

## ***BACKGROUND PAPER: CASHLESS DEBIT CARD***

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## Table of Contents

HISTORY OF THE CASHLESS DEBIT CARD	2
<i>What is the Cashless Debit Card?</i>	2
<i>Locations of Trials</i>	4
<i>Policy Aims</i>	5
EVALUATIONS	7
<i>ORIMA Evaluation</i>	7
<i>University of Adelaide Report</i>	8
POLITICAL PARTY POSITIONS	9
<i>Coalition</i>	9
<i>Labor</i>	9
<i>Greens</i>	10
COMMUNITY REACTIONS	10
<i>Advocacy Organisations</i>	11
<i>First Nations Voices</i>	11
ACADEMIC RESEARCH	14
BIBLIOGRAPHY	15

## HISTORY OF THE CASHLESS DEBIT CARD

### *What is the Cashless Debit Card?*

The Cashless Debit Card (CDC) is a form of compulsory income management and an alternative system of welfare delivery. Instead of making welfare payments directly into recipients' bank accounts, 80 per cent of recipients' social security payments and 100 per cent of lump sum payments are issued onto a Visa debit card issued by the Australian Government. The card subsequently cannot be used to withdraw cash or purchase items in stores that sell drug, alcohol, and gambling products; otherwise, it operates like a normal debit card and can be used at stores that accept EFTPOS. The remaining 20 per cent of the recipient's social security payments are transferred into their bank account and can be withdrawn without restriction. The card scheme is designed to minimise community harm, increase employment and improve child health outcomes through controlling recipients' spending.

Significantly, compulsory income management was first introduced by the Howard Coalition Government in the form of a 'BasicsCard' during the Northern Territory Emergency Response (the Intervention) in 2007. Its introduction required the suspension of the 1975 Racial Discrimination Act, allowing the Government to target Aboriginal and Torres Strait Islander people on welfare.<sup>1</sup> Between 2008 and 2014, the BasicsCard continued under the Labor Government, who expanded the scheme beyond Aboriginal and Torres Strait Islander communities living in the Northern Territory to other locations. These included Cape York, Queensland and remote settlements in Western Australia and South Australia. In 2010, the Rudd Labor Government reinstated the 1975 Racial Discrimination Act, thereby extending compulsory income management to non-Indigenous Australians.<sup>2</sup> Despite this, compulsory income management continued to indirectly discriminate against Aboriginal and Torres Strait Islander people, who remained heavily represented in target categories and locations identified by the new legislation.<sup>3</sup>

There are a few crucial differences between the CDC and the BasicsCard. Whilst the CDC can theoretically be used among all retailers and online businesses so long as they do not sell alcohol and gambling products, the BasicsCard can only be used at government-approved stores. Certain goods prohibited by the BasicsCard, including pornography and tobacco, can also be purchased with the CDC. Whilst the CDC is therefore in some respects broader in the access it allows for than the BasicsCard, applying to a wider variety of goods and merchants, it is nevertheless more restrictive as it quarantines a larger percentage of payments. Unlike the CDC, the BasicsCard quarantined 50 per cent of a recipient's income support and up to 100 per cent of lump sum payments made by Centrelink. Finally, whilst the BasicsCard is managed by Centrelink, the CDC card is managed by the for-profit company, Indue.<sup>4</sup>

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<sup>1</sup> Elise Klein and Sarouche Razi 2018, 'Contemporary Tools of Dispossession: The Cashless Debit Card Trial in the East Kimberley,' *Journal of Australian Political Economy*, no. 82, p 92.

<sup>2</sup> Shelley Bielefeld & John Altman 2015, 'Australia's First People – still struggling for protection against racial discrimination,' in Australian Human Rights Commission (eds.), *Perspectives on the Racial Discrimination Act: Papers from the 40 Years of the Racial Discrimination Act Conference*, Sydney, p. 200.

<sup>3</sup> Shelley Bielefeld 2012, 'Compulsory Income Management and Indigenous Australians: Delivering Social Justice or Furthering Colonial Domination?', *UNSW Law Journal*, vol. 35, no. 2, p. 523.

<sup>4</sup> Sara Maher 2020, 'Welfare Quarantining in Australia 2007-2020: A review of grey literature,' *Border Crossing Observatory*, Monash University: Melbourne, p. 2.

Originally called the 'Healthy Welfare Card,' the CDC originated as a 'top-down' policy recommendation developed by mining billionaire, Andrew Forrest, as a part of his 2014 review of Indigenous jobs and training. The Healthy Welfare Card was designed to address several issues with the BasicsCard, including its cost, resource intensiveness, limited acceptance among retail and service providers and stigma associated with being on the card. Forrest initially recommended that 100 per cent of all social security payments made to welfare recipients, other than those receiving age or veterans' pensions, be quarantined on the Healthy Welfare Card.<sup>5</sup>

### *Locations of Trials*

The CDC was first trialed in early 2016 in Ceduna, South Australia and the East Kimberley region of Western Australia, and was administered by the Department of Social Services (DSS) with support from the Department of the Prime Minister and Cabinet and the Department of Human Services. DSS contracted Indue to deliver the IT build, the CDC, banking services and local support for the trial and private company, ORIMA Research, to undertake an evaluation of the CDC. The card cost around \$10,000 per participant over a 12-month period, whilst the whole trial was estimated to cost \$18.9 million over two years. A further \$2.6 million was also provided for drug and alcohol support services and financial counselling.<sup>6</sup>

Prior to the commencement of the trial, consultation and engagement took place with key stakeholders, including Aboriginal community leaders. In both regions, community leaders supported trialing the Cashless Debit Card in their communities and were actively involved in the decision to set the quarantined portion of a participants' income support at 80 per cent in contrast to Forrest's original proposal.<sup>7</sup> Consistent with Forrest's recommendations, all working-age income support recipients (aged between 18 and 64), regardless of their financial management skills or drinking and drug habits, were required to use the card. Whilst those on Age or Veteran pensions were given the option of volunteering to join the program, few did.<sup>8</sup>

ORIMA conducted its interim evaluation of the CDC trial in August 2016, followed by a final evaluation in June 2017. In March 2017, the Government used the findings of the interim evaluation to justify the extension of the CDC in both Ceduna and the East Kimberley until June 2018. In September 2017, the Government announced that the findings from the final evaluation justified the expansion of the CDC into the Goldfields region of Western Australia and the Bundaberg and Hervey Bay Region of Queensland in March 2018. Funding was allocated to the expansion of trials as part of the 2017-2018 Federal Budget.<sup>9</sup>

*The Social Services Legislation Amendment (Cashless Debit Card) Act 2018* was enacted in February 2018, extending trials in the East Kimberley and Ceduna until June 2019 and making provisions for the introduction of one new trial site. The following month, rollout for the CDC trial began in the Goldfields. In September of 2018, *The Social Services Legislation Amendment (CDC Trial Expansion) Act 2018* further expanded the trial to the Bundaberg and Hervey Bay Region, where the program applied to people aged 35 and under receiving Newstart, Youth Allowance (Job seeker), Parenting Payment (Partnered) and Parenting Payment (Single). Unlike the other sites, those who did not meet

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<sup>5</sup> Andrew Forrest 2014, 'Creating Parity: The Forrest Review,' p. 101-108.

<sup>6</sup> ACOSS 2018, 'Cashless Debit Card – Briefing Notes,' published February 2018.

<sup>7</sup> ANAO 2018, 'The Implementation and Performance of the Cashless Debit Card Trial,' Australian Government Department of Social Services, ACT, p. 20.

<sup>8</sup> Janet Hunt 2020a, 'The Uses and Abuses of Evaluation,' *Social Alternatives*, vol. 39., no.1 p. 20.

<sup>9</sup> ANAO 2018, Op. Cit., p. 7.

these criteria were not able to participate on a voluntary basis.<sup>10</sup> Rollout for the trial in Bundaberg-Hervey Bay began in January of 2019.

As part of the 2019/2020 Federal Budget, the Morrison Coalition Government announced plans to extend trials in Ceduna, the Goldfields and East Kimberley until June 2020, and transition around 22,500 Income Management participants in the Northern Territory and Cape York in Queensland from the BasicsCard onto the Cashless Debit Card.<sup>11</sup> In April of 2019, the *Social Security (Administration) Amendment (Income Management and Cashless Welfare) Act 2019* formally extended trials in Ceduna, the Goldfields and East Kimberley until June 2020. Once more, the findings from the ORIMA Report were used to justify this extension.<sup>12</sup>

In May 2020, the Minister for Families and Social Services, Anne Ruston, announced that the Federal Government would extend the end of the trial date from 31 June 2020 until 31 December 2020.<sup>13</sup> In December, the Federal Government passed the *Social Security (Administration) Amendment (Continuation of Cashless Welfare) Act 2020*, extending the CDC trials in all regions for another two years until 31 December 2022, after failing to win support in the Senate for plans to make the CDC permanent. The Bill also established the Northern Territory and Cape York as CDC program areas, with Northern Territory Income Management participants offered the choice of joining the program or remaining on the BasicsCard.<sup>14</sup>

In all regions where the CDC is currently being trialled, participants are overwhelmingly First Nations people. Despite Government communications proclaiming that the CDC would target both First Nations and non-Indigenous communities equally, 76 per cent of people in the Ceduna trial and 83 per cent in the Kimberley trial are First Nations people (as at April 2021). In the Goldfields Trial, almost half of trial participants are First Nations. Whilst the Bundaberg-Hervey Bay region was the first non-remote area in which the CDC was trialled where the population is primarily non-Indigenous,<sup>15</sup> around 18 per cent of participants in the trial are First Nations people.<sup>16</sup> In the Northern Territory, 83 per cent of those who have the option of transitioning from the BasicsCard to the CDC are Aboriginal and Torres Strait Islander people.<sup>17</sup>

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<sup>10</sup> Department of Social Services 2021, 'Cashless Debit Card: Overview,' *Australian Government*, last updated 23<sup>rd</sup> March 2021, accessed 27<sup>th</sup> April 2021 at: <https://www.dss.gov.au/families-and-children/programmes-services/welfare-conditionality/cashless-debit-card-overview>

<sup>11</sup> Janet Hunt 2020a, 'The Uses and Abuses of Evaluation,' *Social Alternatives*, vol. 39., no.1 p. 25.

<sup>12</sup> Hunt 2020a, *Ibid.*, p. 25.

<sup>13</sup> Nicole Hegarty 2020, 'Frustration, disappointment as cashless debit card trials extended,' *ABC News*, published 6 May 2020.

<sup>14</sup> Department of Social Services 2021, 'Cashless Debit Card: Overview,' *Op. Cit.*

<sup>15</sup> Janet Hunt 2020b, 'Evaluating the Cashless Debit Card: How will it solve poverty and unemployment?', CAEPR Topical Issue 2/2020, Centre for Aboriginal Economic Policy Research, ANU College of Arts and Social Sciences, p. 1.

<sup>16</sup> Australian Government 2021, 'Table 1. Number of Cashless Debit Card (CDC) participants by original CDC location as at 2 April 2021,' accessed 28 April 2021 at: <https://data.gov.au/data/dataset/australian-government-cashless-debit-card-program/resource/a8d06c1d-0f5f-4bb8-8c45-65a4ff35df13>

<sup>17</sup> JR Bray 2020, 'Measuring the Social Impact of Income Management in the Northern Territory: An Updated Analysis,' CAEPR Working Paper No. 136/2020, Centre for Aboriginal Economic Policy Research, ANU College of Arts and Social Sciences, Canberra, p. 9.

## Policy Aims

1. *Reducing social harm associated with gambling, and alcohol and drug dependence; supporting financial management; promoting healthy lifestyles and improving child health and wellbeing.*

The Government believes the CDC scheme is the best approach to supporting people, families, and communities in places where 'high levels of welfare dependence coexist with high levels of social harm.'<sup>18</sup> Forrest initially envisioned that the Healthy Welfare Card would support welfare recipients to manage their incomes, save for larger expenses like Christmas or school camps, and invest their incomes into a healthier lifestyle. The card would achieve this by redirecting spending away from alcohol, drugs and gambling, and redirecting it towards essential goods such as food, clothing, utilities and rent.<sup>19</sup>

2. *Reducing youth unemployment and welfare dependence.*

The goal of the CDC has evolved since its introduction. In 2017, the Queensland Council of Social Services (QCOS) highlighted the lack of clarity around the intended outcome of the CDC trials, arguing that the government's increasing rhetoric surrounding the card's aims of reducing unemployment and welfare dependency are not consistent with its originally stated aims of promoting health and wellbeing by reducing substance abuse.<sup>20</sup>

With the expansion of trials into the Bundaberg-Hervey Bay Region in 2018, the objectives of the CDC were expanded to explicitly include reducing levels of youth unemployment and welfare dependency.<sup>21</sup> When the *Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill* was introduced to Parliament, the Explanatory Memorandum for the legislation stated that the CDC's objectives encompassed 'reducing immediate hardship and deprivation, reducing violence and harm, encouraging socially responsible behaviour, and reducing the likelihood that welfare payment recipients will remain on welfare and out of the workforce for extended periods of time.' Additionally, the legislation implied that the CDC would play a role in reducing youth unemployment.<sup>22</sup>

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<sup>18</sup> Department of Social Services 2021, 'Cashless Debit Card: Overview,' Op. Cit.

<sup>19</sup> Forrest, 'Creating Parity: Forrest Review, Op. Cit., pp. 101-108.

<sup>20</sup> QCOS 2017, 'Review of the Cashless Debit Card Trial and Evaluation, published September 2017, p.4.

<sup>21</sup> Hunt 2020b, 'Evaluating the Cashless Debit Card,' Op. Cit., p. 3.

<sup>22</sup> House of Representatives 2018, cited in Hunt 2020b, *Ibid.*, p. 3.

## EVALUATIONS

### *ORIMA Evaluation*

The 2017 ORIMA Evaluation has repeatedly been used to justify further rollout and expansions of the trial despite flawed design and inconclusive findings that the card met its policy aims. The Federal Government claims that the ORIMA Evaluation is proof of the effectiveness of the policy, with former Minister for Social Services Dan Tehan proclaiming that the ‘independent evaluation by ORIMA Research found gambling, alcohol and drug consumption were reduced in Ceduna and East Kimberley.’<sup>23</sup> Former Minister for Human Services, Alan Tudge, who worked with the community leaders on the design and implementation of the trial, also argued that the results of the ORIMA data support the extension of the CDC. He claimed that ‘the card is not a panacea, but it has led to stark improvements’ in Ceduna and the East Kimberley. Moreover, he insisted that the community had undergone adequate consultation.<sup>24</sup>

The results of the ORIMA Evaluation were, in fact, far more tentative, with the report itself noting the limitations of the data due to recall error and desirability effects. The ORIMA Evaluation also listed a variety of negative effects of the trial which the Government neglected to mention, including increases in alcohol abuse, crime, and violence – and most notably the fact that 32 per cent of recipients said the trial made their life worse.<sup>25</sup>

Significantly, QCOSS has highlighted the evaluation’s tendency to assume causation where there is only correlation. The causes of gambling, alcohol and drug consumption are complex, and it remains unclear to what extent their decline in trial areas can be attributed solely to the CDC. For example, whilst the ORIMA Evaluation reported that 32 per cent of participants were gambling less, then deputy director of the Australian National University’s Centre for Aboriginal Economic Policy Research, Janet Hunt, has pointed out that the report did not consider other variables that could be contributing to the decline in gambling. Notably, Hunt points to a graph on pA40 of the ORIMA Evaluation which demonstrates gambling revenue in the Ceduna region fluctuating from month to month both before and after the trial. Additionally, Hunt highlights other state data demonstrating revenue from poker machines dropping in Ceduna Local Government Area (LGA) and across South Australia over the last five years.<sup>26</sup>

QCOSS has summarised other issues with the evaluation design, including lack of baseline data, flawed design of survey instrument, absence of comparisons with wider population statistics, lack of consistently significant sample sizes, skewed results through the exclusion of relevant data, and the lack of attention to diverse perceptions of whole-of-community effects.<sup>27</sup>

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<sup>23</sup> Dan Tehan, cited in Stephanie Borys 2018, ‘Cashless welfare audit finds data on effectiveness severely flawed, but Government maintains scheme is working,’ *ABC News*, published 18<sup>th</sup> July, 2018.

<sup>24</sup> Alan Tudge, cited in SBS 2017, ‘Cashless welfare card a ‘success’ claims Tudge, as Greens point to increased crime,’ *NITV*, published 14<sup>th</sup> March 2017.

<sup>25</sup> QCOSS 2017, ‘Review of the Cashless Debit Card Trial,’ Op. Cit. p. 8; ORIMA Research, ‘Cashless Debit Card Trial Evaluation: Final Evaluation Report,’ ORIMA Research, and the Australian Government Department of Social Services, Canberra, above n 19, 6.

<sup>26</sup> Janet Hunt 2017a, ‘The Cashless Debit Card Trial Evaluation: A Short Review,’ CAEPR Topical Issue 1/2017, *Centre for Aboriginal Economic Policy Research*, ANU College of Arts and Social Sciences: Canberra, p. 3.

<sup>27</sup> QCOSS 2017., Op Cit., p. 9.

In 2018, the Auditor General's report into the CDC trials found that the ORIMA Evaluation was 'inadequate'; therefore, it was 'difficult' to conclude whether there had been a reduction in social harm and whether the card was a lower-cost welfare quarantining approach.<sup>28</sup> The report noted that the cost of the ORIMA evaluation was \$1.6 million, double the original contract price. It also found that whilst the community was said to be notified and educated about the trial through site-specific implementation tools such as advertising campaigns, workshops and social events, some members of the community found their education inadequate.<sup>29</sup>

### *University of Adelaide Report*

In response to criticism of the ORIMA Evaluation, the Federal Government commissioned a second evaluation report of the CDC scheme in November of 2018, this time conducted by the University of Adelaide. The report was only made available to the public in February of 2021, five months after being made available to the Morrison Government in October, and two months after legislation was passed extending trials into the Northern Territory and Cape York.

The delayed release of the University of Adelaide report is significant, due to its inconclusive findings of the CDC's effectiveness. The report found clear evidence that alcohol consumption had reduced; however, unlike the ORIMA Evaluation, it concluded that this reduction could not be attributed to the CDC alone. The report made clear that reductions in gambling, violence and improvements in safety could not solely be attributed to the CDC. Additionally, it found only inconclusive evidence that the card improved child welfare and family wellbeing, increased health and employment outcomes, gave participants a sense of autonomy and control, improved their financial planning and reduced drug use.<sup>30</sup>

Most significantly, the report found that feelings of discrimination, embarrassment, shame and unfairness as a result of being on the Card were prevalent among the vast majority of CDC trial participants.<sup>31</sup>

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<sup>28</sup> ANAO 2018, Op Cit., p. 8.

<sup>29</sup> Ibid., pp. 20-21.

<sup>30</sup> Kostas Mavromaras et al 2021, 'Evaluation of the Cashless Debit Card in Ceduna, East Kimberley and the Goldfields Region: Consolidated Report,' *Future of Employment and Skills Research Centre (FES)*, University of Adelaide, SA pp.2-3.

<sup>31</sup> Ibid, p.3.



## POLITICAL PARTY POSITIONS

### *Coalition*

The CDC continues to enjoy widespread support within the Liberal-National Party, despite increasing evidence of its harmful impacts and limited community support. Whilst touring Northern Australian First Nations communities in 2015, the then Prime Minister Tony Abbott argued that the CDC was accepted among First Nations leaders eager to 'lift their people up by the bootstraps.'<sup>32</sup> The Coalition Government has since shifted its justification for the CDC from discourses emphasising punishment to 'compassion'. For example, Prime Minister Malcom Turnbull described the CDC trials as an 'exercise in practical love, in compassion' in a press conference to the media, announcing Goldfields as the third trial site during 2017. Turnbull added, 'If you looked into the eyes of the children who are suffering from foetal alcohol syndrome...you wouldn't hesitate to say that this card is an act of love.'<sup>33</sup> His rebranding of the CDC as a 'compassionate' policy was subsequently echoed by current Prime Minister Scott Morrison in 2019, who described the CDC as an example of 'compassionate conservatism.'<sup>34</sup>

### *Labor*

In 2007, whilst in opposition, the ALP voted in favor of the compulsory income management measures introduced by the Howard Government as part of the Northern Territory Intervention.<sup>35</sup> Between 2008 and 2014, the Rudd-Gillard Labor Governments supported the continuation of the policy in the Northern Territory and extended it to Cape York and regions of Western Australia. The Labor Government approach to compulsory income management was more targeted than Howard's, excluding categories of welfare recipients deemed to be less 'at risk', such as those on Age, Disability, Widow and Veteran pensions. Under new legislation introduced in 2010, compulsory income management applied to people receiving Youth Allowance, Newstart Allowance, Special Benefit or Parenting Payments, as well as those referred to income management by Centrelink social workers and child protection authorities. Additionally, the BasicsCard was available to anyone who volunteered to have their income managed.<sup>36</sup> In a 2010 press release, Federal Indigenous Affairs Minister, Jenny Macklin, defended compulsory income management based on arguments that it improves child wellbeing.<sup>37</sup>

As noted by social policy analyst, Philip Mendes, Labor particularly endorsed compulsory income management for parents involved in child abuse or neglect, arguing that it played a key role in the

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<sup>32</sup> Tony Abbott 2015, cited in Gabrielle Chan 2015, 'Tony Abbott: welfare card will help lift Indigenous people 'by their bootstraps'', *The Guardian*, published 23<sup>rd</sup> August 2015, accessed 29<sup>th</sup> April 2021.

<sup>33</sup> Malcom Turnbull 2017, cited in Gareth Hutchens 2017, 'Turnbull says cashless welfare card about 'practical love' while announcing new site,' *The Guardian*, published 1 September 2017, accessed 29<sup>th</sup> April 2021.

<sup>34</sup> Scott Morrison 2019, cited in The Age Editorial 2019, 'Welfare card policy falls short in evidence,' *The Age*, published 13<sup>th</sup> September 2019, accessed 29<sup>th</sup> April 2021.

<sup>35</sup> Philip Mendes 2020, 'The Australian Labor Party and Compulsory Income Management: How and why did they reverse their position?', *Socialist Alternative*, vol. 39, no. 1, p. 47.

<sup>36</sup> Luke Buckmaster, Carol Ey and Michael Klapdor 2012, 'Income Management: An Overview,' *Parliamentary Library*, published 21 June 2012, accessed 29<sup>th</sup> April 2021, [https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1727168/upload\\_binary/1727168.pdf;fileType=application/pdf](https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1727168/upload_binary/1727168.pdf;fileType=application/pdf)

<sup>37</sup> Jenny Macklin 2010, 'Income management is improving lives in Western Australia,' updated 8 October 2010, accessed 29<sup>th</sup> April 2021, <https://formerministers.dss.gov.au/14029/income-management-is-improving-lives-in-western-australia/>

protection of women and children in First Nations communities. However, its position on compulsory income management has evolved since the introduction of the CDC, partially in response to the inconclusive evidence of the CDC's efficacy in reducing social harms and growing evidence of its negative consequences for the health and wellbeing recipients. Labor continued to defend its compulsory income management policies throughout 2015 and 2016, and initially supported the rollout of CDC trials in Ceduna and the East Kimberley. Nevertheless, by the end of 2017, Labor amended its position somewhat, opposing the expansion of the CDC to the new sites of Goldfields and Hinkler despite supporting the extension of existing trials.<sup>38</sup>

Whilst not completely reversing its position on compulsory income management, Labor senators and MPs have increasingly echoed critiques of the CDC made by the Greens.<sup>39</sup> As part of its 2018 position, Labor recommended that any form of income management be implemented through a bottom-up approach resulting in formal community consent.<sup>40</sup> Addressing the House of Representatives in November 2020, Labor Shadow Minister for Families and Social Services and for Preventing Family Violence, Linda Burney, described the CDC as 'racially discriminatory' and an 'ideological policy', citing the lack of evidence that compulsory, 'broad-based' income management works. Burney reiterated Labor's support for voluntary income management, arguing that voluntary income management can be justified when it is 'targeted', for example in the case of child protection.<sup>41</sup>

## Greens

The Australian Greens have refused to endorse the CDC trials and their subsequent expansions since trialing began in 2016.<sup>42</sup> In 2020, the Greens tabled a dissenting report into the Government's *Continuation of Cashless Welfare Bill 2020*. Citing the ANAO report, the Greens pointed out the inconclusive evidence for the card's effectiveness in reducing social harm and the absence of quantitative evidence for the card's benefits. Additionally, the Greens cited studies of the negative impacts of compulsory income management on poverty and child health in the Northern Territory. The Greens concluded by arguing that compulsory income management is 'punitive' and that the CDC 'disproportionately impacts First Nations peoples and undermines human rights and fundamental freedoms.'<sup>43</sup>

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<sup>38</sup> Mendes 2020, Op. Cit., p. 47-48.

<sup>39</sup> Mendes 2020, Ibid, p. 50.

<sup>40</sup> Labor 2018, 'National Platform,' accessed 29<sup>th</sup> April 2021 at: [https://www.alp.org.au/media/1539/2018\\_alp\\_national\\_platform\\_constitution.pdf](https://www.alp.org.au/media/1539/2018_alp_national_platform_constitution.pdf)

<sup>41</sup> Linda Burney 2020, 'Labor opposes Government's Cashless Debit Card permanency bill,' updated 12<sup>th</sup> November 2020, accessed 29<sup>th</sup> April 2021 at: <https://www.lindaburney.com.au/speeches/2020/11/12/labor-opposes-governments-cashless-debit-card-permanency-bill>

<sup>42</sup> Rachel Siewert 2020, 'Evidence continues to stack up against Cashless Debit Card,' media release by GreensMPs, updated 18<sup>th</sup> November 2020, accessed 29<sup>th</sup> April 2021 at: <https://greensmps.org.au/articles/evidence-continues-stack-against-cashless-debit-card>

<sup>43</sup> Australian Greens 2020, 'Dissenting Report by the Australian Greens,' [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/CashlessCardTransition/Report/section?id=committees%2Freportsen%2F024361%2F72347](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/CashlessCardTransition/Report/section?id=committees%2Freportsen%2F024361%2F72347)

## COMMUNITY REACTIONS

Reactions of the Australian community to the CDC scheme have grown overwhelmingly negative as increasing evidence has emerged of its harmful impacts. National advocacy organisations and independent human rights bodies have almost universally condemned the CDC policy, whilst Aboriginal controlled community organisations and peak bodies have critiqued the CDC's failure to address ill health in First Nations communities. In 2020, only 10 of the 132 Senate inquiry submissions on the government's bill to make the CDC permanent and expand trials to the Northern Territory and Cape York were supportive of the scheme.<sup>44</sup>

### *Advocacy Organisations*

Various advocacy organisations and independent peak bodies have condemned the CDC in submissions to bills introduced by the government to extend and expand trials. In 2018, the Australian Council of Social Service (ACOSS) opined that the card significantly restricts participants' freedoms without sufficient evidence proving that it is justified, and that its extension should be abandoned. Rather, the current trials should become voluntary, and include wrap-around and coordinated support services focusing on alcohol, mental health, financial counselling, and social support.<sup>45</sup> Additionally, QCOSS made similar recommendations that any income management be made voluntary, and that the government adequately fund holistic services. These should be based on an evidenced-based approach to tackling substance use and addictive disorders in relation to their community and socio-economic contexts.<sup>46</sup>

The Law Council of Australia, in their submission to the *Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020*, underscored concerns that the card violated the human right to self-determination. The Council recommended that should income management be pursued, it must be based on full, free and informed individual consent and meaningful community consultation. Additionally, individuals must be properly assessed based on their individual suitability for the program rather than targeted through a 'blanket approach.'<sup>47</sup> The Centre for Excellence in Child and Family Welfare, in their submission to the same bill, proclaimed that the card represented an unjust and disproportionate restriction of agency and financial rights.<sup>48</sup>

### *First Nations Voices*

Current Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar, opposed the CDC trial and its expansions, whilst expressing concerns that the card violates the rights to social security, private life, equality, and non-discrimination.<sup>49</sup> Former Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda, also identified similar concerns in submissions to the Inquiry into *the Social Security Legislation Amendment (Debit Card Trial) Bill 2015* and the Social

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<sup>44</sup> Luke Henriques-Gomes 2020, 'Cashless welfare card: fewer than 10% of Senate inquiry submissions back bill,' *The Guardian*, published 3<sup>rd</sup> November 2020.

<sup>45</sup> ACOSS 2018, 'Cashless Debit Card – Briefing Notes,' Op. Cit.

<sup>46</sup> QCOSS 2017, Op. Cit., p.7.

<sup>47</sup> Law Council of Australia 2020, 'Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020,' submitted 2<sup>nd</sup> November 2020, p. 5.

<sup>48</sup> CFECFW 2020, 'Submission to the Senate inquiry into Social Services Legislation Amendment (Cashless Debit Card) Bill 2017,' *Centre for Excellence in Child and Family Welfare*, Melbourne, submitted October 2020, p. 2.

<sup>49</sup> June Oscar AO 2017, 'Submission to the Senate inquiry into Social Services Legislation Amendment (Cashless Debit Card) Bill 2017,' *AHRC*, submitted 29 September 2017, p. 3.

Justice and Native Title reports for 2015 and 2016. In an op-ed for the ABC, Mr Gooda expressed his concern that the CDC disempowers Aboriginal and Torres Strait Islander through placing strict and discriminatory controls on their lives. Mr Gooda argued that the card forces First Nations communities to 'reopen old wounds' and 'revisit past traumas', drawing an analogy between the CDC and the history of stolen wages and social security payments.<sup>50</sup>

Other prominent Aboriginal leaders have been equally scathing in their critique of the CDC and the Coalition Government's decision to ignore evidence demonstrating its negative effects on First Nations' communities. Early backer of the CDC and prominent public intellectual, Professor Marcia Langton, has since withdrawn her support of the scheme and described it as 'brutal'.<sup>51</sup> Michelle Nelson-Cox, chair of the Aboriginal Health Council Western Australia (AHCWA), argued that the CDC scheme is 'ideologically driven' and represents an 'ongoing tactic' by the Government to disempower Aboriginal people. Additionally, Ms Nelson-Cox proclaimed that whilst Aboriginal community-controlled health services have been delivering positive health outcomes for Aboriginal people for 40 years, policies like the CDC represent a 'silver bullet' and 'quick fix' solution that interferes with progress.<sup>52</sup> National Aboriginal and Torres Strait Islander Legal Service (NATSILS) Executive officer, Roxanne Moore, said the scheme 'clearly targets' Indigenous people, and described it as 'punitive and paternalistic'.<sup>53</sup> Palawa elder and leader of the Tasmanian Aboriginal community, Rodney Dillon, told NITV News that the policy resembled 'the stolen wages saga or the stolen children saga' in its paternalism.<sup>54</sup>

Similar statements, decrying the CDC as paternalistic, discriminatory, and ineffective at achieving its intended goals, have been echoed by various First Nations stakeholders and peak bodies since the policy's introduction in 2016. Many Aboriginal and Torres Strait Islander community organisations and land councils made submissions to the 2020 Senate Inquiry Continuation of Cashless Welfare Bill 2020, expressing their disapproval of the government's bill to make the CDC permanent and expand trials to the Northern Territory and Cape York. Organisations condemning the Bill included the Aboriginal Peak Organisations of the Northern Territory, Arnhem Land Progress Aboriginal Corporation, Ngaanyatjarra Council, Northern Land Council and Yamatji Marlpa Aboriginal Corporation among others.<sup>55</sup>

The national peak body representing 143 Indigenous health organisations, National Aboriginal Community Controlled Health Organisation (NACCHO), strongly opposes the CDC. In their submission to the Inquiry into the *Cashless Debit Card Trial Expansion Bill 2018*, NACCHO drew attention to public criticism of the evaluation of the trials to date undertaken by ORIMA Research. NACCHO argues that the CDC further marginalised people most in need of an effective and comprehensive federal safety net, and reiterated their stance that the ill health of Aboriginal people, including the impacts of alcohol, drug and gambling related harm, can only be achieved by local

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<sup>50</sup> Mick Gooda 2015, 'Cashless welfare card opens old wounds for Indigenous Australians, *ABC News*, published 16 October 2015.

<sup>51</sup> SBS 2019, 'It's brutal': Marcia Langton says cashless welfare cards are a failure,' *NITV News*, published 26<sup>th</sup> September 2019.

<sup>52</sup> Michelle Nelson-Cox 2017, 'Welfare card is a silver bullet that doesn't fire,' *National Indigenous Times*, published 9<sup>th</sup> August, 2017.

<sup>53</sup> Roxanne Moore 2020, cited in Keira Jenkins, "'Paternalistic, punitive': Push to expand cashless debit cards slammed,' *NITV News, SBS*, published 19<sup>th</sup> November 2020.

<sup>54</sup> Rodney Dillon 2020, cited in Jenkins, *Ibid*.

<sup>55</sup> Luke Henriques-Gomes 2020, 'Cashless welfare card: fewer than 10% of Senate inquiry submissions back bill,' *The Guardian*, published 3<sup>rd</sup> November 2020.

Aboriginal people controlling health care delivery.<sup>56</sup> In their more recent submission to the Inquiry into the *Continuation of Cashless Welfare Bill 2020*, NACCHO urged the Senate to reject the bill and recommended that the Government create more Aboriginal-identified jobs in rural and remote communities and invest in preventive health and culturally safe, holistic, wrap-around services.<sup>57</sup>

Significantly, NACCHO points out that there has been and continues to be little consultation and negotiation with Aboriginal and Torres Strait Islander leaders and community representatives despite the Government's claims to the contrary. As such, the CDC contravenes the Government's commitment to genuine partnership and shared decision-making with Aboriginal and Torres Strait Islander people as part of the July 2020 the National Agreement on Closing the Gap.<sup>58</sup>

Since 2016, Aboriginal community members in trial sites have also voiced their concerns about the CDC to members of the media and researchers. In an interview with *The Guardian*, Jody Miller, a Nauo man and member of the Aboriginal community Council of Koonibba, Ceduna, compared being on the CDC to wearing a dog tag around his neck, and described a sense of shame felt by members of his community having to pay for items on the card. Mr Miller also questioned why the trial has been rolled out in communities where most welfare recipients are Aboriginal.<sup>59</sup> Greg Peters, a member of the Oak Valley Maralinga Tjarutja Council, questioned that the government had adequately consulted his community. He stated, 'They only spoke to people they know in the community, but they should contact the old community.'<sup>60</sup>

Members of the Ceduna Trial who spoke to anthropologist, Eve Vincent, often linked the implementation of the card to broader historical issues like *terra nullius* and the absence of a Treaty, with one Yalata man telling Vincent that the card was like being 'taken back...to the days when old people were given a pinch of tea, some sugar and salted beef.'<sup>61</sup>

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<sup>56</sup> NACCHO 2018, 'Submission to the Senate Community Affairs Legislation Committee Inquiry into the Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018,' *National Aboriginal Community Controlled Health Services*.

<sup>57</sup> NACCHO 2020, 'Continuation of Cashless Welfare Bill 2020 Senate Standing Committee on Community Affairs: Submission,' *National Aboriginal Community Controlled Health Organisation*, p. 3.

<sup>58</sup> NACCHO 2020, *Ibid.*

<sup>59</sup> Melissa Davey 2017, 'Ration days again: cashless welfare card ignites shame', *The Guardian*, published 9<sup>th</sup> January 2017.

<sup>60</sup> *Ibid.*

<sup>61</sup> Cited in Eve Vincent 2019, 'Lived Experiences of the Cashless Debit Card Trial,' Working Paper 129/2019, Centre for Aboriginal Economic Policy Research, ANU College of the Arts and Social Sciences, Canberra: 18.

## ACADEMIC RESEARCH

Scholars have subjected the CJC scheme to various critiques, including that it represents an extension of the settler colonial state; that its underlying motives are profit-based; and that it inflicts mental and physical harms on the communities where it is being trialled.

Dr Janet Hunt has authored several publications identifying flaws in the ORIMA evaluation of the CDC commissioned by the government.<sup>62</sup> Most recently, Hunt accuses politicians of ‘cherry-picking’ from available evidence rather than taking complex findings seriously.<sup>63</sup> Hunt also argues that the CDC is very unlikely to have any effect in improving employment outcomes in young people, insofar as it fails to address the underlying causes of youth unemployment in the Hinkler-Bundaberg region. These include structural poverty and insufficient economic activity. The CDC is problematic because it holds young people responsible for the lack of jobs.<sup>64</sup>

Dr Elise Klein, and Dr Shelley Bielefeld, based at the Australian National University and Griffith University respectively, have both been vocal critics of the CDC from the perspective that the policy extends settler colonialism in Australia. Klein argues that through individualizing poverty and depoliticizing unemployment, the CDC obscures the structural causes of poverty in First Nations communities caused by Australia’s ongoing colonization. Because its underlying assumptions are based on neo-colonial stereotypes of ‘dysfunctional’ Aboriginal and Torres Strait Islander people, the card arguably extends the settler colonial state in Australia.<sup>65</sup> Bielefeld echoes similar concerns, asserting that myths about remote First Nations communities as ‘dysfunctional’ and in need of ‘intensive and discriminatory supervisory policies’, have long defined Australian history and continue to characterize political discourse surrounding the CDC.<sup>66</sup>

Scholars have pointed out that the CDC has a range of harmful material consequences for participants. Klein found that the card increased material hardship in the East Kimberley through preventing participants from participating in the cash economy.<sup>67</sup> Dr Eva Cox found that the CDC had particularly negative consequences for female participants, who are typically responsible for shopping and managing household budgets and who reported increased feelings of powerlessness and stress whilst on the card.<sup>68</sup> Significantly, compulsory income management may have a detrimental impact on newborn health, running counter to the most recent Closing the Gap strategy of improving maternal and child health with the goal of having the gap in child mortality rates.<sup>69</sup> Researchers from the Life Course Centre, based at the University of Queensland, found that

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<sup>62</sup> See Hunt 2017a, Op. Cit; and Janet Hunt 2017b ‘The Cashless Debit Card Evaluation: Does it really prove success?’, CAEPR Topical Issue 2/2017, Centre for Aboriginal Economic Policy Research, ANU College of Arts and Social Sciences: Canberra.

<sup>63</sup> Hunt 2020a, ‘The Uses and Abuses of Evaluation,’ Op. Cit., p. 26.

<sup>64</sup> Hunt 2020b, ‘Evaluating the Cashless Debit Card,’ Op. Cit., pp. 1-3.

<sup>65</sup> Elise Klein 2020, ‘Settler Colonialism in Australia and the Cashless Debit Card,’ *Social Policy and Administration*, vol. 54, no. 2, p. 265.

<sup>66</sup> Shelley Bielefeld 2018, ‘Government mythology on income management, alcohol, addiction and Indigenous Communities,’ *Critical Social Policy*, vol. 38, no. 4, p. 750.

<sup>67</sup> Klein & Razi 2018, ‘Contemporary Tools of Dispossession,’ Op. Cit., p. 92.

<sup>68</sup> Eva Maria Cox 2020, ‘Conditionality and Control: Its implications for groups on welfare and some particular issues for Indigenous people and women,’ *Social Alternatives*, vol. 39, no. 1, p. 58.

<sup>69</sup> Australian Government 2020, ‘Closing the Gap Report,’ accessed 15th April 2021 at: <https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf>

compulsory income management was associated with a higher incidence of low birth weights and lower average birth weights overall.<sup>70</sup>

Other scholars have questioned the Government's financial incentives for the implementation of such a scheme. Dr Marina Nehme, a legal scholar currently based at the University of New South Wales, argues that the policy runs counter to the financial services laws, which are designed to protect consumer choice through preventing the issue of a debit card without the targeted consumer's prior consent. Moreover, as the card is not accompanied by strategies aimed to improve people's financial security, the policy runs the risk of pushing recipients into a vicious cycle that increases their dependence on the government.<sup>71</sup> David Tennant, CEO of Family Law, and Gerard Brody, CEO of Consumer Action Law Centre, published a joint article arguing that the Government's plans to transition from government-controlled Income Management to the CDC represents a significant shift in policy. This is because the CDC does not represent a normal basic transactions account, but a hybrid arrangement that comes with significant risks for vulnerable consumers.<sup>72</sup>

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<sup>70</sup> Mary-Alice Doyle, Stefanie Schurer & Sven Silburn 2017, 'Do Welfare Restrictions Improve Child Health? Estimating the Causal Impact of Income Management in the Northern Territory,' *Life Course Centre*, Summary Page.

<sup>71</sup> Marina Nehme 2019, 'Welfare meeting financial services: The Cashless Debit Card dichotomy,' *Alternative Law Journal*, vol. 44, no. 2, p. 126.

<sup>72</sup> David Tennant and Gerard Brody 2020, 'The Fraught Relationship Between the Cashless Debit Card and Basic Transaction Accounts,' *Social Alternatives*, vol. 39, no. 1, p.14.

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**About ANTaR**

ANTaR is a national advocacy organisation working for Justice, Rights and Respect for Australia's First Peoples. We do this primarily through campaigns, advocacy and lobbying.

Our current national campaigns include:

- Constitutional Recognition and Equality – for Constitutional change to recognise Australia's First Peoples and remove discriminatory elements from our founding document; and
- Advocating for treaty and agreement-making processes across Australia.

We also engage in national advocacy across a range of policy and social justice issues affecting Aboriginal and Torres Strait Islander communities, including native title, languages and cultures, economic and community development, remote communities' services and infrastructure, health and human rights.

ANTaR is a foundational member of the Close the Gap Campaign Steering Committee, the Change the Record Campaign Steering Committee and the Redfern Statement Alliance.

ANTaR has been working with Aboriginal and Torres Strait Islander communities, organisations and leaders on rights and reconciliation issues since 1997. ANTaR is a non-government, not-for-profit, community-based organisation.