

## **Questions on Notice: Senate Community Affairs Legislation Committee Inquiry into the Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019**

**Dr Elise Klein, Senior Lecturer Development Studies at the University of Melbourne.**

### **Question 1: Why is there a limited opportunity to conduct an evaluation in the Cashless Debit Card for the East Kimberley and Ceduna?**

The Cashless Debit Card trials were implemented early 2016 in both Ceduna and the East Kimberley. The trials have been underway for now 3 years without adequate evaluation. A three year period is already a significant period of time for a social policy experiment and changes and failures of the experiment should have been observed in this period. As time moves on, it is harder to observe attributed successes and failures of the trial because:

- No way to get qualitative baseline data (before the trial), it may be possible to get some baseline administration and store sales data before the trial but this really needs to be triangulated with qualitative responses to make sense of trends. Yet the ability to get good qualitative data for the evaluation is very limited (see below).
- Qualitative data such as interviews and focus groups are limited tools of evaluation after three years. Respondents (stakeholders and card holders) are getting used to the CDC measure and their views of before, during and after may not be as clear as earlier on. The research becomes more about framing and second guessing changes. There also could be other policy measures operating and ceasing throughout the long trial period making it hard to know what is actually causing changes. In a discrete and focused evaluation period, researchers are attuned to these changes, and can integrate them in their analysis. Retrospective analysis may miss this.
- There is also a serious ethical issues of having a trial underway for such a significant amount of time.

### **Question 2: Outline issues with the Kalgoorlie Baseline Study**

Methodological Issues:

1. It is not a Baseline Study: It does not collect any data before the trial (only once the trial begun) so it cannot be a baseline.
2. The sampling is very small and is biased: Of the 2995 people put on the CDC only 64 people interviewed. The rest of the interview data is 66 stakeholders' interviews. Bias concerns given:
  - a. Stakeholders were sampled through DSS facilitation (pg 11), exposing the research to bias in who was picked and who wasn't picked to give their views.
  - b. Recruitment of CDC participants occurred via stakeholder organisations (pg 12) - concern about selection bias given the stakeholders were chosen by DSS and there is no way of screening if people were chosen because they were engaged and easier to be interviewed, shared similar views to the organisations, or DSS.
3. No triangulation of data: The study uses qualitative interview data and does not use other research methods to strengthen and test claims made (for example quantitative administration data, focus groups or store sales data)

4. Concerns with using ORIMA questions. The study suggests they used similar questions used in ORIMA in the EK and Ceduna evaluations – yet the questions formulated in the ORIMA evaluations have been roundly condemned for being leading questions, they aren't open, but suggest responses in how the questions are framed. Concern these questions carry the same bias.

Analytical Issues:

5. The study says a lot about what "respondents said", and collapses responses by the stakeholders with people on the CDC. This is problematic as people on the card may have different views to stakeholders. There is no context as to who is saying what and analysis as to why they may be saying it (eg. Are they trying to be favourable to the researcher? to DSS? (as they know it is a DSS study). Also, as documented by the baseline study itself, racism is an issue in the region (35-36). Some stakeholders may have racialised, anti-poor, anti-welfare, anti-indigenous stances and this bias will come through their views. Eg. "Both participants and stakeholder representatives indicated that a high level of racial tension and prejudice existed within the Goldfields. This included the tension between Indigenous and non- Indigenous people but also between other ethnic groups such as Maori. There was also said to be a high level of racism among the civic leaders and a denial by those leaders that racism impacted on the community". But stops short on asking how the CDC impacts and strengthens racial tension and racist hegemony within the white settler civic leadership" (35-36).
6. The study uses no theoretical or analytical framework to guide the analysis. Their reference list is a total of 5 references signally poorly researched and analytically light project. This issue arises in understanding how the researchers were able to conclude the trial was going well? For example: What does going well mean? And how do the researchers get to this conclusion when there are participant responses note serious issues (as we have seen with the other trials) such as:
  - a. Poor communication/ consultation/ people not knowing about the card
  - b. Technology issues
  - c. Making money management harder
  - d. Stigma and shame
  - e. Mental health and stress
  - f. possible increase in crime
  - g. Discrimination against indigenous people and people with disability
7. Analysis of the region is also very poor – there is a need to give context in order to understand the implications of the trial. Whilst the respondents do talk about the settler and racial implications of the trial, this is not linked to the section on context. The analysis doesn't explore the labour market opportunities either in the context section – this is important to understand opportunities for people to get work and possibly get off the card. There is a key aspect on pg 20 that says the jobs are mainly in the mines and are precarious "Given that most employment was described as being generated by the mines, the down-side was that the sector was cyclical and downturns were experienced. This impacted upon local employment opportunities and population size within many towns in the Goldfields".
8. There is no analysis of community services in the region. This is important to first, understand what drug and alcohol, mental health and employment services are

available, and challenges they face (vs. why the CDC is needed). Secondly, this is important to see how they can work in with the trial.