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SYMPOSIUM: ADMINISTRATIVE BURDEN

WILEY

Administrative burden and the Cashless Debit Card: Stripping time, autonomy, and dignity from social security recipients

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Abstract

Although Western nations have long placed conditions on access to social security payments, many of the more recent conditions utilising technological tools have intensified surveillance and control of the poor and imposed weighty administrative burdens on social security recipients as they attempt to navigate these systems. The Cashless Debit Card (CDC) imposes additional administrative burdens – learning costs, compliance costs, and psychological costs – on people in receipt of social security as part of an overall welfare conditionality project that structures in disincentives to claim government income support. Cardholders experience heavy administrative burdens in securing essentials and managing their social security income via the CDC, seeking a reduction of their restricted payment portion, and seeking a well-being exemption or a financial responsibility exit to regain their budgetary autonomy. Evidence suggests that numerous people in need of social security who have been forced on to the CDC could do with a reduction in burdensome processes – which would be facilitated by designing systems that are autonomy enhancing, respectful of the human dignity of claimants, and fairly easy to navigate.

1 INTRODUCTION

Although Western nations have long placed conditions on access to social security payments (Piven & Cloward, 1993), many of the more recent conditions utilising technological tools have intensified surveillance and control of the poor, and imposed weighty administrative burdens on social security recipients as they attempt to navigate these systems (Bielefeld, 2018a; Eubanks, 2018; Herd & Moynihan, 2018; Monahan, 2017). This article examines how new technologies that promise to make life easier may actually increase burdens by removing control from individuals, and forcing them to interact with an unwelcome and complex technology. The article aims to make a constructive contribution to the literature on administrative burden and to the body of work on the Cashless Debit Card (CDC). Herd and Moynihan (2018, p. 2) explain that administrative burdens encompass 'learning costs', 'compliance costs', and 'psychological costs' that people encounter when they are seeking access to 'public services' (Herd & Moynihan, 2018, p. 2). Programs for people experiencing poverty 'tend to have the greatest administrative burdens' (Herd & Moynihan, 2018, p. 18).

This article will analyse these regulatory dynamics in the context of the compulsory CDC, which quarantines 80% of fortnightly and 100% of lump sum social security payments to an electronic payment card with a personal identification number. The CDC has expenditure restrictions. Policymakers proclaim that these restrictions are intended to prohibit purchases of alcohol, illicit drugs, gambling products, and some gift cards that could readily be exchanged for cash, thus promoting socially responsible behaviour amongst those in need of government income support. The CDC was triggered by the recommendation made by mining magnate Andrew Forrest for a 'Healthy Welfare Card' (Forrest, 2014, p. 28). Originally envisioned by Forrest (2014, pp. 100–108) as an entirely cashless social security payment mechanism, with 100% of a person's social security income restricted to the card, the scheme was later adopted with modifications by government with a name change to the CDC. The government states that the purpose of the CDC is to reduce 'social harm caused by problem alcohol, gambling and drug use' as well as provide 'budgeting assistance and support in communities' (Ruston, 2020).

The government claims that 'Stabilising a person's circumstances through limiting exposure to harmful goods can increase their chance of finding training or employment, and thus reduce the risk of entrenching welfare dependence within their family' (Regulation Impact Statement, Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020, p. 20). The CDC trial sites selected by the government have been described by authorities as places with 'significant rates of social harm, unemployment and intergenerational welfare' (Regulation Impact Statement, Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020, p. 19). Government rhetoric used to rationalise the CDC is therefore centred on wasted welfare expenditure directed towards substance abuse and welfare dependency, reflecting long standing class prejudice about the presumed lack of character and capacity of those who need government income support (Bielefeld, 2018a, 2018b).

As this article will make clear, the CDC imposes additional administrative burdens on people in receipt of social security as part of an overall welfare conditionality project that structures in disincentives to claim government income support (Bielefeld, 2018a, p. 6). Burdens imposed through welfare conditionality can be seen as measures to discipline the poor and reduce claims made for welfare payments (Dwyer, 2019; Soss et al., 2011; Watts & Fitzpatrick, 2018). For those seeking to escape CDC strictures, heavy administrative burdens are imposed. People in some CDC trial sites who have been forced on the card can apply to have a reduction in their restricted payment

Key points

1. The Cashless Debit Card (CDC) imposes additional administrative burdens – learning costs, compliance costs, and psychological costs – on people in receipt of social security as part of an overall welfare conditionality project that structures in disincentives to claim government income support.
2. Cardholders experience heavy administrative burdens in securing essentials and managing their social security income via the CDC.
3. Cardholders experience heavy administrative burdens in seeking a reduction of their restricted payment portion.
4. Cardholders experience heavy administrative burdens in seeking a well-being exemption or a financial responsibility exit to regain their budgetary autonomy.
5. Evidence suggests that numerous people in need of social security who have been forced on to the CDC could do with a reduction in burdensome processes – which would be facilitated by designing systems that are autonomy enhancing, respectful of the human dignity of claimants, and fairly easy to navigate.

percentage so that their quarantined amount is between 50% and 80%. In addition, CDC holders can apply for a 'well-being' exemption, or a 'reasonable and responsible management' exit, with success dependent upon whether they meet legislative criteria. As well as being time-consuming, such applications involve significant amounts of bureaucratic paperwork and disclosure of highly sensitive personal information. These administrative processes can result in unsatisfactory outcomes for people wanting to leave the CDC program, profoundly undermining their autonomy and dignity. Contrary to the government's approach of increasing administrative burdens via the CDC program, this article calls for an ethical response to people in need characterised by 'dignifying care' (Miller, 2012, p. 5).

2 | CONCEPTUALISING ADMINISTRATIVE BURDENS

Administrative burden is a concept that covers a range of costs to citizens in their attempts to secure public services. Herd and Moynihan (2018, p. 22) explain that 'A simple definition of administrative burden is that it is an individual's experience of a policy's implementation as onerous. A more specific definition is that administrative burdens are the learning, psychological and compliance costs that citizens experience in their interactions with government'. Costs related to compliance can be financial and non-financial; they include 'the material burdens of following administrative rules and requirements' such as 'the time lost waiting in line, completing forms or providing documentation of status' (Herd & Moynihan, 2018, p. 15). Herd and Moynihan (2018, p. 23) explain that 'learning costs' include 'Time and effort expended to learn about the program or service, ascertaining eligibility status, the nature of benefits, conditions that must be satisfied, and how to gain access'. Time burdens can therefore arise with respect to both learning and compliance costs. 'Psychological costs' include 'Stigma arising from applying for and participating in an unpopular program; loss of autonomy that comes from intrusive administrative supervision; frustration at dealing with learning and compliance costs, unjust or unnecessary procedures; [and]

stresses that arise from uncertainty about whether a citizen can negotiate processes and compliance costs' (Herd & Moynihan, 2018, p. 23).

According to Herd and Moynihan (2018, p. 241), 'burdens serve as a form of policymaking by other means'. Even when such costs are not counted in official narratives about government programs, these burdens can weigh heavily upon people as they attempt to navigate bureaucratic processes. The presence of such burdens frequently makes 'citizen interactions with government more onerous' (Herd & Moynihan, 2018, p. 241). Even when burdens imposed on citizens weigh heavily, governments may frame these as though they are proportionate or reasonable. Herd and Moynihan explain that 'Political frames structure how policymakers perceive the value of burdens' (Herd & Moynihan, 2018, p. 242). The rationalisation of burdens as support is also a key political strategy, thus 'Burdens have been justified as helping those they are imposed upon' (Herd & Moynihan, 2018, p. 244). These regulatory power dynamics play out in the CDC program where politicians advocating the scheme have discursively framed the card as a 'support' (Ruston, 2019; Ruston, 2020), 'stabilising' and 'helping' (Porter & Tudge, 2017), and as 'an exercise in practical love' and 'compassion' (Turnbull in McCulloch, 2017). Such framing detracts focus from the adverse impacts that cardholders can experience as they seek to secure essentials via the CDC (Bielefeld et al., 2020; Chaloner & Kaelah, 2021; Marston et al., 2020; McNally, 2020).

In the context of accessing government resources, multiple burdensome processes can have cumulative adverse effects. The presence of burdens therefore requires careful consideration by policymakers. As Herd and Moynihan (2018, p. 247) make clear, 'burdens are consequential'. Burdens bring about important effects in terms of draining people of dignity, autonomy, time, resources, functionality, energy, health, hope, and well-being. The imposition of weighty burdens on the unemployed can make it less likely that people will be able to function well or present well for interviews and other job search activity. In this respect, burdens in the sphere of social security can operate to entrench inequality and low socio-economic outcomes. For Australian First Nations, these dynamics of inequality can in turn rationalise unending cycles of racialised intervention (Watson, 2009, p. 45). The presence of onerous burdens in programs that disproportionally impact on First Peoples is therefore particularly concerning.

The choice of policymakers to reduce or increase administrative burdens is a key social justice issue. Burdensome processes operate as a disincentive to make claims upon government resources (Herd & Moynihan, 2018). When accessing support is made difficult, only those who are in dire need will bear the burdens associated with bureaucratic processes, and some people who are in particularly vulnerable circumstances are at risk of missing out on what they need simply because navigating the burdens is untenable. As Herd and Moynihan (2018, p. 7) make clear, 'individuals with fewer resources have more difficulty in overcoming burdens and … the resources needed to overcome burdens are not just financial. Forms of human capital, such as education, cognitive and non-cognitive skills, or a social worker, also matter'.

Rather than ratchetting up burdens, Herd and Moynihan (2018, p. 242) contend that 'Policymakers and public managers should regularly evaluate the benefits of burdens with a bias toward reduction'. Working towards this worthy goal could foster systems that generate greater accessibility, and maximise rather than minimise trust in government processes. Herd and Moynihan (2018, p. 257) maintain that those who design and manage administrative burdens ought to ensure that programs are 'designed to be simple' and 'their processes accessible and respectful of the people they encounter'. It is important to consider these issues in the context of social welfare policies.

In recent years, when formulating social security policy, policymakers have increasingly opted for weighty welfare conditionality – choosing to impose heavy burdens on people needing government income support (Bielefeld, 2018a; Dwyer, 2019; Roche et al., 2021). Although poverty and inequality are grounded in structural causes (Stiglitz, 2013, p. 287; Seron, 2016, p. 17), weighty welfare conditionality operates on the premise that poverty reflects an individual failure and poor decision-making capabilities. This can result in multiple heavy burdens being imposed on those seeking government income support. Herd and Moynihan (2018, p. 8) explain that 'not only are policies targeted at the poor more burdensome, but the poor are also more likely to experience government as routinely burdensome'. The following three parts of this article explain what this looks like in the context of the CDC.

3 | BURDENS SECURING ESSENTIALS AND MANAGING SOCIAL SECURITY INCOME VIA THE CDC

Already confronted with the burden of securing life's essentials on below poverty-level incomes (ACOSS & UNSW Sydney, 2020, p. 15), social security recipients on the CDC can confront additional burdens securing what they need. This issue has been well documented in a number of government-commissioned, independent academic and NGO research reports (Marston et al., 2020; Mavromaras et al., 2019; Mavromaras et al., 2021Orima Research, 2017a; Orima Research, 2017b; QCOSS, 2019). The types of difficulties people on the CDC can experience when trying to spend their social security payment include technology failure due to power outages, technology failure due to Indue Ltd.'s payment system, payment delays for bills due to Indue Ltd.'s internal processes and subsequent fees incurred due to these late payments, merchants and service providers refusing to accept the card, cardholder error entering their CDC personal identification number, and insufficient funds in the cardholder's account to make the purchase. This latter point can be related to difficulties in accessing their CDC balance, which requires regular access to expensive non-government subsidised technology (e.g. mobile phones, computers, data packages for internet connection).

Despite government framing of the CDC as a useful 'support' that 'provides budgeting assistance' for social security recipients (Ruston, 2019; Ruston, 2020), research indicates that numerous people on the card have greater difficulty accessing everyday needs and managing their finances as a result of the scheme (Bielefeld et al., 2020; Klein & Razi, 2018; Marston et al., 2020; Mavromaras et al., 2021). The long-term effects of such burdensome processes across the compulsory cohort of cardholders are yet to be seen, but the short-term effects include adverse impacts on health and well-being (Bielefeld et al., 2020; Marston et al., 2020; McNally, 2020). People have found the CDC restrictive in terms of purchasing items beyond those that were meant to be prohibited expenditure categories: alcohol, illicit drugs, and gambling products. For instance, one cardholder relays that they were prohibited from purchasing health-related equipment with the CDC:

> Probably the most upsetting thing that has happened on the card is that they refused to let me buy medical equipment I needed. I have lipedema. It's a condition that makes my legs extremely swollen. I'm supposed to be wearing compression stockings. I applied to buy some special compression wraps that you can buy overseas. These would be better than the stockings for me because I can't get the stockings on myself. They demanded details of my diagnosis, the website where I wanted to buy the stockings, costings, ETA of delivery … and they still said no. It was so demoralising. I couldn't even use my own money to buy medical equipment. (Chaloner & Kaelah, 2021)

TABLE 1 Money-related change since being on the CDC, all trial sites (Mavromaras et al., 2021, p. 93)

Money-related change since the CDC				
Change in:	**Easier**	**The same**	**Harder**	**Total**
Managing your money	16	34	50	5477
Saving money	14	34	52	5475
Having enough money for food	19	52	29	5408
Having enough money to pay rent	15	51	34	5092
Knowing how much money you have	16	43	41	5421
Looking after family obligations	14	44	41	5174

In their government-commissioned research undertaken in Ceduna, the East Kimberley, and the Goldfields, Mavromaras et al. (2021, p. 93) found that

- 50% found it harder to manage their money once they had been put on the CDC,
- 52% found ‘Saving money’ harder once they were put on the CDC,
- 29% found it harder ‘Having enough money’ to pay ‘for food’ once they were put on the CDC,
- 34% found it harder to have ‘enough money to pay rent’ once they were put on the CDC,
- 41% found it harder to know how much money they had available to them once they were put on the CDC, and
- 41% found it harder to look after their families once they were put on the CDC.

These data indicate that the CDC is experienced as a burdensome program by thousands of people who have been forced onto it. Only 16% of cardholders reported that the CDC had made managing their money easier (Mavromaras et al., 2021, p. 93). This is reflected in Table 1.

In their 2021 quantitative research report also undertaken as part of government-commissioned CDC research, Mahuteau and Wei (2021, p. 93) explain that there have been hundreds of thousands of declined transactions since the CDC was introduced on 15 March 2016 ‘until the date of the data extraction (3 September 2019)’, with ‘891,417 declined transactions incurred by 13,367 CDC participants’. Using government administrative data, Mahuteau and Wei (2021, p. 93) found that as of 3 September 2019 out of ‘5716 active [CDC] participants’ only ‘151 have no declined transactions’. During the 43-month period of data collection ‘On average, there [were] 15,533 declined transactions per month and 120 declined transactions per active CDC participant’ (Mahuteau & Wei, 2021, p. 93). From these data, it is evident that many people on the card were experiencing issues when trying to make payments with their CDC. For some individuals, the system was proving particularly difficult, ‘with some CDC participants incurring over a thousand declined transactions’ throughout the period of data analysis (Mahuteau & Wei, 2021, p. 93). CDC transaction failures represent the loss of capacity to access consumer goods and services at the time when these are needed, which has had negative psycho-social, health, and financial outcomes for affected cardholders (Bielefeld et al., 2020; Marston et al., 2020; McNally, 2020).

Herd and Moynihan (2018, p. 22) explain that ‘New technologies can be used … to diminish burdens but in some cases may make them worse’. Technology can offer subtle ways of making the process of claiming social security more burdensome. Rather than simply handing over cash as a reliable and comparatively easy-to-manage payment mechanism, CDC holders need to

- bear the burden of risk as to whether the EFTPOS system will accept their CDC at places where the card is supposed to work but sometimes does not,
- bear the burden of risk as to whether a particular non-mainstream merchant or service provider will accept the card,
- bear the burden of risk as to whether there will be a power outage precluding purchase of essentials, and
- bear the burden of risk as to whether Indue will process their rent or utilities payments on time.

This creates an anxiety and stress burden in the purchasing/payment process that many people on the CDC see as unfair (Bielefeld et al., 2020; Marston et al., 2020). Cardholders also have to purchase technology in order to manage their finances via CDC instead of having the simple option of being able to withdraw cash from a bank once a fortnight at considerably lower cost. As one cardholder from Hervey Bay explained in independent academic CDC research:

> it was a struggle before to make it through fortnight to fortnight, but it's been even harder since I've been on the card. Because it's so much harder to budget not physically having the money in your hand, like being able to see I've got this much left. You've got to add bloody credit on your phone. You've got to have a phone that you can get on the internet and check the bank account each time. That's more money you've got to bloody spend just to check to see how much money I'm spending each time. (Hervey Bay 7 quoted in Bielefeld et al., 2020, p. 26)

The CDC therefore imposes de facto technology tests on program participants – technology burdens – and if they cannot pass these tests, they have difficulty securing essentials and managing their finances. Accessibility to social security is undermined in this process. These technology burdens are compliance costs social security recipients on the CDC are expected to carry in exchange for their payment. CDC technology burdens can also weigh more heavily on social security recipients with disability challenges that include visual impairment. As one cardholder from the Ceduna trial site explained in independent academic CDC research:

> I have difficulty with my eyes … I've been getting the start of cataracts and I find it hard to even see things and you've got to check your balance all the time on my phone with this stupid Indue thing and half the time I can't see it. But I'm of the old school where I can manage my money better without going through this Indue crap … I've had so many hassles with it (Ceduna 24 quoted in Bielefeld et al., 2020, p. 26).

This person conveyed that with their visual impairment, the physical size of Australian dollar coins and notes as legal tender was easier for them to see clearly than reading tiny font on a mobile phone for online banking – and not everyone can afford a computer and an internet connection package on low incomes to ensure a larger font online banking option.

Trying to resolve bill payment problems with Indue Ltd. and payment to non-standard merchants/service providers also imposes significant time burdens on cardholders as they seek to have such merchants/service providers added to the permitted payment processes. For example, one cardholder from the Hinkler trial site reports that it took three full weeks for Indue to permit payment of kindergarten fees from their restricted CDC payment portion (Bielefeld et al., 2020, p. 23). This person explained this burdensome process as follows:

> in those three weeks I communicated with both the kindergarten and Indue, almost on a daily sort of basis. Which was annoying, as I do have other things to do with my time, if you know what I mean? I don't have extra hours to spend just ranting at someone - and I had to call up both Centrelink and Indue, as well as my kindergarten. … I've found it frustrating because they said these things would be sort of basic and they weren't. Especially as I'm someone who stresses out easily, I have anxiety, so these sorts of things felt a lot more major to me (Hervey Bay 1 quoted in Bielefeld et al., 2020, p. 23).

The CDC has also imposed considerable learning costs on social security recipients in terms of how to navigate the CDC/Indue Ltd. System: learning the Indue Ltd. terms and conditions, checking to see whether a particular merchant/service provider accepts the CDC (there are plenty that do not who are not selling alcohol, drugs, or gambling products), if the merchant/service provider does accept the CDC, checking to see their system is not down before trying to make purchases, and learning how to log on to the internet and manage bill payment online for those unfamiliar with internet banking. These learning costs weigh heavily on social security recipients who are also subject to time burdens through other welfare conditionality programs such as workfare. These specific CDC learning costs resonate with the work of Barnes (2021, p. 295), who explains that a 'new subset of learning costs' are 'redemption costs'. Within this framework, redeeming public benefits is accompanied by 'complex and costly redemption processes by restricting beneficiaries to certain services and goods or relying on third-party actors to redeem benefits' (Barnes, 2021, p. 295).

The heavy burdens embodied in the CDC expenditure process are embodied in Figure 1, where people on the program can experience one or a combination of these burdens at any given time.

Many of the technology-related CDC difficulties (e.g. Indue's system being down, EFTPOS facilities being down, Indue bill payment delays) are outside of the control of the particular cardholder, contributing to feelings of frustration, anxiety, and stress – all constituting a heavy psychological burden. When people are put on a CDC, each technology failure provides an opportunity for social security claimants to lose access to their purchasing and payment capacity. This imposes time burdens – with time lost trying to sort out the technology failure and/or repeated attempts to pay for the goods/services. CDC technology failures also impose burdens in terms of reducing the credit rating for customers who try to pay bills on time with their CDC and have those payments fail or be delayed within the Indue system. Each technology failure that leads to lost consumer capacity imposes a burden on participants, and field work in CDC trial sites has shown that these burdens are felt to be substantial by those forced to carry them (Bielefeld et al., 2020; Marston et al., 2020).

In addition to the preceding burdens, the CDC also imposes the psychological cost of 'compulsory visibility' when people are shopping or paying bills, when research indicates that many people in receipt of social security would prefer greater privacy and the option of reduced visibility in terms of their socio-economic status (Gilliom, 2005, p. 78). Numerous cardholders have found the burden of unwanted visibility stressful and humiliating because they have been subjected to negative stereotypical comments from others when using their CDC (Marston et al., 2020, p. 39). This is a direct consequence of the way that the CDC has expanded the pool of regulatory actors who monitor the conduct of social security recipients (Bielefeld, 2018a, p. 19).

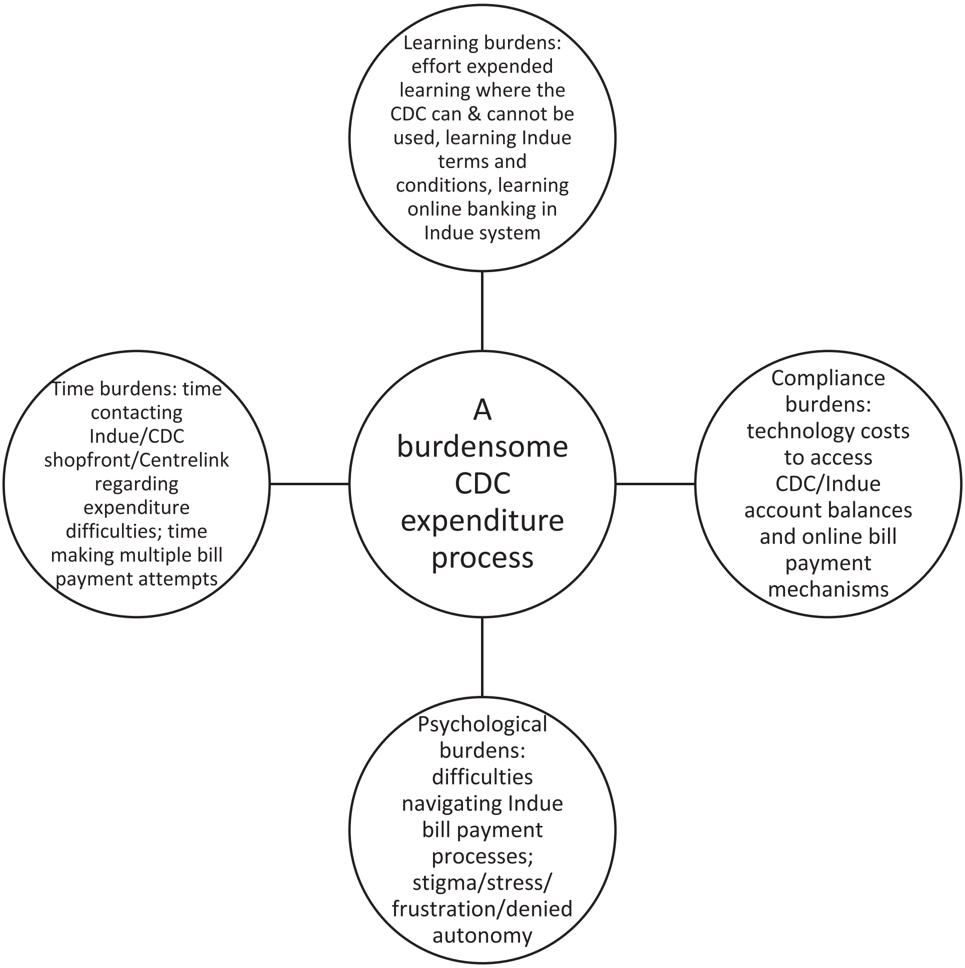

FIGURE 1 A burdensome CDC expenditure process

4 | BURDENS IMPOSED IN SEEKING A REDUCTION OF THE RESTRICTED PAYMENT PORTION

For people on the CDC in the trial sites of Ceduna, the East Kimberley, the Goldfields, and the Hinkler regions, their restricted payment portion is 80% of their fortnightly payment, in accordance with section 124PJ of the *Social Security (Administration) Act 1999* (Cth). This does not give these people much access to cash. However, not all CDC holders from all trial sites can apply for a reduction in the amount that is restricted to their card through a community panel. A person on the CDC in the Ceduna and East Kimberley trial sites can appeal to a community panel to have the restricted payment amount reduced to ‘a percentage in the range of 50% to 80%’ under section 124PK(3)(b)(i) of the *Social Security (Administration) Act 1999* (Cth). In the East Kimberley, there are two different community panels, one in Kununurra and the other in Wyndham. The documentation required for the community panel application process is extensive, involves the disclosure of highly sensitive personal information, and offers government the opportunity to connect data about CDC holders from across a range of government departments (housing, health, education, law enforcement, child protection), employers, and community organisations (DSS, 2020a, 2020b). For example, the Ceduna Application Form to change the restricted payment percentage asks applicants to address following 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 2 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? (application form accessed via DSS, 2020a).

The Wyndham Community Panel Application Form to change the restricted payment percentage asks applicants to answer some similar questions but also requires more information to be verified with even more organisations and other entities. For instance, information regarding whether the person is employed part time, is meeting their participation requirements, or is undertaking full-time carer responsibilities (application form accessed via DSS, 2020b). Information is also sought as to whether people have been in hospital for intoxication more than twice during the preceding 12 months or used a sobering up facility more than twice in the preceding 6 months (application form accessed via DSS, 2020b). Applicants must give their consent to have all claims made in their application verified by the various authorities, ensuring that thorough checking can take place.

Community Panel members are selected by government (Klein & Razi, 2018, p. 88). The community panels are empowered to authorise a reduction in the restricted payment portion, but can make this for a lesser percentage than the requested amount. They are also empowered to deny a person's request for a reduction in the restricted portion. There is always an element of uncertainty in terms of what the outcome will be for those who carry the time burdens and heavy scrutiny burdens involved in this process. As of 2 April 2021, 148 of the 191 applications made to the community panel in the Ceduna region had been approved, with 56% of these approvals made for Indigenous CDC holders (Australian Government, 2021, p. 2). As of 2 April 2021, 15 of the 52 applications made to the community panel in the East Kimberley region had been approved (Australian Government, 2021, p. 2). In Ceduna, 43 applications were not approved, with Indigenous cardholders comprising 67% of those affected by these decisions (Australian Government, 2021, p 2). In the East Kimberley, 37 applications were not approved, with Indigenous cardholders comprising 70% of those affected (Australian Government, 2021, p. 2).

The proportion of cardholders who are unsuccessful in their applications who are Indigenous is high. However, research indicates that many CDC holders do not even get as far as lodging an application. Mavromaras et al. (2021, p. 178) point out that 'many respondents' from Ceduna and the East Kimberley regions 'reported that they were unaware of the existence of the panel and its role in relation to the CDC'. This is problematic because an essential prerequisite to exercising one's rights is awareness of them. This lack of awareness suggests that the learning burdens associated with understanding the role of the Community Panel and utilising its processes are too heavy for the people needing to use them.

In addition to the preceding issues, there have been concerns about the extent to which the reasoning underpinning these decisions is sufficiently transparent (Kakoschke-Moore in Community Affairs Legislation Committee, 2016, p. 98; Mavromaras et al., 2021, pp. 178–179). Concerns have also been expressed regarding inadequate transparency as to who sits on the Community Panels making these decisions (Mavromaras et al., 2021, pp. 178–179). Applicants to Community Panels are put in the unenviable situation of disclosing sensitive personal information to panel members within their communities who may also exercise regulatory power over other areas of their lives, such as in the capacity of a potential landlord or prospective employer. The application process is therefore not without a burden of risk to the applicant, and this risk must be weighed against the likelihood of success.

5 | BURDENS IMPOSED IN SEEKING A WELL-BEING EXEMPTION OR A FINANCIAL RESPONSIBILITY EXIT

Initially, there were no legislatively enshrined CDC exit or exemption processes in place. However, sections 124PHA and 124PHB of the *Social Security (Administration) Act 1999* (Cth) now set out the CDC well-being exemption and responsibility-based exit criteria, which provide the government with considerable discretion as to whether someone can leave the program. Legislation stipulating criteria for the section 124PHB exit process was enacted under the Social Security (Administration) Amendment (Cashless Welfare) Act 2019 (Cth), after initial exit process legislation proved to be vague and unworkable.

The government may permit an exemption from the CDC where satisfied that there is 'a serious risk to the person's mental, physical or emotional well-being' (section 124PHA(1)). There is no definition of what comprises 'a serious risk' under the social security law or details about what type of medical or other documentation will suffice for the well-being exemption. This can make it difficult for people wanting to escape the CDC. For example, if government decision makers require a specialist's letter to demonstrate a CDC holder's medical condition or disability, but an appointment for such a specialist requires substantial funds that the cardholder does not have, this can present an unbearable burden. Such specialists can be located far from the CDC trial sites. If travel is required to access a specialist, but the cardholder is provided no additional funds for this purpose, this can present financial and other burdens, especially for people with disabilities that include mobility restrictions. In effect, these documentary requirements can render the exemption inaccessible, leading to unjust outcomes in terms of restoring budgetary autonomy. The heavy burdens embodied in the CDC well-being exemption process are embodied in Figure 2, where people on the program can experience one or a combination of these burdens at any given time.

If a CDC holder is unable to succeed with their well-being exemption application, they may seek an internal review of the decision within the department, and if that fails, an Administrative Appeals Tribunal (AAT) Review (Services Australia, 2020a; Services Australia, 2021) – but both of these processes can be daunting and burdensome for people experiencing socio-economic disadvantage, especially where there are ill health, disability, or language barriers. The same internal review and AAT review prospects apply for the section 124PHB exit process outlined below; however, any AAT review must be commenced within 28 days of the decision made under internal review (Services Australia, 2020b). This does not give affected social security recipients much time to carry additional learning burdens and compliance costs associated with review, especially

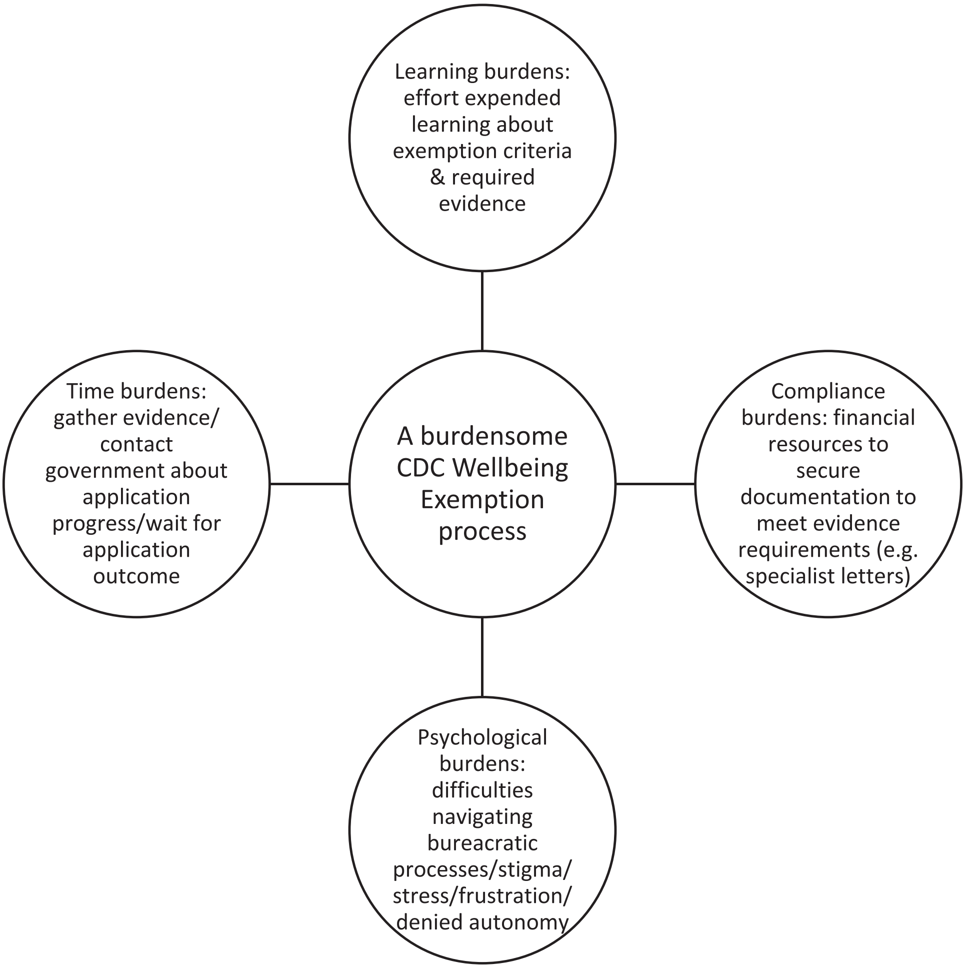

FIGURE 2 A burdensome CDC well-being exemption process

when one considers the cumulative burdens social security recipients already experience, which include trying to resolve bill payment problems with the CDC, workfare obligations, job applications, job interviews, and parenting and/or caring responsibilities.

Under section 124PHB, the government may facilitate exit from the CDC if satisfied that 'the person can demonstrate reasonable and responsible management of the person's affairs (including financial affairs)', considering the following:

- 'the interest of any children for whom the person is responsible' (s 124PHB(3)(a)(i));
- 'whether the person was convicted of an offence against a law … or was serving a sentence of imprisonment for such an offence' within the previous twelve months (s 124PHB(3)(a)(ii));
- 'risks of homelessness' (s 124PHB(3)(a)(iii));
- 'the health and safety of the person and the community' (s 124PHB(3)(a)(iv));
- 'the responsibilities and circumstances of the person' (s 124PHB(3)(a)(v)); and
- 'the person's engagement in the community, including the person's employment or efforts to obtain work' (s 124PHB(3)(a)(vi)).

The person is also required to satisfy any criteria the Minister may choose to stipulate in a 'legislative instrument' (s124PHB(3)(b) and (6)), which gives the Minister discretion to add further (burdensome) criteria in future.

As is evident from the preceding legislative list, the burdens imposed on cardholders in the CDC exit process are substantial, requiring cardholders to seek verification of their 'responsible' status through multiple departmental and institutional records. This can include evidence that school fees for children are paid, evidence of reliable rent payment from their real estate agent or landlord, evidence of their payments for utilities, evidence of their payments for groceries, evidence of their efforts to find paid employment, evidence of their voluntary work in the community, evidence of their bank account records, and evidence that they pose no risk to the health of the community and are in essence of good character – in short – making every aspect of a cardholder's life available for official scrutiny and censure. Section 124PHB fosters fine-grained poverty surveillance and allows data about CDC holders from multiple sources to be collected and connected through the CDC exit process. This eradication of privacy can impose a heavy psychological burden on CDC holders, as well as entailing significant time burdens as people seek to gather all the necessary documentation to give their application the best chance of success. For some, these burdens are impossible to carry, as the following CDC holder attests:

> When I applied to get off the card they wanted to know if I had ever had my utilities disconnected. If I had ever had any dealings with child protection (even though my kids are now grown). If I had ever defaulted on a loan – including a loan I defaulted on over 10 years ago when my ex-husband took off and left me and our young children with his debts. They wanted proof of a bank account that no longer existed. The whole thing was a joke. You're not really meant to be able to get off the card. (Chaloner & Kaelah, 2021)

When CDC holders try and fail to obtain an exemption or exit through burdensome processes, this can function as a deterrent to others also thinking about attempting to use these processes. As Soss (1999, p. 50) explains in the context of his early work on welfare, 'Eligible people may be deterred if they come to believe that the application process is too arduous and degrading or that their claims are unwanted and unlikely to succeed'.

The heavy burdens imposed through the CDC responsible management exit process are embodied in Figure 3, where people on the program can experience one or a combination of these burdens at any given time.

In addition to these burdens, there are aspects of the CDC/Indue Ltd. system that can make it more difficult for people to satisfy the legislative exit criteria. In independent research undertaken on the CDC, some cardholders reported that having to use the CDC and Indue Ltd. system heightened their risk of housing insecurity due to problems paying rent (Bielefeld et al., 2020, pp. 7–8; Marston et al., 2020, pp. 10, 36, 103). Some people experienced rent payments bouncing back into their accounts, resulting in delayed rent payments, and breach of their contractual obligations to pay rent on time – making them look less 'responsible' in terms of their rent payment records. Although the CDC/Indue system was heavily contributing to the risk of homelessness through late rental payments that were a breach of tenancy requirements, this circumstance could be used to deny the cardholder exit from the program.

The legislative criteria for section 124PHB are very broad and give the government vast power to deny restoration of budgetary autonomy for CDC holders. For instance, what authorities deem necessary for community 'health and safety' is capable of a very wide interpretation. This can

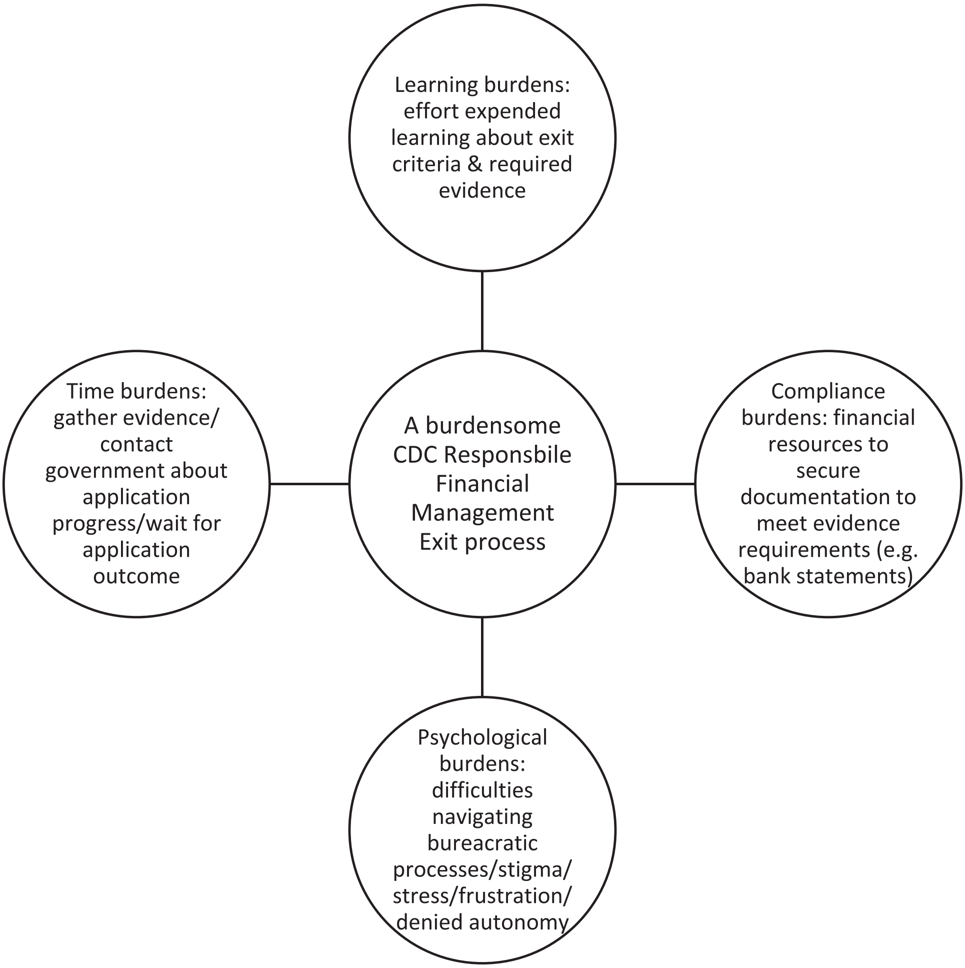

FIGURE 3 A burdensome CDC responsible financial management exit process

have nothing to do with the individual behaviour of a particular cardholder. Budgetary autonomy for people can be withheld by virtue of their residential location, thus living in 'perilous places' can suffice. This criterion is concerning given how readily Aboriginal communities have been stereotyped by government as dysfunctional places in need of intensive regulation, for example, in the parliamentary discourse rationalising the 'Northern Territory Emergency Response' and its successor 'Stronger Futures' framework (Altman, 2013, pp. 34, 47; Bielefeld, 2016, pp. 844–845; Bielefeld, 2014, pp. 15–16). People subject to the CDC have already been experiencing 'the lottery of postcode reform' (Althaus, 2019, p. 192) in terms of trial site selection, and research indicates that numerous cardholders view this style of policymaking as unjust given that it does not correspond with their personal behaviour (Bielefeld et al., 2020; Marston et al., 2020). For the CDC exit process to also allow for further postcode lottery factors does not fairly treat the applicant according to their specific needs, budgetary capabilities, and behaviour.

Numbers of CDC 'responsible management' exits remain relatively low. As of 2 April 2021, only 357 out of 1689 applications had been granted under section 124PBH (Australian Government, 2021, p. 3). The data reveal that people on the CDC who are Indigenous are less likely to have their responsibility exit applications approved (Australian Government, 2021, p. 3). This is concerning given that First Peoples are heavily overrepresented under the CDC program, comprising approximately 4426 of the 10,747 people recorded as being on the card within existing CDC trial sites at 2 April 2021 (Australian Government, 2021, p. 1). The disproportionate representation of First Nations social security recipients under the CDC is inconsistent with Australia's obligations not to perpetrate indirect racial discrimination under the *International Convention on the Elimination of All Forms of Racial Discrimination* (opened for signature 21 December 1965, 660 UNTS 195 (entered into force 4 January 1969)) (Australian Human Rights Commission, 2020, pp. 5–6; National Aboriginal & Torres Strait Islander Legal Services, 2020, pp. 6–7). The burden of indirect discrimination through the CDC program is one that Indigenous cardholders are also forced to carry, another weighty psychological burden that can have adverse material consequences.

The Australian Human Rights Commission (2020, p. 2) states 'the application of the CDC has not been shown to be reasonable, necessary and proportionate, nor has the evidence demonstrated that current trials of the CDC are warranted'. Yet the processes for exemption/exit from the CDC are 'arduous on individuals' (Australian Human Rights Commission, 2020, p. 5). This has created grave concern, for instance, Aboriginal Peak Organisations Northern Territory (APO NT, 2020, p. 7) report that they are 'alarmed at the relatively low rate of individuals being granted an exemption from [the] CDC'. Significantly, with respect to the legislative criteria under section 124PHB, they state that 'Many aspects of these criteria are outside the control of participants, including the health and safety of the community in which they live' (APO NT, 2020, p. 7). The low rate of CDC exits granted for Indigenous applicants suggests that they may be finding the process too burdensome. Challenges for these cardholders in navigating the process can include English not being a first language, remoteness, negative historical experiences with Australian government bureaucracy, technology barriers, and time needed to gather the documentation and fill out the required forms.

Importantly, sections 124PHA and 124PHB offer no clear legal 'right' to be exempt from or exit the CDC. There is merely an opportunity to apply to be exempt or exit the CDC. With respect to section 124PHB, provided that the application is submitted using the required forms with accompanying documents to substantiate the claims made – which is a burdensome process – as noted above. Herd and Moynihan (2018, p. 7) observe that 'having access to someone who can help negotiate the compliance burden of completing a form makes a difference'. Yet Aboriginal community legal services are already strained in terms of meeting the needs of their existing client loads, with no additional funding provided to service civil law issues such as social security (North Australian Aboriginal Justice Agency, 2020, p. 4; APO NT, 2020, p. 9).

These issues are important in terms of ascertaining whether the CDC exemption and exit processes put in place are sufficiently accessible to those who need them. The lack of accessibility has led to serious deterioration in health for some CDC holders (Marston et al., 2020; McNally, 2020), people who have endured, at great cost, the collateral damage of CDC program burdens. For instance, Jodie McNally (2020, pp. 1 and 8) from the Hinkler trial site explains that the CDC has 'absolutely destroyed' her 'mental, emotional and physical health', leaving her 'with lifelong repercussions' due to 'a stress-induced heart attack'. Bureaucratic blocking of her efforts to escape CDC strictures included the Department of Social Services writing to inform her by letter that she was 'no longer permitted to contact them by phone' (McNally, 2020, p. 2). McNally (2020) outlines in grim detail her difficulties in navigating CDC exemption and exit processes over an 18-month period before finally being removed from the program.

Prior to the enactment of the *Social Security (Administration) Amendment (Continuation of Cashless Welfare) Act 2020* (Cth) ('Cashless Welfare Continuation Act 2020'), CDC holders could be waiting 12 months or more for a decision about whether their CDC exemption or exit request was approved or denied. This has imposed lengthy time burdens and considerable psychological burdens on people waiting for these decisions. The attendant uncertainty regarding the CDC exemption or exit outcomes over protracted periods can be acutely frustrating and stressful for cardholders (McNally, 2020). As Herd and Moynihan (2018, p. 27) make clear, the imposition of protracted waiting periods communicates 'that the state believes that individuals' time is of little value'. Lengthy waiting time burdens are difficult for cardholders to carry, and could be seen as a delaying tactic to keep people under surveillance for longer. Delays in official decision-making are experienced as injustice; and as Stiglitz (2013, p. 253) points out, 'It's not just that "justice delayed is justice denied," but that the poor can't bear the delay as well as the rich'. Showing some recognition of this problem, Senator Rex Patrick advocated for changes that were introduced as part of the Cashless Welfare Continuation Act 2020 to the CDC exit process to ensure that applicants will be given a departmental decision within 60 days or their request is deemed to be granted (see section 124PHB(4A) of the *Social Security (Administration) Act 1999* (Cth)). Whether this will result in quicker CDC exits or more rapidly delivered rejections is yet to be seen.

However, the Cashless Welfare Continuation Act 2020 also ushered in other concerning changes regarding the CDC exit and exemption processes. Anyone who succeeds in having their exemption or exit granted can now have this revoked pursuant to sections 124PHA(3) and (3A) and 124PHB(8) and (9). This revocation process can be triggered by a recommendation that a person be put back on the card 'for medical or safety reasons'. With respect to section 124PHA(3), the triggering entity for revocation can be 'an officer or employee of a State or Territory, or of an agency or body of a State or Territory'. With respect to section 124PHB(8), the triggering entity for revocation can be 'a health or community worker'. If such entities request that the exit or exemption be revoked and the Secretary decides the person no longer meets the exit or exemption criteria, the person is then put back on the CDC. Should such a person want to have their budgetary autonomy restored, they must then reapply for another CDC exit or exemption, enduring those burdensome processes all over again. Importantly, these new provisions allow for ongoing poverty surveillance of social security recipients through a variety of regulatory organisations and entities, any one of which can adversely impact the person's capacity to exercise budgetary autonomy for protracted periods. There is a weighty psychological burden involved in being under constant surveillance of this kind. In effect, it ensures that there is permanent policing of people in poverty. As Eubanks (2018, p. 214) highlights, 'the culture of policing wears many uniforms' (Eubanks, 2018, pp. 214–2015). She aptly points out that 'Policing is broader than law enforcement: it includes all the processes by which we maintain order, regulate lives, and press people into boxes so they will fit our unjust society' (Eubanks, 2018, p. 215).

6 | THE BENEFITS OF REDUCING ADMINISTRATIVE BURDENS

The preceding analysis shows that numerous people in need of social security who have been forced on to the CDC could do with a reduction in burdensome processes – they could benefit from a lighter load. This would involve designing systems that are autonomy enhancing, respectful of the human dignity of claimants, and fairly easy to navigate. This would be consistent with 'dignifying care', which has been conceptualised by Miller (2012, pp. 5, 79) as 'the process of responding to another's needs by understanding their self-determined ends, adopting those ends as one's own, and advancing them in an effort to cultivate, maintain, or restore their agency'. Miller makes a distinction between dignifying and undignifying 'care'. Miller (2012, p. 3) stresses that 'When we care for others well, we call forth their dignity and support their standing as persons worthy of moral regard and practical love'. By contrast, some of what is labelled 'care can be the territory of brutal neglect and violation, deeply demeaning those who experience need' (Miller, 2012, p. 3). Undermining people's budgetary autonomy based on negative classist and racialised stereotypes, as has occurred with the compulsory CDC, embodies burdensome undignifying care.

Miller's (2012, p. 5) 'dignifying care' framework resonates with the 'social psychology' insights referred to by Herd and Moynihan (2018, p. 25), where they emphasise that:

> Individuals have a basic need for autonomy over themselves and their actions. Processes under which the state imposes burdens act as a source of external direction over individual autonomy. The more forceful that direction and the more at odds with the individual's intrinsic preferences, the greater the sense of loss of autonomy, which in turn will lower willingness to participate in and satisfaction with the process.

Although the compulsory CDC is framed as supportive by government, the program delivers intensification of administrative burdens for cardholders. Herd and Moynihan (2018, p. 242) point out that 'the costs and benefits of burdens must be … informed by empirical evidence to the greatest degree possible'. The government's own commissioned CDC research found that CDC holders experienced 'a large decline in the level of autonomy and control' due to the program (Mavromaras et al., 2021, p. 3). In addition, this research showed that 'feelings of discrimination, embarrassment, shame and unfairness as a result of being on the Card were reported across all trial sites by a majority of CDC participants' (Mavromaras et al., 2021, p. 3).

In the case of the CDC, it is clear that weighty administrative burdens produce greater precarity for numerous people in need of government income support. Research 'shows how citizens value processes seen as respectful and empowering but respond negatively to those seen as unfair and demeaning' (Herd & Moynihan, 2018, p. 25). This suggests that there is a risk to government in continuing a mandatory CDC program. Herd and Moynihan (2018, p. 267) explain that 'tools that hurt good governance are costly in the long run'. Social welfare policies that 'bury people in paperwork and fill them with frustration' can undermine 'people's faith in the capacity of government to do anything right' (Herd & Moynihan, 2018, p. 2). This can result in a legitimacy crisis for government where the population they are seeking to govern do not respond well to governing authorities, as their claims to power are increasingly contested (Tyler, 2006, p. 108).

Government-commissioned research shows that out of 1963 valid responses 74% of survey respondents said they wanted to come off the CDC (Mavromaras et al., 2021, pp. 2, 191). This is not indicative of a program that is catering well to the captured cohort of cardholders. Indeed, it indicates that the CDC burden impinges on autonomy in a way that many cardholders experience as an unwelcome intervention. Mavromaras et al. (2021, p. 191) explain that 'Depending on the site, between 11 per cent and 20 per cent of all CDC participants would prefer to stay on the Card. Of these participants, a small majority would prefer staying on the CDC with a lower proportion of their income support payment being placed on the Card'. Indeed, there is no evidence that the compulsory CDC leads to generalisable benefits across the cohort of cardholders. The compulsory CDC with 80% income restriction is a classic case of 'dysfunction by design', a situation where 'political ideology or policy preferences' led 'politicians to use burdens to make government a source of hindrance rather than of help' for thousands of people who are subject to the program (Herd & Moynihan, 2018, p. 14).

However, the concept of dignifying care in conjunction with a reduction in administrative burdens has the potential to change how welfare support is conceptualised and experienced. Applied across a range of welfare programs, dignifying care in combination with a reduction in administrative burdens could maximise the chance that programs will lead to the positive outcomes that policy makers claim they want to see for those in need of government income support.

7 | CONCLUSION

Herd and Moynihan's framework of administrative burden is useful for highlighting the ways that the government's CDC processes can result in people being crushed under the weight of regulatory overload. The cumulative impact of administrative burden should not be underestimated, especially for those experiencing multiple forms of marginalisation. The administrative burden carried by some segments of society is heavier and more detrimental than that of others. Those experiencing racialised socio-economic disadvantage, literacy challenges, and/or health impairments are therefore likely to experience more difficulties with weighty burdens like those embedded in CDC processes. What has been omitted from official analysis is the weight of administrative burden falling on people forced to use the CDC. There has been a refusal to both anticipate and effectively address in a timely way the human costs of the CDC for government income support recipients – instead cardholders are left to carry the costs. CDC exemption and exit processes with their elaborate criteria are experienced as too burdensome for many of those who need to be relieved of their card-related load.

The government's continuing commitment to the compulsory CDC in the Ceduna, East Kimberley, Goldfields, and Hinkler regions is not simply a problem of 'sunk cost bias' (Parkhurst, 2017, p. 90), it is a classic case 'of policymaking by other means' (Herd & Moynihan, 2018, p. 241). Following the passage of the Cashless Welfare Continuation Act 2020, the government announced that they were still committed to the CDC as permanent measure (Ruston, 2020), even though they did not succeed in their attempt to make the card a permanent fixture of social security law in December 2020. Once again, the CDC was framed by the government as a key measure in overcoming problematic alcohol, drug, and gambling behaviours – despite research in this area showing that these behaviours are actually 'not problematic' for the majority of coerced cardholders (Mavromaras et al., 2021, pp. 53–55, 70, 78; Marston et al., 2020, p. 9). However, promoting the narrative of personal deviancy and individual failure over structural factors allows the government to try to avoid accountability for providing the dignifying care that citizens need and rightly expect from their government. COVID-19 is a powerful reminder that the market does not readily provide effective solutions for ill fortune experienced by humanity, as 'hundreds of thousands' of pandemic-impacted unemployed people and millions of dead attests (Klein, 2020; World Health Organisation, 2021). As Eubanks (2018, p. 209) explains, paid 'work doesn't always work for everyone'. Reflecting on these realities, there has never been a better time to abandon burdensome social security programs that promote undignifying care in favour of more dignity enhancing alternatives.

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