Social Policy & Society (2022) 21:3, 369–384
 doi:10.1017/S1474746421000063

Examining the Consequences of Welfare Conditionality: A Case Study of Compulsory Income Management in the Regional Community of Ceduna, Australia

Steven Roche*, Philip Mendes, Greg Marston***, Shelley Bielefeld†, Michelle Peterie‡, Zoe Staines§ and Louise Humpage‖**

*Department of Social Work, Monash University, Australia
E-mail: steven.roche@monash.edu

**Social Inclusion and Social Policy Research Unit (SISPRU), Department of Social Work, Monash University, Australia
E-mail: philip.mendes@monash.edu

***Faculty of Humanities and Social Sciences, University of Queensland, Australia
E-mail: g.marston@uq.edu.au

†Griffith Law School, Griffith University, Australia
E-mail: s.bielefeld@griffith.edu.au

‡School of Humanities and Social Inquiry, University of Wollongong, Australia
E-mail: mpeterie@uow.edu.au

§School of Social Science, The University of Queensland, Australia
E-mail: z.staines@uq.edu.au

‖Faculty of Arts, The University of Auckland, New Zealand
E-mail: l.humpage@auckland.ac.nz

Welfare conditionality, whereby eligibility for income support payments is linked to prescribed forms of behaviour or values, is intended to encourage responsible behaviour in marginalised populations. However in practice, it may have consequences that worsen rather than improve their life chances. One of the most invasive forms of conditional welfare is income management (IM), involving the quarantining of up to 90 per cent of income that cannot be spent on excluded items in order to reduce substance abuse and gambling and enhance financial management and parenting capacity. This qualitative study examines the views of IM participants and community stakeholders in the regional community of Ceduna, Australia. Its findings are presented – pertaining to practical experiences of IM, the impact of IM on participant wellbeing, and community divisions around IM – and the study discusses whether or not it has advanced key program objectives. It is concluded that the negative effects of IM exceed any perceived benefits.

Keywords: Income management, welfare, conditionality, social policy, Indigenous issues.

Introduction

Welfare conditionality, whereby eligibility for income support payments is linked to prescribed forms of behaviour or attitudes that demonstrate the deserving nature of the

claimant, has exerted increasing global influence in recent decades (Carney, 2015; Dwyer, 2019). This paternalistic approach assumes that social problems such as poverty, unemployment and homelessness are caused by personal choices and anti-social behaviour, rather than by structural inequities that lie beyond individual control, such as the limited availability of education, training, employment or affordable housing. Those individuals that rely on income support payments long-term are labelled 'welfare dependent' which implies that they suffer from a form of medical illness or addiction that requires corrective treatment (Schram, 2018).

Conditional welfare symbolises a shift away from an older social rights emphasis on addressing social needs and protecting and empowering disadvantaged groups (Reeve, 2017; Watts and Fitzpatrick, 2018; Gray, 2019). Its aim is to encourage socially responsible behaviour that will enable welfare recipients to access paid work and reduce reliance on state-funded payments (Dwyer, 2019).

However, critics argue that compliance measures are overly punitive (Taylor *et al.,* 2016; Reeve, 2017), and can have serious adverse consequences for vulnerable groups such as undermining their choice and agency (Carney, 2015), increasing their social exclusion (Dwyer, 2019; Parsell *et al*., 2020), and magnifying the risk of financial hardship and homelessness (Watts and Fitzpatrick, 2018). Additionally, they argue that welfare conditionality is mostly ineffective in enhancing employment opportunities or responsible behaviour (Carney, 2019; Dwyer, 2019).

In Australia, conditional welfare measures have typically targeted either labour market participation, or child safety and well-being (Taylor *et al*., 2016). The most punitive and paternalistic form of welfare conditionality is arguably income management (IM), which involves the control or quarantining of somewhere between 50 and 90 per cent of a person's income support payment. This article presents the findings from a qualitative study of the views of IM participants and community stakeholders in the IM trial site of Ceduna. Ceduna is a remote rural town located on the mid-Southern coast of South Australia with a population of approximately 4000 people including a high proportion of Aboriginal and/or Torres Strait Islanders estimated at 26 per cent (Orima Research, 2017).

IM was introduced by the conservative Liberal-National Coalition Commonwealth Government[1] in 2007 as part of the Northern Territory Emergency Response (NTER) which sought to address reported widespread child sexual abuse within remote Indigenous communities. The NTER included a range of measures ostensibly to protect children by tackling alcohol abuse, improving school attendance, reforming public housing arrangements, and quarantining 50 per cent of all income support and family assistance payments. IM has subsequently been extended by both Labour and Coalition governments to a wider range of groups and locations. The principal aim of IM is to reduce the impact of anti-social behaviour associated with substance abuse and problem gambling on individuals, families (particularly children), and communities. It is hoped that the measure will reduce family violence, child abuse or neglect, and crime, and enhance community safety in general. Proposed beneficial outcomes include improved budgeting skills, stronger parenting capacity, more active engagement with training and employment, socially responsible behaviour, and greater self-reliance (AIHW, 2010; DSS, 2016).

There is a diverse set of IM programs involving different target populations and varied operational processes. From September 2008, most participants were placed on the BasicsCard, a personal identification number protected debit card that permitted participants to use a quarantined proportion (usually 50 per cent but in some cases 70 per cent)

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

of their income support payment to purchase food and other essential items at authorised stores. Quarantined funds could not be spent on excluded items defined as alcohol, gambling, pornography or tobacco (Mendes, 2019). A small number of IM participants chose to use other payment options such as BPay or direct debit. A Coalition government established the more invasive Cashless Debit Card (CDC) in 2015, also known as the Indue card (named after the corporate provider), which controls 80 per cent of income support payments, but nevertheless, only prohibits spending on alcohol and gambling.

The CDC has been introduced in four sites: the Ceduna region in South Australia, the East Kimberley and the Goldfields region in Western Australia, and the Bundaberg and Hervey Bay (Hinkler) region in Queensland. To date, approximately 37,000 Australians participate in IM programs, including 12,454 on the CDC and 24,989 on the BasicsCard (DSS, 2020a; 2020b). A significant majority of BasicsCard participants are Indigenous Australians, and they comprise at least one-third of CDC recipients (DSS, 2020a; 2020b).

IM has been subject to considerable political, legal and empirical contention. Much of the policy discourse has concerned contrasting ideological approaches and framing of the policy problem, with behavioural approaches to addressing persistent disadvantage on one side of this continuum and structural explanations or systemic analysis on the other. Further matters raised include the high cost of administering IM programs, estimated at $50 million for just the first four years of the CDC (CALC, 2020); the potential for racial discrimination given the disproportionate targeting of Indigenous Australians (Bray, 2016; Bielefeld, 2018); the ongoing discord around whether or not the evaluative evidence demonstrates the effectiveness of IM programs in meeting their stated policy objectives (Hunt, 2020); the disputations about whether there have been sufficient public consultations with affected communities including likely IM participants (Mendes, 2018; 2019); and concern that IM imposes unfair social stigma and shame on participants and may also contribute to increased living costs (Peterie *et al*., 2019).

Study context and contribution

Our research was conducted as part of a larger national mixed methods Australian Research Council-funded study of the 'lived experiences of income managed welfare recipients and their communities'. The larger study differed substantially from government commissioned IM evaluations, which have focused on whether or not the program has met its official objectives. Rather, our study sought to examine the impact of the policy on the 'social identity, agency and autonomy' of IM participants, and other 'legal, ethical and moral questions' posed by the policy (Marston *et al*., 2020: 7).

The larger study had four principal aims: to explore the experiences of IM in diverse trial sites across Australia and New Zealand; to examine the impact of IM on participants' broader identity and social and economic participation; to assess whether or not there were different perceptions between those on voluntary IM and those on compulsory IM; and to scrutinise the response of social and community workers and other local stakeholders to the IM policy (Marston *et al*., 2020).

In addition to a national survey of IM participants and community members from all IM sites across Australia, we conducted a series of in-depth, semi-structured interviews with IM participants and community stakeholders at five separate trial sites: the CDC sites of Ceduna in South Australia and the Bundaberg and Hervey Bay (Federal Electorate of Hinkler) region in Queensland, the BasicsCard sites of Playford in South Australia and Greater Shepparton

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

in regional Victoria, and from a group of cities in New Zealand where similar programs were introduced via the 'Money Management' policy (Marston *et al*., 2020).

In this article, we present the findings from Ceduna, which was the first site in Australia to experience the CDC, from March 2016. Ceduna is a remote rural area located on the mid-Southern Coast of South Australia with a population of just over 4000 people. It is known to have a relatively high rate of socio-economic disadvantage (ABS, 2018) including high rates of violent assault, illicit drug use, alcohol-related deaths, and public nuisance offences impacting negatively on health, safety and security, finances, labour market participation, access to housing and child well-being (Orima Research, 2017; Marston *et al*., 2020). An initial form of IM was introduced via the BasicsCard in Ceduna in July 2014. According to the Commonwealth government, Ceduna was chosen as a CDC site due to 'a range of factors including community interest and support, levels of welfare dependence, and levels of community harm caused by gambling, alcohol and drug abuse' (DSS, 2019: 2).

The Commonwealth government claims to have introduced the CDC via a co-designed approach based on 'close consultation with local community leaders' (DSS, 2016: 1), and there is evidence of some forms of community engagement in Ceduna (Abbott *et al*., 2013). Indeed, a group of community leaders in Ceduna representing the local government and five Indigenous community organisations signed a Memorandum of Understanding (MOU) with the government for the Ceduna trial to commence. There has been both significant community support for the CDC in Ceduna, and equally significant opposition from other community members (Smith, 2016; Stewart, 2016; Mendes, 2018; 2019). The Ceduna trial includes most residents receiving working-age income support payments such as the JobSeeker Allowance and the Youth Allowance. As of 27 March 2020, there were 955 IM participants in Ceduna of whom 75 per cent identified as Indigenous (DSS, 2020b). This is disproportionately higher than the representation of Indigenous Australians in the Ceduna population (22 per cent) (Vincent, 2019a).

To date, there has been one official evaluation of the IM outcomes at the CDC sites. Covering Ceduna and East Kimberley, it was based on a range of quantitative and qualitative consultations with IM participants their family members, other community members, and community leaders, stakeholders and merchants, and presented mixed findings (Orima Research, 2017). It identified reductions in alcohol use, drug use and gambling, and improved money management skills and parenting capacity: however, participants said the CDC had made their children's lives worse rather than better, and more participants said it had made their lives worse rather than better (Orima Research, 2017: 6). There was no improvement in crime statistics or housing outcomes, and some participants and stakeholders reported social stigma and shame associated with the Card. Additionally, 33 per cent of participants experienced a range of practical difficulties in using the Card (Orima Research, 2017: 7).

An independent review of part of this evaluation conducted by Hunt (2017; 2020) raised concerns about both the methodology of the report, suggesting too much reliance on subjective perspectives; and the attribution of specific behavioural changes to the CDC, noting that alcohol sales restrictions introduced to Ceduna in late 2015 may have also been a significant impacting factor. A further independent review conducted by the peak Victorian child and family services advocacy body, the Centre for Excellence in Child and Family Welfare (CFECFW) (2017), emphasised that 78 per cent of IM participants said the CDC either made no positive difference or made their lives worse.

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

The CFECFW also drew attention to feedback from one third of the thirty-three stakeholders who felt that reduced alcohol use in Ceduna was mostly likely attributable to the alcohol restrictions and the cold wet weather at the time of data collection. As the CFECFW researchers observed, however, this government-commissioned report has frequently been cited by politicians and policymakers as evidence of the CDC's success and justification for the policy's expansion. Additionally, a formal review conducted by the Auditor General reported a range of concerns in relation to the tender process, the absence of baseline data, limitations regarding the longitudinal element of data collection, and strong reservations expressed by the Evaluation Steering Committee. The report asserted 'there was a lack of robustness in data collection and the department's evaluation did not make use of all available administrative data to measure the impact of the trial including any change in social harm' (Auditor General, 2018: 32).

There has only been one independent study of the CDC in Ceduna (Vincent, 2019b). This study drew on qualitative data from IM participants, community members and community stakeholders. It reported widespread shame and stigma among IM participants, and also drew attention to the alleged racial targeting of the Indigenous community, practical problems with using the Card, and participants' active circumvention of the Card to purchase alcohol (Vincent, 2019b).

Against the backdrop of this small and highly contested body of scholarship, this article offers additional independent evidence regarding the merits (or otherwise) of the CDC in Ceduna. Recognising that the voices of CDC participants have often been lost or ignored in public debate regarding the policy (Marston *et al*., 2020), it foregrounds participants' understandings and experiences of the Card, and supplements these perspectives with testimonies from local welfare professionals who work closely with those impacted by the policy.

Methodology

Drawing from the larger, mixed-methods research project described above (Marston *et al*., 2020), this article responds to the specific research question: 'What are the views of IM participants and community stakeholders on the impact of IM in the CDC site of Ceduna?' This article utilises a case study design with its objectives to investigate a social phenomenon that occurs in a bounded context (Merriam, 1998) through 'localised understandings' (Cooper and White, 2012: 18) and the interpretations of participants (Sheikh and Porter, 2010). The phenomenon under examination is compulsory IM, the bounded context is the CDC trial site in the Ceduna region. The aim is to reveal the practices and characteristics of IM in this context and, consequently, to develop new insights into the impact of IM policies.

Recruitment

In Ceduna, the researchers initially contacted key personnel in major non-government welfare organisations known for their engagement with IM participants across a range of welfare programs and objectives, including emergency relief, child and family welfare, housing/homelessness, drug and alcohol support, as well as figures in community governance positions. These key contacts enabled the recruitment of a range of IM participants using a snowball sampling strategy (Alston and Bowles, 2012), as well as

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

community stakeholders involved either in direct practice with IM users or in the wider IM policy debate. In addition, social media posts and mainstream media interviews directed prospective participants to details about the research project via the research project's website or direct contact with researchers.

Participants

We interviewed a total of thirty-six people in Ceduna, twenty-five of whom had current or recent experience of IM, along with eleven community stakeholders. Income management participants ranged in age from twenty-seven to sixty-five years, with twelve male and thirteen female. Of these, eighteen identified as Indigenous Australians, either as Anangu or Nunga people (Vincent, 2018). Participants were drawn from both the town of Ceduna and surrounding communities, and some participants described themselves as transient, a characteristic of some Anangu people (Vincent, 2018). Some participants described a long-term need for welfare payments, while others had recently accessed welfare after working most of their lives after developing disabilities. Additionally, interviews were conducted with eleven stakeholders engaged in a range of community roles with strong experiences of and insights into IM. These stakeholders worked in professional positions in drug and alcohol programs, housing support, Aboriginal community organisations, child and family welfare, non-government and government welfare program managers, and elected representatives of local and national government. These participants held a range of positions concerning the merits of IM.

Interviews

Participants were given information about the research, and gave written consent prior to interviews. Most were conducted one-on-one: however, being interviewed in pairs was preferred by some Anangu people, and one interview was conducted with three participants simultaneously. Some participants requested not to be audio-recorded; in these instances, hand-written notes were taken. IM participants were offered a $30 multistore gift voucher for their time. Interviews were conducted by one of the first two authors either in person in Ceduna, at a time and location that suited participants, or via phone due to the remoteness of participants. Ethical approval for this project was obtained through the University of Queensland Human Research Ethics Committee. Interviews lasted between ten and ninety minutes.

Interviews with IM participants produced detailed insights into their experiences of the CDC, focusing on their financial situations, money management and spending behaviours; the practicalities of the CDC; and the CDC's impact on them, their family, and community members, and whether or not it had advanced more socially responsible behaviours. Participants provided perspectives on the CDC, community consultation processes prior to its introduction, community debates about the card, and policy improvement. In addition, local stakeholder participants were asked about their experiences of IM in their professional roles, and their views concerning the merits of the Card in advancing socially responsible behaviour in the Ceduna community and achieving the CDC's objectives.

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

Analysis

All recorded interviews were professionally transcribed and later coded using NVivo qualitative data analysis software. Coding was largely inductive, with codes generated from the data rather than using any predetermined categories or frameworks (Thomas, 2006). This analysis aimed to highlight the lived experiences and interpretations of participants' accounts. Preliminary thematic coding was conducted by author five using a random sample of the CIM participants' interview transcripts. The emerging thematic framework was distributed to the research team to evaluate its relevance and accuracy with the research objectives in mind, before coding of the remaining interviews was completed using the agreed node structure. Analysis proceeded to identify recurring themes across participants' interview transcripts, using principles of node saturation. The analysis of the stakeholder interview transcripts involved an initial read-through by authors one and two, followed by an overlay, and subsequent expansion of the IM coding structure. Recurring themes and patterns emerging from stakeholders' accounts and experiences were then identified. Participant identifiers presented after quotes refer to Cashless Debit Card (CDC) participants or stakeholders (S).

Limitations

This study sample is not representative of all IM participants and community stakeholders in Ceduna, or across the other IM sites around Australia. Further research would ideally target the views of a larger section of Australians using the CDC. Additionally, the researchers who conducted the interviews for this study do not identify as Indigenous. While every care was taken by the researchers to be reflexive in terms of their social positions in relation to the research subjects, this did create some practical limitations. For example, the researchers do not speak Pitjantjatjara – the first and preferred language of some Anangu people in the Ceduna region – which had the effect of excluding some prospective participants from taking part in the study (Vincent, 2018). Nevertheless, this study provides valuable insights into the lived experiences of IM participants and their community.

Findings

Experiences of exclusion due to the Cashless Debit Card

According to CDC participants, the introduction of the CDC to Ceduna has been a major interruption to their financial arrangements and consumption patterns, and has precipitated exclusion from the local economy and community. Participants explained how the CDC impacts their participation in the large, informal cash-based economy of the Ceduna region. Numerous examples were cited, including merchants without Electronic Funds at Point of Sale (EFTPOS) facilities; and insufficient cash to participate in community events such as football matches and the local 'Ceduna Oyster Fest'; school photos, excursions and lunches; and local cash-based services such as gardening. While several stakeholders explained that many of these issues had been rectified as the majority of businesses now had EFTPOS terminals, these remained clear concerns for CDC participants. For example, a CDC participant explained:

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

> Yeah, so I mean straight off the bat I was much more limited to how much fruit and veg I could buy [. . .] the fruit and veg truck that came through didn't have EFTPOS for a long time so that was really heavy there. [. . .] Another one I found was eBay, it was really concerning when I tried to buy something from eBay it was blocked. (CDC1)

Participants expressed concern around the impact of the CDC on their typical economic behaviours, given that 80 per cent of their income is quarantined on the CDC, representing a loss of some financial autonomy. They cited exclusion from typical cultural resource-sharing practices of giving cash to friends or family, saving cash, or combining money to purchase large items such as second-hand cars, while getting and paying off loans was also difficult. The data indicate that the CDC's restrictions limit participants' capacity to behave as fully independent and rational economic actors. For instance:

> Male 1: Buy a car, yeah. We're finding it hard when we got money on the Indue card, we try and go and buy a car, you know? [. . .]
>
> Male 2: When we got money on the Indue card and we're just finding it hard to go and get a car, you know?
>
> Female 1: It be really hard with the Indue card. (CDC8,9,10)

In contrast, older Anangu participants, both men and women, highlighted that the CDC had resulted in families purchasing more food and clothing than they had previously done. A forty year old woman stated that the CDC '[It] helps to save up money because you spend less [and you're] able to buy more clothes, food and toys' (CDC13,14). A fifty-six year old woman explained that 'People, family members, [. . .] their own families they waste a lot of money . . . wasting . . . and that's why this happened but [I] accept this. I want it' (CDC12), while a forty-eight year old man believed that 'It's good for kids sometimes, families have enough money'. (CDC15)

Frequent technological issues and limitations

The unreliable technology of the CDC, and the challenging interactions and processes with Indue were recounted by participants. A number of participants reported technological issues using the CDC, while technical issues could leave participants without the ability to purchase essential items.

> I went to the shop and went to pay for something and there is no money. [. . .]. They don't know what happened. We got in touch with them [Indue] and they just said, oh someone else has had the same problem and I said, well it's not good enough. It's my money. I need it. They just said, oh well, we'll try to locate it and if we do it won't be in until the next pay. (CDC24)

The limited functionality and administrative issues surrounding Indue's website and phone application, particularly in comparison to regular online banking, was frustrating for participants, as were the onerous administrative processes required to submit complaints or requests to Indue. Most participants articulated difficulties in tracking their funds

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

or checking their balance, while those with limited IT literacy or a preference for using cash found the CDC challenging. While the Indue platforms had clear technical issues, the challenges that many CDC participants faced were due to the rapid shift to electronic banking and financial transactions in Ceduna without adequate preparation, infrastructure and general community support.

> We were talking to people who still carried around bank books, so we were actually imposing twenty-first, twenty-second century technology on people who were still well and truly back in the mindset of the fifties and sixties. (S2)

Impact of the Cashless Debit Card on wellbeing

The core experiences of the CDC for many participants have led to socio-emotional impacts relating to the labelling of IM participants, experiences of stigma, emotional distress and negative impacts on mental health. This is particularly manifested in the general negative associations and shame that are attached to the Cards. This was encapsulated simply by one participant, while expressing their own unwanted associations with it: 'That card is an idiot card mate' (CDC8,9,10). The CDC could carry unwelcome and inaccurate connotations to problematic and irresponsible behaviours that generated feelings of embarrassment and incompetence. For example:

> Interviewee: Oh, like a child and like I'm embarrassed every time I have to use it at the supermarket, which is about the only place I do use it. I sort of look around and see who's behind me in the queue. I don't want anybody to see me using it because my family have lived here forever.
>
> Researcher: Why do you think you feel embarrassed? [. . .].
>
> Interviewee: Because I'm on a government bloody – and I can't look after my own money, I can't pay my own bills and I have to be treated like, not a second class citizen, I don't know, like a fourth class citizen. (CDC23)

Participants discussed the connotations of the CDC relating to undesirable behaviours and characteristics around laziness, made worse by the high visibility of the Cards. For instance:

> You feel like a suck. Because everybody's watching and they know you're on the Indue Card. There's no secrets. So straightaway you get branded. Ah, bludger, dole bludger, haven't got any money. (CDC5,6)

A key theme emerging from analysis was that CDC participants felt undeservingly targeted and restricted by the card, viewing themselves as unproblematic members of the community, with the objectives of the CDC's restrictions irrelevant to their lives. This discord between public portrayals of cardholders and cardholders' own self-image caused some participants to feel unjustly stigmatised and shamed. As one CDC holder explained:

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

> It's unfair because I can't go to the bottle shop and buy a drink. I can't buy a gift like a bottle of wine. I feel shame – everyone else gets cash but I don't. I don't see myself having a problem with alcohol that bad. (CDC7)

Another participant articulated this point further, believing that all community members in receipt of welfare payments were undeserving targets of the program, receiving the blame, and in turn the punishment, for a small segment of the community who drink alcohol problematically:

> We're all getting the blame, the good people that don't spend money on grog [alcohol] [. . .] We've got to pay the consequences, yeah, for nothing, for no reason, we're getting blamed, we're getting blamed for it, you know what I mean, yeah. (CDC8, 9, 10)

The impact of the CDC could be distressing for some who described emotional anguish and reduced mental health which they attributed to the stress and anxiety of the program. Key stressors included the lack of consent around the CDC, long-running and challenging interactions with Centrelink or Indue, and difficulties achieving exemptions. As one cardholder explained:

> They had to like, activate it with me, and I pretty much had a full-on breakdown while they were doing it. They – I couldn't stop, I was just like, and I would have hardly talked, crying the whole time. But I knew I had no choice; I need access to the money. So, I had to sign it up, but it was pretty much under duress. (CDC3,4)

The rapid change to their financial arrangements was a challenge for some, particularly those with pre-existing mental health issues, who had little support to navigate the CDC, or conceptualise the impact of the CDC on their ongoing financial lives. As one cardholder pointed out:

> My brain was in ten different places at once, trying to work out, how am I going to manage this? I just pretty much shut down, because I couldn't work it out, how to manage it. (CDC24)

Impact of Cashless Debit Card in the Ceduna region

Child and family welfare

Stakeholders were primarily sceptical about the effectiveness of the CDC in improving the welfare of families. Welfare experts did, however, argue that important distinctions need to be made around the unique and ranging contexts and needs of families across the trial site. A prominent view was that the original intentions of the CDC were to improve the welfare of Anangu people in communities within and outside of Ceduna. However, the CDC, applied across all communities, has had an uneven impact, with service accessibility, access to alcohol and financial cultural practices key factors. A welfare program manager explained:

> I know, like I said, some of the legislation is written for what happens out at Yalata (a small, closed Indigenous community west of Ceduna), and clearly it doesn't work here [in town of Ceduna]. [. . .] Aboriginal communities being very distinct and completely different to the white society. (S2)

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

Such interpretations are infused with simplistic racially-driven perspectives of problematic behaviours, and are an extension of discourses about IM as a solution for 'dysfunctional' Aboriginal communities (Dalley, 2020). In cases of acute and serious abuse and neglect, the impact of the CDC on child and family welfare is negligible for most families according to CDC participants and stakeholders. Child and family social workers discussed how the CDC made little difference to the overall welfare of families and the safety of children among their clients. From their perspective, the welfare of families was not impacted by any potential financial stability attributable to the CDC, and the Card also has little impact on the issues around abuse and neglect that they confront with their clients. Financial stability, and the wellbeing that this may engender, is not a concept relevant to cultural ways of life for many families, and any serious abuse and neglect that they respond to.

> Lots of our clients have been highly transient people that don't really have bills. They don't have rent to pay or power or anything like that, so their money doesn't – they don't need to manage their money in terms of that. (S3,4)

Conversely, some reported that the introduction of the CDC may have caused a spike in family violence, as families adapted to the financial arrangements of the CDC.

> Interviewee: Well initially we saw probably an increase in domestic violence.
>
> Researcher: Why was that?
>
> Interviewee: Basically because the money wasn't there, so it was somebody else's fault. There was a lot of pressure within families, because the lifestyles that they had lived, some of them were addictive, there wasn't that kind of stuff. As we've gone on through the trial, they figured out work arounds, so some of the stuff that was put in place to cover people living in Yalata and Oak Valley, who live very, still quite traditionally, and still heavily involved with culture, some of those work arounds have been figured out to be used here to access cash. (S2)

Other stakeholders cited a greater reliance on charity, compensation trusts, and overall lack of available funds among CDC participants, while also noting the general stress created by the pre-existing low rate of welfare payments.

> Yeah, well people have never got any money these days. People are always looking for money [. . .] the request for assistance for food or fuel to get people back to [community] has increased since the Cashless Debit Card started here in Ceduna. (S11)

Alcohol and drug use

The utility of the CDC for reducing alcohol consumption and related harms was minor according to participants, who cited the wide availability of alcohol despite the CDC's restrictions. At a local level, ways to circumvent the CDC's restrictions were well known and included pooling cash, using the CDC to buy and sell goods for cash, and purchasing alcohol outside the trial site, from 'grog runners', or even from merchants in some cases.

For example, an Aboriginal community representative detailed how CDC participants sell items bought with the CDC for cash.

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

> We have a whole range of, oh I guess scams, to convert their restricted money to cash and that's – that has been done, there's community members buying TVs or lots of shopping from the [community] store and down in the Ceduna Foodland. They'll buy lots of goods and then they'll sell those goods for half the amount of what it's worth. So people at the end of the day may have extra funds for alcohol but they've got less funds for food and that. (S11)

Similarly, a CDC participant posited that the current restrictions do not work in preventing alcohol use among CDC participants.

> I mean that's not going to stop a drug addict from getting drugs. It's not going to stop an alcoholic from getting alcohol. It's not going to stop whatever. They'll find loopholes no matter what. Whether you put him in fucking prison. (CDC2)

Stakeholders working in welfare services highlighted that the CDC was not a mechanism that impacted peoples' drinking in any productive way, beyond changing the regularity of supply and access. The more important point that emerged across stakeholders' accounts was that IM has little impact on CDC participants' addictions. An alcohol and drug worker explained:

> I don't really connect the Indue Card directly to helping people to deal with their drinking. So for me it's more about like the person coming to a point where they decide, for whatever their reasons are, that they want to do something about their drinking. [. . .] I haven't come across anybody that would connect the Indue Card to their journey in terms of changing that alcohol use. (S10)

The need for specialist services to address alcohol dependency, as well as clinical mental health services, currently unavailable in the Ceduna region, should be a priority to address alcohol related harms.

> If they're on the card, and they've got an alcohol dependency, let's help get them treatment. We don't have a rehab facility in this region. (S8)

Impact on communities

CDC participants and stakeholders highlighted the negative impacts of the CDC trial on the overall community. Throughout community consultations and from the introduction of the CDC trial onwards, the community has experienced high levels of community conflict and anger, and widespread harassment, mistrust and resistance, a result of divided views around the CDC policy and its unintended, negative impacts. This has involved CDC participants, as well as professionals and community leaders.

> So, it's pulled people apart that used to be together. That's not a good outcome. They're professional people. People had to leave their jobs because they couldn't handle it anymore. [. . .] Some of those leaders have really suffered, without realising that consequence was coming their way. (S5)

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

CDC participants spoke of the wider community impact with one participant remarking simply that: 'It's destroying our people, man' (CDC,8,9,10), while others noted that people were leaving the region to avoid being placed on the CDC.

> That's why a lot of people moved out of here. A lot of people moved from like Lincoln and Whyalla because they didn't want to be on the Indue card. Because you couldn't really do what you wanted to do. (CDC2)

Core to community conflict was a level of resentment towards community leaders, and the perception that local leaders have misunderstood the needs of the community members or had other motives. For example:

> The councillors and the ones that think that they are a bit better than everyone else. They've got money behind them. They've got no idea what it's like. They think it's doing a wonderful job here in Ceduna . . . (CDC24)

Other CDC participants felt excluded from the consultation process, and powerless to influence decision making around the CDC, despite it being a trial. For instance:

> We weren't spoken to. We were pushed right out of the loop. They weren't interested in talking to anybody who they were subjecting it to. (CDC3,4)

Discussion and conclusion

Our findings concur with existing criticisms concerning both the social impacts and ineffectiveness of welfare conditionality (Carney, 2019; Dwyer, 2019). They suggest that paternalistic compliance measures, which target individual behaviour whilst ignoring the broader structural and community context of social disadvantage, are unlikely to enhance individual or community well-being. The CDC does not seem to have met its core aim of reducing individual and social harm associated with substance abuse.

IM also seems to have had little impact on child safety concerns, and may have even worsened some family relations. It appears to have had no discernible overall positive effect on substance abuse given the capacity of participants to circumvent alcohol purchase restrictions, and the limited availability of holistic treatment services. Further, it has restricted the financial autonomy of participants, and directly contributed to emotional distress and mental health concerns which could precipitate alcohol usage as a coping mechanism. The Card has also exacerbated community divisions and conflict contributing to a breakdown in relationships between leaders and some community members.

These findings mirror those of the official government evaluation, which reported that most participants suggested the CDC either had no positive impact or made their lives more difficult (Orima Research, 2017). It also supports the findings of Vincent's (2019b) independent study concerning practical difficulties with using the Card, and associated social shame and stigma.

As it stands, the CDC is incongruent with the diverse economic lives and consumption patterns of participants in the Ceduna region. Our findings highlight that a one-size-fits-all, blanket approach to IM does not reflect the varied strengths and vulnerabilities in

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

the community, while the program has problematic technological and infrastructure characteristics.

The CDC in the Ceduna region also misunderstands some of the key drivers of individual and social harms related to substance abuse. CDC will not seriously address these harms without adequate and accessible interventions, such as rehabilitation facilities and clinical psychological services. In addition, low social security income levels further compound the socio-economic disadvantage experienced in Ceduna and create challenges that would arguably be better addressed by lifting the current low rate of payments to address material hardship. Our findings suggest that offering the CDC on a voluntary basis may be one way to maximise the positive impact of autonomously chosen restrictions while minimising the broader harms of the initiative.

Acknowledgements

The authors would like to thank all of those who participated in this study. This work was supported by the Australian Research Council (Grant: DP180101252).

Note

1 Australia is a federation which includes the national Commonwealth Government, and separate governments representing the eight states and territories. The Commonwealth is responsible for social security payments and services which are administered via a government agency called Centrelink. The Commonwealth Government also retains some legal responsibility for the two territories.

References

Abbott, T., Fisher, S., Josif, P. and Allen, L. (2013) *Community Perspectives on Income Management from Ceduna, Koonibba, Scotdesco, Yalata and Oak Valley; Final Report*, Alice Springs: Ninti One Limited, https://www.dss.gov.au/sites/default/files/documents/02_2014/nintione_ceduna_acc.pdf [accessed 16.04.2020].

Alston, M. and Bowles, W. (2012) *Research for Social Workers*, Crows Nest: Allen & Unwin.

Auditor General (2018) *The Implementation and Performance of the Cashless Debit Card Trial*, Canberra: Department of Social Services.

Australian Bureau of Statistics (ABS) (2018) *Socio-Economic Indexes for Australia 2016*, Canberra: ABS, https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016 [accessed 16.04.2020].

Australian Institute of Health and Welfare (AIHW) (2010) *Evaluation of Income Management in the Northern Territory*, Canberra: Commonwealth of Australia.

Bielefeld, S. (2018) 'Indigenous peoples, neoliberalism and the state: a retreat from rights to 'responsibilisation' via the cashless welfare card', in D. Howard-Wagner, M. Bargh and I. Altamirano-Jimenez (eds.), *The Neoliberal State, Recognition and Indigenous Rights: New Paternalism to New Imaginings*, Canberra: ANU Press, 147-65.

Bray, R. (2016) 'Seven years of evaluating income management – what have we learnt? Placing the findings of the new income management in the Northern Territory evaluation in context', *Australian Journal of Social Issues*, 51, 4, 449–68.

Carney, T. (2015) 'Conditional income transfers and choice in social services: just more conditions and more markets?', in S. Goodwin and R. Philipps (eds.), *Markets, Rights and Power in Australian Social Policy*, Sydney: Sydney University Press, 341–58.

Carney, T. (2019) 'Conditional welfare: new wine, old wine or just the same old bottles?', in P. Saunders (ed.), *Revisiting Henderson: Poverty, Social Security and Basic Income*, Melbourne: Melbourne University Publishing, 100–12.

Centre for Excellence in Child and Family Welfare (CFECFW) (2017) *Review of the Cashless Debit Card trial in Ceduna and East Kimberley*, Melbourne: CFECFW.

Community Affairs Legislation Committee (CALC) (2020) *Commonwealth Senate Estimates Hansard*, Canberra: Commonwealth of Australia, 5 March.

Cooper, K. and White, E. R. (2012) *Qualitative Research in the Post-Modern Era – Contexts of Qualitative Research*, New York: Springer.

Dalley, C. (2020) 'The "White Card" is grey: surveillance, endurance and the Cashless Debit Card', *Australian Journal of Social Issues*, 55, 51–60.

Department of Social Services (DSS) (2016) *Cashless Debit Card Trial – Evaluation Framework Summary*, Canberra: Australian Government, https://www.dss.gov.au/sites/default/files/documents/12_2017/cashless_debit_card_trial_-_evaluation_framework_summary_-_accessible.pdf [accessed 20.03.2019].

Department of Social Services (DSS) (2019) *Cashless Debit Card Trial – Ceduna Region*, Canberra: Australian Government, https://www.dss.gov.au/families-and-children-programs-services-welfare-reform-cashless-debit-card/cashless-debit-card-ceduna-region [accessed 12.12.2019].

Department of Social Services (DSS) (2020a) *Income Management Program Data Summary April 2020*, Canberra: Australian Government, https://data.gov.au/data/dataset/australian-government-income-management-program [accessed 16.04.2020)].

Department of Social Services (DSS) (2020b) *Cashless Debit Card Data Summary April 2020*, Canberra: Australian Government, https://data.gov.au/data/dataset/australian-government-cashless-debit-card-program [accessed 17.04.2020].

Dwyer, P. (2019) 'Editor's introduction', in P. Dwyer (ed.), *Dealing with Welfare Conditionality*, Bristol: Bristol University Press, 1–13.

Gray, C. (2019) 'The implementation and impact of National's welfare conditionality in an international context', *New Zealand Sociology*, 34, 2, 71–92.

Hunt, J. (2017) *The Cashless Debit Card Trial Evaluation: A Short Review*, Canberra: Centre for Aboriginal Economic Policy Research.

Hunt, J. (2020) 'The uses and abuses of evaluation: the Cashless Debit Card story', *Social Alternatives*, 39, 1, 20–27.

Marston, G., Mendes, P., Bielefeld, S., Peterie, M., Staines, Z. and Roche, S. (2020) *Hidden Costs: An Independent Study into Income Management in Australia*, Brisbane: The University of Queensland.

Mendes, P. (2018) 'Community as a spray-on solution: a case study of community engagement within the income management programme in Australia', *Community Development Journal*, 53, 2, 210–27.

Mendes, P. (2019) 'Top down paternalism versus bottom-up community development: a case study of compulsory income management programs in Australia', *The International Journal of Community and Social Development*, 1, 1, 1–16.

Merriam, S. B. (1998) *Qualitative Research and Case Study Applications in Education. Revised and Expanded from "Case Study Research in Education"*, San Francisco: Jossey-Bass Publishers.

Orima Research (2017) *Cashless Debit Card Trial Evaluation: Final Evaluation Report*, Melbourne: Orima.

Parsell, C., Vincent, E., Klein, E., Clarke, A. and Walsh, T. (2020) 'Introduction to the special issue on welfare conditionality in Australia', *Australian Journal of Social Issues*, 55, 1, 4–12.

Peterie, M., Bielefeld, S., Marston, G., Mendes, P. and Humpage, L. (2019) 'Compulsory income management: combatting or compounding the underlying causes of homelessness?', *Australian Journal of Social Issues*, 55, 1, 61–72.

Reeve, K. (2017) 'Welfare conditionality, benefit sanctions and homelessness in the UJ: ending the something for nothing culture or punishing the poor', *Journal of Poverty and Social Justice*, 25, 1, 65–78.

https://doi.org/10.1017/S1474746421000063 Published online by Cambridge University Press

Schram, S. F. (2018) 'Neoliberalizing the welfare state: marketizing social policy/disciplining clients', in D. Cahill, M. Cooper, M. Konings and D. Primrose (eds.), *The Sage Handbook of Neoliberalism*, Los Angeles: Sage, 308–22.

Sheikh, K. and Porter, J. (2010) 'Discursive gaps in the implementation of public health policy guidelines in India: the case of HIV testing', *Social Science and Medicine*, 71, 11, 2005–13.

Smith, K. (2016) 'The Cashless Debit Card trial: a public health, rights-based approach to better health and social outcomes', *Indigenous Law Bulletin*, 8, 29, 22–27.

Stewart, C. (2016) 'On the Cards', *Weekend Australian Magazine*, 20 February.

Taylor, D., Gray, M. and Stanton, D. (2016) 'New conditionality in Australian social security policy', *Australian Journal of Social Issues*, 51, 1, 3–26.

Thomas, D. (2006) 'A general inductive approach for analyzing qualitative evaluation data', *American Journal of Evaluation*, 27, 237–46.

Vincent, E. (2018) 'Governing indigenous difference differently: the politics of disgust, compassion and care', *Oceania*, 88, 3, 320–35.

Vincent, E. (2019a) 'We've lost our vision. A card cannot give vision to our community', *Inside Story*, 18 March.

Vincent, E. (2019b) *Lived Experiences of the Cashless Debit Card Trial, Ceduna, South Australia*, Canberra: Centre for Aboriginal Economic Policy Research.

Watts, B. and Fitzpatrick, S. (2018) *Welfare Conditionality*, London: Routledge.