015 (Provisions)	14 (7 written, 7 oral)	34
Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 (Provisions)	30 (8 written, 22 oral)	172
Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 (Provisions)	3 (3 written, 0 oral)	108
Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill April 2019	9 (4 written, 5 oral)	38
Social Security (Administration) Amendment (Income Management to Cashless Debit Card Transition) Bill 2019 (Provisions) November 2019	18 (9 written, 9 oral).	110
Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020	23 (15 written, 8 oral)	145
Total submissions	97 (46 written, 51 oral)	607

3 Findings

3.1 Social Security Legislation Amendment (Debit Card Trial) Bill 2015 (Provisions)

The 2015 Community Affairs Legislation Committee (CALC) Inquiry examined the Bill to introduce a Cashless Debit Card trial in the sites of Ceduna and East Kimberley from February 2016 to June 2018. The Inquiry was chaired by Senator Zed Seselja from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. Australian Labor Party members of the Committee presented additional comments, and Australian Greens members presented a Dissenting Report. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix A**.

A total of seven Aboriginal and Torres Strait Islander groups presented written submissions to the inquiry. Five of these organisations were based on sites where the CDC or IM was implemented. All of these organisations expressed support for the objective of the Social Security Legislation Amendment (Debit Card Trial) Bill 2015 (Bill) to reduce the social harm caused by alcohol and gambling. Two organisations represented state/territory bodies and opposed the trial. Seven Indigenous community organisations presented written submissions to the Inquiry (APH, 2022a). Representatives of five Indigenous community organisations were invited by the Committee Secretariat to present at the Public Hearing into the Bill (APH, 2022a). In addition, there were seven oral submission representatives – from Wunan Foundation, Empowered Communities, Yalata, Ceduna Corporation & Koonibba Community organisation – who echoed the support outlined in the written submissions.

Five supported the CDC trial including two based in Ceduna, two in East Kimberley, and one from the Cape York Peninsula. The first four organisations (Yalata Community, Wunan Foundation, Ceduna Aboriginal Corporation, and Empowered Communities East Kimberley) seemed to speak on behalf of communities directly affected by the CDC trial including potential CIM participants, whilst the Cape York Partnership represented the Indigenous community (including participants in the separate CYWR initiative) of Cape York Peninsula.

Their principal arguments in favour of the CDC trial included that the CDC would limit the consumption of drugs and alcohol, and so lower the incidence of substance-abuse related injury and death; lower rates of social dysfunction including family violence, crime and suicide; improve the well-being of children who will have better access to food and clothing, and increase school attendance; and ensure core needs of individuals and families are met.

Two of those organisations also presented some qualifications concerning the trial including that further holistic support services will be required to address the underlying causes of substance and gambling abuse; CDC conditions can be circumvented, and there is likely to be a 'black market' for selling cards; there may be a shortage of cash for everyday needs such as school tuckshop purchases; and the CDC may reinforce an existing reliance on welfare services and programs.

For example, the Yalata community emphasized that 'the cashless debit card by itself will not address the problems caused by alcohol'. They argued that support services such as financial counselling, alcohol and drugs rehabilitation programs, telecommunications upgrades, social and sporting facilities, and employment and training initiatives 'will be the difference between the trial succeeding, or the trial failing'. Similarly, the Empowered Communities opined that their support for the CDC was 'subject to the provision of sufficient wrap around services to support its implementation' such as family support programs, substance abuse counsellors, employment and training opportunities, and financial management counselling.

Two statewide organisations (one from the Northern Territory and one from Western Australia) opposed the Bill. The North Australian Aboriginal Justice Agency (NAAJA) did not represent potential CDC participants, but many of its clients may have been CIM participants in the NT. The Aboriginal Health Council of Western Australia (AHCWA) may have potential CDC participants amongst its services users.

Their major objections to the CDC included that it will not address the causes of substance or gambling abuse which both have deep-seated structural and historical determinants including inter-generational disadvantage and trauma; it is unfairly applied to whole communities, is punitive and disempowering, and will directly cause hardship for participants and their families including particularly women who may be subject to family violence; and the non-availability of cash will hinder participation in community activities, and seeking employment.

All five organisations that presented at the Public Hearings into the Bill, including two from East Kimberley (Yawoorrong Midiuwung Gajerrong Yirrgeb Noong Dawang Aboriginal Corporation and the Wunan Foundation, and three from Ceduna (the Yalata Community, Ceduna Aboriginal Corporation (CAC) and Koonibba Community Aboriginal Corporation), argued in favour of the CDC. Their arguments were mostly similar to those introduced in the written submissions, emphasizing the role of the CDC in reducing social harm associated with substance abuse.

For example, Michael Haynes from the CAC argued that:

> We want to build a future for our younger generation to aspire to and we believe we cannot do this if our families and youth are caught up in the destructive cycle of alcohol or drugs that destroys not only our culture but also our lands and the communities that we live in (CALC, 2015a, p.30).

But Gregory Franks from the Yalata Community cautioned that their support for the trial was contingent on the proposed support services being introduced. Otherwise, he warned that Yalata 'would become severe critics of this trial'

The Inquiry report (CALC, 2015b) included 26 direct references to Indigenous community views from written submissions and presentations to the Public Hearing. Twenty of those references indicated Indigenous support for the CDC as a means of reducing social harm associated with substance and gambling abuse, whilst acknowledging the qualification that to be effective the CDC would need to include an introduction of holistic support services and adequate community consultation (pp. 5, 6, 7, 9, 12, 14, 16, 20, 23). There were six referenced concerns from the AHCWA and NAAJA as to whether the CDC would be effective in addressing the causes of substance abuse, and objections regarding possible human rights infringements and problematic implementation processes (pp. 5, 9, 11, 15, 24, 26). Overall, the report concluded that the Bill enjoyed significant support from Indigenous community groups in the two trial sites (p.29).

The Additional Comments by Labor Party Senators cited two Indigenous community groups in highlighting the need for the CDC to be accompanied by a comprehensive package of social support programs (p.34), and the Australian Greens Dissenting Report cited the concern by NAAJA that the government had not consulted with likely trial participants (p.41).

3.2 Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 (Provisions)

The 2017 CALC Inquiry examined the Bill to extend the existing Cashless Debit Card trial in the sites of Ceduna and East Kimberley, and to expand to new sites. The Inquiry was chaired by Senator Slade Brockman from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. The Australian Labor Party and the Australian Greens presented separate Dissenting reports. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix B**.

Seven Indigenous community organisations and one prominent Warlpiri woman Jacinta Nampijinpa Price (who was an elected Councillor and Deputy Mayor of Alice Springs which is an area populated by many Indigenous communities) presented written submissions to the Inquiry (APH, 2022b). Six organisations opposed the Bill. They were the MG Corporation, Kimberley Land Council, Goldfields Land and Sea Council, AHCWA, National Congress of Australia's First Peoples, and the Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation and Tullawon Aboriginal Health Service (joint submission). Four of the organisations were based in existing or proposed CDC sites and seemed to directly represent current or potential trial participants, whilst the others were state-wide or national services that may have current or potential CDC participants amongst their services users or members.

Their major arguments against the Bill were that the CDC is punitive rather than empowering, and undermines the self-determination rights of participants; the CDC is not based on evidence, and does not address the root causes of drug and alcohol abuse; the methodology used by Orima Research Services to evaluate the CDC in Ceduna and East Kimberley is problematic; and the CDC was not based on consultation, but rather was imposed on local communities in a top-down fashion. Instead, the CDC should be transformed into a voluntary program led by local Aboriginal community organisations, and the savings used to fund early intervention holistic support services designed in partnership with local communities that target the underlying causes of substance use and gambling.

Only two Indigenous submissions from the Cape York Institute (CYI) and Jacinta Price supported the Bill. The CYI urged the transformation of the CDC into a system based on the CYWR Model that enables participants to access opportunities that will allow them to cease reliance on the welfare system. Price argued that the CDC was an effective means to protect women and children from violence from family members, and ensure they were able to purchase food and other core necessities.

Representatives of 10 Indigenous community organisations presented at the Public Hearings into the Bill (APH, 2022c). All but three opposed the CDC. Their arguments were similar to the content of the written submissions, highlighting that the CDC was not based on adequate consultation with local Indigenous communities, and not accompanied by the holistic support services required to address the causes of substance and gambling abuse.

For example, Lawford Benning, Chairperson of the MG Corporation in East Kimberley, stated that he had originally been a supporter of the CDC, but had now changed his mind:

> I don't shy away from the fact that I was one of four local leaders who publicly advocated for the CDC trial in Kununurra. My involvement with the implementation of the CDC in Kununurra is the very reason for my opposition to its extension and expansion. I witnessed firsthand the government's top-down approach to the imposition of policy on Aboriginal Australians…This simply reflects the continuation of the government's approach of the last 200 years, an approach characterized by exclusion (CALC, 2017a, p.56).

Tyronne Garstone, Deputy Chief Executive Officer of the Kimberley Land Council, insisted that the CDC 'serves as an unhelpful distraction for many pressing issues facing Aboriginal communities in the region, such as unrelenting suicide of our youth, lack of employment and economic opportunities as well as widespread education failure. Positive change will only occur when Aboriginal people are at the centre of planning, design and delivery of policies that impact our people' (CALC, 2017b, p.18).

The Inquiry report (CALC, 2017c) included 15 direct references to Indigenous community views from written submissions and presentations to the Public Hearings. Twelve of those references noted concerns about the methodological rigour of the Orima Research evaluation of the CDC, and the minimal consultations with local communities and particularly likely Card participants in proposed CDC sites (pp.14, 15, 16, 17, 21, 23, 24, 25, 27).

Only three referenced the views of the Cape York Institute, Desmond Hill, the CEO of the Kununurra Waringarri Aboriginal Corporation (but acting in a private capacity), Ian Trust from the Wunan Foundation and Jacinta Nampijinpa Price in favour of the CDC Bill (pp.7, 11, 22). But the report also referenced the views of two pro-CDC Indigenous organisations that had presented to the earlier 2015 CALC inquiry (p.10).

Overall, the report seemed to ignore the majority of Indigenous submissions (and indeed references in the report) that were critical of the CDC. Instead, the report asserted that there was strong public support for the CDC objectives, and that its effectiveness had been demonstrated by the Orima evaluation of the CDC in the trial sites of East Kimberley and Ceduna.

In contrast, the Dissenting reports from the Australian Labor Party and Australian Greens included numerous references to the views of Indigenous groups (respectively 10 and four) in presenting their opposition to the CDC Bill.

3.3 Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 (Provisions)

The 2018 CALC Inquiry examined the Bill to extend the existing Cashless Debit Card trial to a new site in the Bundaberg and Hervey Bay region of Queensland known as Hinkler. The Inquiry was chaired by Senator Slade Brockman from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. The Australian Labor Party and the Australian Greens presented separate Dissenting reports. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix C**.

Three Indigenous organisations presented written submissions to the Inquiry and all opposed the Bill (APH, 2022d). Only the Goldfields LSC was based in an existing CDC site and seemed to directly represent current or potential trial participants, whilst the others were national services that may have current or potential CDC participants amongst their services users or members. None of the Indigenous groups directly represented residents of the new proposed site of Hinkler which had only a small Aboriginal population (estimated at 4.1 per cent) compared to the much larger Aboriginal populations in the other CDC sites (Marston et al., 2020). That smaller percentage in Hinkler may explain why only three Indigenous organisations presented written submissions, and none participated in the Public Hearing. Nevertheless, Indigenous residents now constitute 20 per cent of trial participants in that site (DSS, 2022).

Their major arguments against the Bill were that the CDC directly discriminates against Indigenous Australians given they are disproportionately represented among trial participants; the blanket application of the CDC to groups of social security recipients in specific locations unfairly stigmatizes those who do not have addiction problems; the CDC undermines the personal pride and dignity of participants resulting in stigmatization and disempowerment; there is inadequate consultation with local communities; the CDC does not address the structural causes of alcohol and gambling abuse; the evaluation process used to assess the effectiveness of the CDC was flawed; and there were not sufficient holistic support services in the trial sites.

For example, the Goldfields LSC argued that the application of restrictions and qualifications to the entitlements of all recipients of social security benefits in a given community or region, on the premise that this is necessary in order to curb/control the behaviour of a (generally small) proportion of the recipients in that group, is neither ‘reasonable or proportionate’. Rather, it is penalising the responsible citizens in a community for the sins of a minority.

The Inquiry report (CALC, 2018) included six direct references to Indigenous community views from written submissions. These references noted concerns about the stigmatization of participants as addicts even if they did not participate in alcohol or drug use or gambling, poor consultation with potential trial participants, hardship and stress caused by lack of access to cash for purchases of everyday goods, and the adverse impact of the CDC on the human rights of Indigenous Australians given their over-representation in existing CDC cohorts (pp. 10, 14, 15, 20, 23, 24).

However, the report rejected the stated human rights concerns on the grounds that the CDC was ‘not applied on the basis of race or culture’, but instead targeted communities with demonstrated levels of high social harm. The report conceded, however, that what it called ‘the indirect impact on Aboriginal and Torres Strait Islander peoples’ was a major factor in selecting a new trial site that did not have a large number of Indigenous residents (CALC, 2018, p.24). The report rejected the other concerns raised by Indigenous submissions, affirming that local consultations in Hinkler were extensive, and that evaluations had demonstrated the effectiveness of the CDC in other sites.

The Dissenting reports presented by the Labor Party and the Greens did not directly reference the Indigenous organisation submissions.

3.4 Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019

The April 2019 CALC Inquiry examined the Bill to extend the existing Cashless Debit Card trials in three sites as well as extending the separate but aligned Cape York income management program known as the CYWR. The inquiry was chaired by Senator Lucy Gichuhi from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. The Australian Labor Party delivered additional comments, and the Australian Greens presented a Dissenting report. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix D**.

Four Indigenous community organisations presented written submissions to the Inquiry (APH, 2022e). Three of the four organisations opposed the Bill. They were the MG Corporation from East Kimberley, the Yamatji Maripa Aboriginal Corporation (YMAC) from the Pilbara, Murchison, Midwest and Gascoyne Regions of Western Australia, and the National Aboriginal and Torres Strait Islander Legal Services and Human Rights Law Centre (NATSILS). The first two organisations were based in existing CDC sites and seemed to directly represent current or potential trial participants, whilst NATSILS is a national service that may have current or potential CDC participants amongst their services users or members. The Cape York Institute did not represent CDC participants, and neither directly supported or opposed the extension of the CDC. Rather, their focus was on arguing the relative merits of their CYWR program.

The three critics of the Bill presented the following arguments: that the CDC is a punitive model which accentuates social stigma, and fails to advance self-reliance or self-determination; the CDC does not address the underlying causes of social and economic disadvantage; the CDC disproportionately targets Indigenous Australians; there is a lack of reliable evidence demonstrating that CDC meets its objectives; and the CDC is a costly program that swallows up resources that should instead be allocated to funding locally-based holistic support services.

For example, YMAC argued that income management is a ‘punitive approach which acts to perpetuate and deepen stigma and frustrates the options available for the people subjected to it’. They recommended instead the development of ‘locally-driven solutions that are co-created with the communities they impact; meaningful investments requiring genuine consultation and equitable partnerships, and timeframes beyond government election cycles’.

Representatives of three Indigenous community organisations plus Desmond Hill (a Kununurra Elder acting in a private capacity) presented at the Public Hearing into the Bill (APH, 2022f). Representatives of the Wunan Foundation (James Elliot and Ian Trust) plus Desmond Hill supported the Bill. Hill argued that the key benefit of the CDC was that it enabled families to keep food in the fridge, and ensure children attended school (CALC, 2019a, p.28). However, he criticized the government for failing to implement its promise to give a local community panel the authority to remove people from the CDC. According to

Hill, ‘There are those in the community that don’t necessarily have to be on the card and they feel like they’re being punished for it’ (CALC, 2019a, p.28).

Trevor Donaldson, the CEO of the Goldfields Land and Sea Council, opposed the Bill. He argued that the CDC took away the right of Indigenous communities to self-determination:

> This obviously takes away their independence and the basic human right of managing their own affairs. It's driven from the top, by, basically, all non-Aboriginal people. I don't think there's a full comprehension of what this is about. I think we're knee-jerking at a lot of the issues: drugs; alcohol; gambling. I think they need to be treated themselves, without getting into people's faces by putting the old welfare act on them—'the dog act', technically—and saying, 'Now we will look after your interests (CALC, 2019a, p.40).

Additionally, Zoe Ellerman, Director of the Cape York Institute, and Maxine McLeod, registrar for the associated Family Responsibilities Commission, presented to the Hearing. However, they limited their comments to arguing the specific merits of the CYWR model.

The Inquiry report (CALC, 2019b) included 20 direct references to Indigenous community views from the written submissions and Public Hearing. However, 18 of these references referred to the specific arguments of the Cape York Institute and the aligned Family Responsibilities Commission concerning the merits of the CYWR model (pp. 3, 4, 5, 6). Only two references cited the concerns of Indigenous organisations regarding the questionable reliability of the CDC evaluation conducted by ORIMA, and the high cost of CDC operations (pp.12, 13). The report ignored the major criticisms raised by Indigenous organisations in both written and oral submissions, and affirmed the effectiveness of the CDC in lowering levels of social harm in the trial sites (CALC, 2019b).

In contrast, the additional comments from the Australian Labor Party and the Dissenting Report from the Australian Greens included two references each to the views of Indigenous groups in presenting their opposition to the CDC extension Bill.

3.5 Social Security (Administration) Amendment (Income Management to Cashless Debit Card Transition) Bill 2019 (Provisions) November 2019

The November 2019 CALC Inquiry examined the Bill to extend the existing Cashless Debit Card trials in four sites as well as establishing the Northern Territory and Cape York as new CDC sites. The Inquiry was chaired by Wendy Askew from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. The Australian Labor Party and the Australian Greens presented separate Dissenting reports. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix E**.

A total of nine Indigenous community organisations and one prominent Indigenous activist presented written submissions to the Inquiry (APH, 2022g). Eight Indigenous organisations opposed the Bill. They were the Central Australian Aboriginal Congress, the Baabayn Aboriginal Corporation aligned with the Kinchela Boys Home Aboriginal Corporation (both based in New South Wales) and the National Aboriginal and Torres Strait Islander Catholic

Council as one submission, the Arnhem Land Progress Aboriginal Corporation, the Danila Dilba Health Service, the North Australian Aboriginal Justice Agency, the Millingimbi/Yurrwi Island communities, the Tangentyere Council Aboriginal Corporation, and the Aboriginal Peak Organisations of the Northern Territory (NT). Seven of the eight organisations were based in the NT region which is an existing income management (BasicsCard) site proposed for transition to the CDC, and appeared to directly represent current or potential trial participants. The combined submission from the other three organisations (two based in NSW and one national) also claimed to represent current trial participants.

The eight organisations presented a number of arguments against the Bill such as the CDC is disempowering for participants, removes agency, and causes social stigma and shame; the CDC undermines the right of Aboriginal communities to self-determination; the CDC is a top-down and punitive program applied by white officials without adequate or genuine consultation with affected communities; there is a range of practical and logistical concerns associated with the implementation of the CDC; the application of the CDC as a blanket measure on large groups and communities without any assessment of individual capacity is not conducive to promoting positive change; there is insufficient evidence from completed evaluations that forms of income management including the CDC result in positive outcomes, and to the contrary evidence of adverse effects in areas such as infant health; and the resources invested in the costly CDC would be more effectively diverted to funding holistic housing, parenting, education and employment, and primary health care services.

For example, the Central Australian Aboriginal Congress argued that income management in the NT was ‘an expensive and failed experiment that is associated with increased health risks to children’. Instead, they urged that ‘savings from the implementation of any Cashless Debit Card trial in the Northern Territory be reinvested in Aboriginal community controlled comprehensive primary health care services, as a strongly-evidenced way to deliver improved health and wellbeing and increased employment in Aboriginal communities’.

Only two Indigenous submissions from Zoe Ellerman of the Cape York Institute (CYI) and Jacinta Price expressed alternative views. CYI’s submission emphasized the merits of the specific CYWR model. Jacinta Price argued the CDC was an effective means of preventing harmful forms of humbugging (i.e. a cultural obligation to share resources) by family members who both neglect children and use violence to demand that relatives fund their addiction to drugs or alcohol or gambling.

Representatives of 15 Indigenous community organisations presented at the three Public Hearings into the Bill (APH, 2022h). 13 of the 15 opposed the Bill. Their criticisms were similar to those presented in the written submissions referring, for example, to the limited consultation processes, the high cost of the CDC, and a concern that the existing income management program in the NT was worsening rather than reducing social disadvantage.

Liza Balmer, CEO of the NPY Women’s Council in the NT, argued that the CDC did not tackle the causes of disadvantage: ‘What it doesn’t address is the level of poverty. No matter what kind of income management you put people on, at the end of the day they’re still living well and truly below the poverty line on Newstart allowance’ (CALC, 2019d, p.18). She also negatively compared the top-down approach of the CDC with the shared decision-making process introduced by the Commonwealth Government within the Empowered Communities initiative in the NT, labelling the CDC a ‘very disempowering initiative’ (CALC, 2019c, p.18).

Dr Josie Douglas, Manager Policy and Research for the Central Land Council in the NT, also denounced the ‘top-down’ imposition of the CDC which she contrasted with the partnership principles underlying the Closing the Gap agreement. She described income management as ‘harsh and punitive. It treats all people on income support as though they are a burden to society, unable to manage their lives or care for their families regardless of their circumstances’ (CALC, 2019d, p.1).

Carolyn Cartwright, Managing Director of Money Mob Talkabout Limited, based in the APY Lands of Northern South Australia, questioned whether existing income management programs were effective in preventing abuse of participants. Utilizing data concerning income management in the APY Lands, she argued that the CDC could potentially increase the level of elder or disability abuse, stating:

> We’re seeing them currently having their cards and income management allocations taken and used by other people who’ve already expended their income. So it’s actually increasing their vulnerability and diminishing their ability to meet their basic needs’ (CALC, 2019d, pp.28-29)

The Inquiry report (CALC, 2019d) included 17 direct references to Indigenous community views from the written submissions and Public Hearings. 12 were critical of the Bill, noting a range of concerns including doubt as to whether the CDC was a viable program to reduce social harm in the targeted communities, limited efficacy of consultation processes, and the adverse impact of the CDC on human rights and self-determination (pp. 10, 11, 13, 14, 15, 16, 17, 18, 19).

There was also some support (comprised of five references) from representatives of the Wunan Foundation and the Cape York Institute (plus the aligned Family Responsibilities Commission) for the CDC (or income management more generally) as an effective means of reducing social harm (pp. 9, 10, 11, 12, 13).

The report ignored the major concerns raised by Indigenous community organisations in both written and oral submissions. Instead, it endorsed the effectiveness of the CDC in lowering levels of social harm and associated hardship and deprivation in the trial sites, and asserted appropriate levels of community engagement (CALC, 2019d).

In contrast, the Dissenting reports from the Australian Labor Party and the Australian Greens included a number of references to the views of Indigenous groups (respectively nine and seventeen) in presenting their opposition to the CDC Transition Bill (CALC, 2019d)

3.6 Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020 (Provisions) November 2020

The November 2020 CALC Inquiry examined the Bill to transform the existing Cashless Debit Card trials into ongoing measures in all four sites as well as the new sites of the

Northern Territory and Cape York. The Inquiry was chaired by Wendy Askew from the ruling Liberal-National Party Coalition Government, and the majority report recommended that the Bill be passed. The Australian Labor Party and the Australian Greens presented separate Dissenting reports. The submissions by Indigenous Australian organisations and individuals to this Inquiry are listed in **Appendix F**.

A total of 15 Indigenous community organisations presented written submissions to the Inquiry (APH, 2022i). 12 Indigenous organisations opposed the Bill. They were the Yamatji Marlpa Aboriginal Corporation, the Arnhem Land Progress Aboriginal Corporation, the Aboriginal Peak Organisations NT (APONT), the Danila Dilba Health Service, Queensland Aboriginal and Islander Health Council, Aboriginal Medical Services Alliance Northern Territory (AMSANT), the Baabayn Aboriginal Corporation aligned with (Caritas Australia, Djilpin Arts Aboriginal Corporation, the Kinchela Boys Home Aboriginal Corporation, the National Aboriginal and Torres Strait Islander Catholic Council, and Red Dust Healing) as one submission, the North Australian Aboriginal Justice Agency, the National Aboriginal Community Controlled Health Organisation (NACCHO), Ngaanyatjarra Council Aboriginal Corporation, the National Aboriginal and Torres Strait Islander Legal Services and Human Rights Law Centre (NATSILS), and the Northern Land Council.

10 of the 12 organisations were based in one of the existing CDC sites such as the NT, WA or Queensland, and appeared to directly represent current or potential trial participants. The submissions from the other two national-based organisations also claimed to represent current trial participants.

The 10 organisations presented a number of arguments against the Bill, highlighting that it discriminates against and undermines the self-determination of Indigenous Australians, and contradicts the partnership principles embodied in the new Closing the Gap national agreement; its paternalistic and punitive approach undermines personal agency and human rights, and causes social stigma, shame and stress; there was inadequate consultation with communities affected by the CDC; the CDC does not address the underlying causes of substance abuse, problem gambling or poverty such as colonisation, intergenerational trauma and racism; there is no verifiable evidence supporting the effectiveness of the CDC as a means to enhance community well-being; and that the government failed to introduce the associated holistic support services that had been promised.

For example, the Arnhem Land Progress Aboriginal Corporation labelled all forms of income management including the CDC a ‘failed policy’ that had been imposed on communities without any consultation. They conducted detailed discussions with their membership throughout the NT, and reported that ‘feedback has been universally consistent. People do not want the Cashless Debit Card, they do not feel they need or receive any benefit from Compulsory Income Management. Our members instead want the opportunity to be employed, they want houses to live in with their families, they want to be free to make their own decisions on how they live their lives, independent of paternalistic and oppressive government policies’.

Only three Indigenous submissions from the Cape York Institute (CYI), the CYI-aligned Family Responsibilities Commission, and the Wunan Foundation expressed alternative views. CYI’s submission emphasized the merits of the specific CYWR model. The Wunan

Foundation argued that the CDC had enabled financial and housing stability which influenced improved health, employment and child welfare outcomes.

Representatives of four Indigenous community organisations presented at the three Public Hearings into the Bill (APH, 2022j). Prue Briggs from the Cape York Institute and Maxine McLeod and Tammy Williams from the aligned Family Responsibilities Commission largely defended the CYWR model. Ian Trust and James Elliott from the Wunan Foundation supported the CDC. In contrast, the APONT strongly opposed the Bill. Their Network Coordinator, Ms Theresa Roe, condemned income management as a ‘vehicle for disempowerment and continuing the stigmatisation and trauma of Aboriginal people’. She characterized the Bill as ‘paternalistic, not based on the evidence and a top-down blanket approach that will not address the real needs or complex systemic issues impacting on Aboriginal people living in the Northern Territory’ (CALC, 2020a, p.3).

Similarly, the APONT CEO, John Paterson, stated that Aboriginal and Torres Strait Islander communities ‘don’t want’ the CDC (p.5). He recommended that the funding for the CDC be redirected to the positive agendas identified within the Closing the Gap agreement:

> The amount of funding that’s going to be required to implement this card…would be better expended on urgent housing to address the enormous overcrowding issues, the health and chronic illness issues that are still paramount in our communities (CALC, 2020a, p.5).

The Inquiry report (CALC, 2020b) included 13 direct references to Indigenous community views from the written submissions and Public Hearings. Nine were critical of the Bill, raising concerns that the CDC imposes social stigma and shame, and does not improve the financial skills of participants. Adverse reference was also made to the top-down imposition of the CDC and very limited consultation processes in the NT, a lack of evidence in favour of its continuation, and the disproportionate impact on Aboriginal and Torres Strait Islander peoples (pp.11, 15, 16, 25, 26, 28, 29). The report also cited Indigenous views (i.e. the Wunan Foundation) affirming the CDC’s effectiveness for advancing the human rights of vulnerable children and older people in East Kimberley (pp.13, 14, 28), and the arguments by the Family Responsibilities Commission in favour of the CYWR model (p.15).

The report ignored the major concerns raised by many Indigenous community organisations in both written and oral submissions, insisting that the CDC was identified by local communities as an effective tool for reducing social disadvantage and enhancing the well-being of children (CALC, 2020b).

In contrast, the Dissenting Reports from the Australian Labor Party and the Australian Greens included a number of references to the views of Indigenous groups (respectively four and eleven) in presenting their opposition to the CDC Transition Bill (CALC, 2020b)

4 Conclusion

Our analysis of submissions to six parliamentary inquiries suggests a distinct lack of support from Indigenous community organisations for either the introduction or extension of the CDC in the trial sites, or for the transition of existing IM participants within the NT onto the CDC. To be sure, there was strong Indigenous community support for the establishment of the CDC at the first inquiry. But Indigenous opposition grew stronger over the remaining five inquiries including some organisations and individuals that were initially supportive, but then changed their views as the Coalition government failed to deliver the community-based implementation approach and associated holistic support services promised. Indeed, the large majority of written Indigenous community submissions to those inquiries strongly opposed the CDC and the associated government bills.

Presentations to the public hearings by Indigenous community organisations were more mixed which is not surprising given that the Committee Secretariat (via discussion with the Committee Chair) determines who is invited to present. But overall, those presentations still favoured an anti-CDC position. This preference was particularly evident in the November 2019 inquiry whereby 13 out of 15 Indigenous organisations argued against the transition Bill. It is also notable that written and oral submissions from Indigenous organisations based in the Northern Territory to the November 2019 and November 2020 inquiries were unanimous in opposing the transition to the CDC in that territory.

Our findings indicate that the former Coalition government's insistence that the CDC is applied via a co-designed policy model based on partnership with Indigenous community groups cannot be sustained. To the contrary, the alternate view voiced by the Greens and (in recent years) the Labor Party and from researchers such as Bielefeld (2021) and Klein (2020) that the CDC policy process involves top-down and paternalistic measures imposed without adequate consultation or shared decision-making with Indigenous communities, appears closer to the reality. Notably, the new Labor Party government elected in May 2022 has stated an intention to abolish the Cashless Debit Card pending consultations with local communities in the six CDC sites (Rishworth, 2022).

Additionally, the official inquiry reports seem to have largely minimised or ignored the major objections voiced by Indigenous community organisations concerning the CDC. All six inquiry reports selectively highlighted evidence that favoured the government policy narrative, and consequently endorsed the merits of government legislation aimed at extending existing CDC trial sites and/or introducing new sites. It seems, therefore, that the majority of Indigenous community submissions had little or no influence either on the report recommendations, or on associated government policy development and decision-making. It appears that the former government largely used the inquiries as a means of legitimizing (Klein, 2020) their existing policy narrative and agenda to introduce and extend the CDC, rather than to generate new ideas and evidence that would inform policy planning and development. In contrast, the dissenting reports from the Labor Party and the Greens highlighted the Indigenous community critiques of the respective Bills, but their reports seem to have exerted nil influence on government policy.

Key stakeholders frustrated by this outcome may be able to use other strategies such as public campaigns backed by independent research to ensure that their concerns around the CDC remain on the public policy agenda. One positive example involves the not unrelated policy debate concerning the JobSeeker payment for the unemployed where a Senate Committee chaired by Greens Senator Rachel Siewert specifically recommended an increase in the payment sufficient to move all recipients above the poverty line (CARC, 2020). The former Coalition government rejected this recommendation, but later increased the payment by only $50 per fortnight which most policy advocates led by the Australian Council of Social Service (ACOSS) consider to be inadequate. However, ACOSS has continued to lead a high profile

‘Raise the Rate’ campaign which ensures that arguments for a higher rate of JobSeeker remain under consideration in the public sphere (ACOSS, 2022)

Our analysis has some obvious limitations. It is not possible to determine how representative the submissions from Indigenous community organisations were of wider Indigenous communities or Indigenous participants in the specific CDC sites. For example, most of the Indigenous organisations from Ceduna only submitted to the 2015 inquiry so it is possible that those organisations retained their support for the CDC. Additionally, the Cape York site sits as a bit of an outlier given that the submissions from the Cape York Institute and the aligned Family Responsibilities Commission largely focused on defending the Cape York CYWR model, which seems to be more community-controlled than paternalistic,rather than taking a stand for or against the CDC. As others have noted (Scott et al., 2021), a more discrete and nuanced assessment of the Cape York IM debate is arguably warranted.

Further research would ideally expand understanding of the processes and outcomes of these inquiries by interviewing key stakeholders including representatives of participating Indigenous community organisations, members of the presiding Community Affairs Legislation Committee from multiple political parties, and if possible, members of the Committee secretariat, to gain more in-depth insight into how the report recommendations were negotiated and determined.

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