

CONTEMPORARY TOOLS OF DISPOSSESSION: THE CASHLESS DEBIT CARD TRIAL IN THE EAST KIMBERLEY

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This article focuses on the Cashless Debit Card (CDC) trial in the East Kimberley, Western Australia. The card is the latest iteration of income management and aims to restrict cash and purchases to curb alcohol consumption, illegal drug use and gambling. We review the CDC trial in the context of current policies managing First Nations and poor-non-First Nations consumption. We find that the Cashless Debit Card individualises and depoliticises unemployment and poverty as it is based on fraught assumptions about First Nations employment and unemployment that blame low employment rates on ‘bad behaviour’. It thereby increases hardship on the lives of those subjected to the card, and is a mechanism to empower Australian capitalism and settler colonialism.

The analysis draws on findings from a thirteen-month study examining the CDC trial in the East Kimberley region, including interview data from people on the card (51 total: 16 pre-trial and 35 during the trial), as well as interviews with community leaders, community services and policy makers (n 37) to understand the design, logic and impact of the card. These interviews were triangulated with discourse analysis of policy documents and speeches regarding the CDC and participant observation from living in the East Kimberley through the trial lead up and implementation (Klein and Razi 2017).

The paper proceeds in four sections. First, we give an overview of the Cashless Debit Card. Second we outline how, as a tool to manage consumption, the Cashless Debit Card brings disorder and hardship to

Klein, E. and S. Razi (2018)

‘Contemporary Tools of Dispossession: The Cashless Debit Card Trial in the East Kimberley’

Journal of Australian Political Economy

No. 82, pp. 84-106.

people's lives. Third, we examine how the focus on individual behaviour depoliticises structural poverty and unemployment which further marginalises and oppresses First Nations people and poor non-First Nations people. Fourth, we examine the ways in which the trial has empowered settler capitalism.

Income management

Income Management was first introduced in Australia as legislated policy through the 2007 Northern Territory Emergency Response (NTER) under the *Social Security and Other Legislation Amendment (Welfare Payment Reform) Act 2007* (Cth). Quarantining First Nations people's welfare payments was one of a raft of racially targeted measures under the NTER, supported by the suspension of the Racial Discrimination Act (Altman 2007). Compulsory income management under the NTER meant that 50% of state payments received by First Nations people were quarantined through the EFTPOS 'BasicsCard'. This card could be used to buy 'essential items' at accredited stores and restricted the purchase of alcohol, tobacco, pornography and gambling. The government assumed that such restrictions would reduce social harm and promote responsible economic behaviour. New Income Management (NIM) was introduced across the Northern Territory in 2010, replacing the initial NTER income management program and to reinstate the Racial Discrimination Act. The NIM also broadened from the racially targeted regime to include non-First Nations people. Regardless, 90.2% on NIM in the Northern Territory in 2013 were First Nations people (Bray *et al.* 2014).

In 2014, the final results of an Australian government commissioned evaluation of NIM in the Northern Territory were released. This evaluation showed that despite the \$AU410.5 million dollars spent on NIM, the results revealed no difference in achieving the desired outcomes. Specifically, Bray *et al.* (2014: 316) concluded that:

A wide range of measures related to consumption, financial capability, financial harassment, alcohol and related behaviours, child health, child neglect, developmental outcomes, and school attendance have been considered as part of this evaluation....Despite the magnitude of the program the evaluation does not find any consistent evidence of income management having a significant systematic positive impact.

Despite these results and other poor evaluation outcomes for income management programs (eg. see Bray 2016), income management has been an ongoing fixture in the Australian social security system.

The Cashless Debit Card

The Cashless Debit Card trial commenced officially on 26 April 2016 and was originally implemented for a year in the East Kimberley (Western Australia) and Ceduna (South Australia). However, in March 2017 the Australian government announced that the trial would be extended for at least another year in these two sites. In February 2018 the trial was extended again and the Goldfields region in Western Australia was also added. The Cashless Debit Card trial targets all working age people (15-64 years) living in these regions who receive state benefits, by quarantining 80% of state benefits received onto the card. This compulsorily includes people receiving disability, parenting, carers, unemployment and youth allowance payments. People on the Age Pension, Veteran Payment or those who earn a wage are not compelled to participate in the trial but can volunteer to take part. Both of the initial trial sites impact First Nations people disproportionately – this is despite government rhetoric that the CDC is not a specific racialised measure. Specifically, 75% of participants in the Ceduna trial, and 80% in the East Kimberley trial are First Nations peoples (ORIMA Research 2017).¹ Through compulsorily including people in the trial, the government denied a choice for people to refrain from involvement.

The Cashless Debit Card trial follows an Australian government commissioned review led by billionaire Andrew Forrest into Indigenous employment and training (the Forrest Review). The 200 recommendations proposed in the report of the Forrest Review went far beyond the original remit of employment and training, ignoring forms of productive work such as care of country and community which fall outside narrow understandings of work, and including recommendations for paternalistic interventions in early childhood development, housing, school attendance and welfare reform (Klein 2014). A pillar of the report

¹ The 2017 ORIMA evaluation states that as of June 2017 there were 1347 people on the CDC trial in the East Kimberley and 794 people in the Ceduna trial. The proportion of First Nations people included in the Goldfields trial was not public at the time of publishing this article.

was the 'Healthy Welfare Debit Card.' Forrest recommended that the card should quarantine 100% of state payments of all welfare recipients to restrict purchases of alcohol, drugs and gambling. The Australian government is now trialling this card, with some changes to Forrest's original proposal, under the more benignly named 'Cashless Debit Card'.

The federal legislation instituting the Cashless Debit Card (the *Social Security Legislation Amendment (Debit Card Trial) Bill 2015*) was passed by the federal Coalition government with support from the Australian Labor Party. The legislation aims to restrict cash and purchases to curb alcohol consumption, illegal drug use and gambling. The card regulates state benefits at the merchant level on restricted items. It also limits the amount of cash that can be withdrawn to 20% of the total money recipients receive. Put into dollar figures, on a single Newstart fortnightly payment of \$538.80, it allows a recipient to withdraw \$107.76 in cash, while the remaining \$431.04 is quarantined on the card where bills and other expenses can be deducted.

The Cashless Debit Card and income management

In a number of public interviews Forrest and Australian government ministers refrained from referring to the Cashless Debit Card as income management. However, like other forms of income management, it aims to restrict consumption through quarantining a portion of welfare on card technology, managing people's ability to spend their income freely. The specific aims of the trial outlined in the federal legislation (Commonwealth of Australia 2015: 3-4), are to: a) 'reduce the amount of certain restrictable payments available to be spent on alcoholic beverages, gambling and illegal drugs'; b) 'determine whether such a reduction decreases violence or harm in trial areas'; c) 'determine whether such arrangements are more effective when community bodies are involved'; and d) 'encourage socially responsible behaviour'.

These aims suggest four assumptions underpinning the Cashless Debit Card. First, that there is an implicit nexus between unemployment and excessive use of alcohol, illegal drugs or gambling. Second, that behaviours, norms and aspirations of all people receiving welfare (other than the Age Pension and Veteran Payment) are currently problematic and need to change. Third, that a community panel presiding over trial participants would be effective (in practice, this panel allowed people

who were put on the card to present a case to government-selected community representatives to reduce the amount quarantined from 80% down to 50%, but not take people off the card). Fourth, that the punitive approach of the CDC will be able to address addictions to illegal drugs, gambling (even though there are no poker machines in East Kimberley) and alcohol and create the behaviour change government desires.

These assumptions reveal narratives held by government about welfare and First Nations peoples' so-called dysfunction, allowing these narratives to prevail regardless of reality. They also suggest that the government sees a causal relationship between people on state benefits and dysfunction. Yet, there has been no evidence presented that issues of addiction apply to everyone receiving the proscribed benefits in the East Kimberley and the other trial sites, nor that such problems are absent among the employed. These assumptions also suggest that any dysfunction that may be present is primarily a behavioural problem of the individual, rather than a result of various complexities such as the lack of formal employment in the East Kimberley and other sites (see below for a further exploration of structural unemployment in the East Kimberley) (Klein 2016). The trial assumes poverty and hardship is a matter of behaviour, and that income management by the state can shape and improve individual behaviours. It suggests that by getting the economic incentive/disincentive structure right, these people's behaviour will 'improve' to be at a level consistent with and acceptable to neoliberal norms. The report of the Forrest Review (2014: 133) states in the chapter 'Breaking the Welfare Cycle' that '...for most people a quick, small 'hit to the wallet' can be the most effective incentive to change behaviour.'

The disproportionate targeting of First Nations populations as part of the trial also reveals its neo-colonial tenors; settler defined responsible behaviour is also to be instilled in First Nations people to support assimilation into settler norms (Klein 2016). Assumptions underpinning the CDC reveal the normative framework encouraged which includes work as capitalist employment (rather than a broader ontology of work which includes productive activities such as care of community and care of country). The CDC does not account for, nor encourage, these productive activities which people subjected to the card may undertake. Rather, the CDC renders any person not having formal employment as needing a behavioural intervention through the CDC. Further, the playing of card games among First Nations peoples in the East Kimberley is described simplistically and pejoratively as gambling. Yet researchers

have examined card games in First Nations communities in Australia and suggested that whilst there may be some negative effects, card games are important social interactions and a means of economic distribution (Altman 1985; McMillen and Donnelly 2008). This cultural activity has been reduced to ‘gambling’ and is now targeted under the CDC.

Whilst the CDC attempts to change behaviours, it is only an attempt. Klein and Razi (2017) document the many responses to the CDC by those subjected to it in the East Kimberley. For example, there were protest meetings in trial sites and petitions for the Australian government to stop the trials, as many people put on the CDC saw the card as an extension of the government’s ongoing desire to regulate and control First Nations lives and subjectivities. People forced onto the card found ways around it, such as swapping goods paid for by the card for cash (often for a lower amount). Some people reported never picking up their card, and thus cut themselves off state payments to avoid being subjected to the trial. Within weeks of the rollout, the card was given an entirely new name amongst those on it: the ‘White Card.’ At no stage has the card been white so this is a curious reflection. The card is silver. When asked, both those on the card and government workers reflected that the card was reclaimed as the White Card because it was imposed by white people. It is unclear how this name emerged, but its impact was instant. Within weeks, there were few people who continued to call it anything else in the East Kimberley. Every time the name White Card was uttered, a space of subtle resistance was created. Whilst the card failed to change behaviours in the ways the government anticipated, it did cause hardship to people’s lives through targeting consumption and dramatically limiting the amount of cash people had access to (Klein and Razi 2017).

Inducing hardship

The Cashless Debit Card trial was rapidly introduced in an ill-conceived and chaotic manner, which impacted on vulnerable lives in various ways (Klein and Razi 2017). Yet, beyond what was seen by some government officials as inevitable teething problems of getting the experiment right, there were other impacts of the card on people’s lives that could not be straightened out. This is because they related to the deficit assumptions underpinning the trial: that the overuse of alcohol, illegal drugs and gambling are caused by excessive access to cash, and that people have a

behavioural deficiency limiting their ability to find a job. These incorrect assumptions have induced hardship such as making the management of money hard for people on the card.

The perception that the overuse of alcohol, illegal drugs and gambling are caused by excessive access to cash is conceptually flawed. People in our study report that, before being forced onto the card, they were able to manage their money. For example, one 46-year female on the card stated: 'I am capable of managing my own money. I don't need government to tell me how to spend. Why tag all of us on the CDC?' A 50-year-old female interviewee on a carer's payment also stated: 'I don't like it because it's taking us back to the ration days, telling me how to manage my money as I don't drink and smoke.' Of the 51 people on the card interviewed, most people reported that their biggest cause of poverty was not behavioural or the mismanagement of funds, but simply not having enough money. Further, from the 35 interviews of people on the card, 31 people said the CDC trial had made the management of their money harder (4 people did not answer the question).

People interviewed said that the card made the management of money difficult because they did not know where their money was going, and some even reported that the card took fees they did not know about (25 out of the 35 people on the card who were interviewed thought they had been charged fees, and nine people were not sure if they had). A 21-year-old female interviewee on a parenting payment and family assistance said: 'I prefer the old system, [I had] more cash on hand. With the card, I am always finding out about different balances when I check. Fees are charged. I am not happy as I cannot save.' A 25-year-old female interviewee stated: '[The card is] Not helping, I don't like the White Card. I cannot save.' Another female interviewee with four children also stated: 'I don't agree with what I have been told, it has mucked my paydays up, its very hard for me and my children. It's very stressful.' Similarly, Hunt (2017) in her analysis of the ORIMA interim evaluation of the CDC trial also raised questions about the CDC causing difficulty for vulnerable people. Hunt noted that people subjected to the card found it hard to know how much money was in their account, making it hard for them to budget. For example, '55% of transactions on the cards failed due to insufficient funds...that is nearly 21,000 transactions where people were unable to purchase what they wanted' (Hunt 2017: 5). Despite the trial's assumptions about the overuse of alcohol, illegal drugs

and gambling, less than 1% of failed transactions were because people were trying to use the card for prohibited items (Hunt 2017).

Table 1: Key items for cash usage before CDC

	Percentage of responses purchasing these items with cash	N responses purchasing these items with cash (total of 51)
Big grocery shopping	58.8	30
Small grocery shopping	62.7	32
Fuel	51	26
Rent	29.4	15
Bills	23.5	12
Lunch money for children	21.6	11
Transport costs (<i>e.g.</i> for taxes and buses)	64.7	33
Medicine from the chemist	21.6	11
Buying a big item for the home (<i>e.g.</i> a fridge)	49	25
Eating out	25.5	13
Going to social events (<i>e.g.</i> Kimberley Moon festival)	13.7	7
Present to give someone	29.4	15

The CDC dramatically limits the amount of cash people have. Yet cash is an important aspect of living in remote areas (Altman 2015; Peterson 1991). Remote economies in Australia are different from the free market logic that government policy promotes. Indeed, remote economies in the Kimberley include not just the public (or state), and the private sector but also the non-market or customary sector. These characteristics in remote Australia are what Altman (2005) has termed the 'hybrid economy.' Cash circulates through the state and market sectors, but also draws in customary activity when it is exchanged for cash (*e.g.* painting, hunting, labour) (Altman 2005; Taylor 2004). Cash is also used to invest in the

means of production outside the market sector (*e.g.* second hand equipment and tools). The Cashless Debit Card, through restricting cash and tying people to stores with debit card facilities, can restrict people's engagement in the hybrid economy.

Cash is also important for people to purchase goods to meet their basic needs. Table 1 above shows responses from the 51 people interviewed about what they used cash for before the trial. Transportation and lifts around town, big and small grocery shopping and fuel were important cash commodities in the East Kimberley. People also reported using cash for informal renting arrangements, lunch and pocket money for children, informally buying second-hand goods, purchasing fresh food and meat from local farms and stations (which can be cheaper than town stores), and also for paying for the show and other events coming to town.

Table 2: Items that CDC trial participants report are harder to buy as a result of the card

	% of responses reporting increased difficulty in purchasing	N responses (35 total)
Big grocery shopping	65.7	23
Small grocery shopping	22.9	8
Fuel	20	7
Rent	22.9	8
Bills	48.6	17
Lunch money for children	11.4	4
Transport costs (<i>e.g.</i> for taxis and buses)	65.7	23
Medicine from the chemist	68.6	24
Buying a big item for the home (<i>e.g.</i> a fridge)	80	28
Eating out	14.3	5
Going to social events (<i>e.g.</i> Kimberley Moon festival)	22.9	8
Present to give someone	20	7

Whilst the logic of the CDC is about reducing the amount of cash people have to spend on alcohol, gambling or illegal drugs, it has actually caused difficulty for people who use cash for supporting basic needs. Table 2 on the previous page shows the kinds of key items people found it harder to pay for since the card came into circulation. This includes transportation, which is a key need for people to get to their Work for the Dole responsibilities (that have harsh penalties for not showing up), shopping for food, taking children to school and attending social events.

CDC and the depoliticisation of poverty and unemployment

The material poverty experienced by people receiving state benefits in the East Kimberley has structural and historical roots. Yet, the CDC reconfigures and rearticulates a socio-economic and colonial crisis as a crisis of the individual. Poverty in the East Kimberley disproportionately falls on First Nations peoples. Tables 3 and 4 show the median household and individual income for people living in both Kununurra and Wyndham (key towns in the East Kimberley) – where First Nations income levels are far below non-First Nations levels. The effects of poverty are also exacerbated because the cost of living in the Kimberley is 15% higher than in Perth (KDC 2017). The tables also show that for both of the towns, the unemployment rate among First Nations peoples is higher than for non-First Nations people, and First Nations unemployment in Kununurra has increased between 2011 and 2016. In addition, the tables show that labour force participation among First Nations peoples is lower than for non-First Nations people. Significantly, however, engagement in other productive activities that people undertake, such as fulfilling caring responsibilities, is higher among First Nations peoples. Further, Tables 3 and 4 illustrate that the likelihood of home ownership is lower for First Nations peoples in the two towns, and the use of state assisted housing programs is higher. First Nations peoples in both towns have a higher need for physical assistance than non-First Nations peoples, and contribute more time to unpaid childcare.

Table 3: Socio-economic data, Kununurra

Variable	2011		2016	
	First Nations	Non-First Nations	First Nations	Non-First Nations
Population	1335	3018	1158	2897
Population 18 years and over	744	2429	686	2309
Population 15 years and over	827	2494	749	2372
Unemployment rate (%) ^a	13.7	2.1	18.2	2.8
Labour force participation rate (%) ^a	42.3	86.9	42.6	86.3
Provided child care (%) ^b	48.7	27.2	38.3	28.4
Home owner or purchasing (%) ^b	9.9	52.2	12.4	47.7
Renting from state authority (%) ^b	48.6	7.9	49.6	6.3
Have a need for physical assistance (%) ^{b, c}	5.3	1.5	7.9	2.0
Median Personal Income (\$) ^b	355.7	1039.1	428.1	1124.3
Median income Household (\$) ^b	1273.5	1745.5	1293.3	2096.1

Source: ABS 2011; 2016.

a. Calculated for population aged 15 years and over

b. Calculated for population 18 years and over. Care for own/other/both own and other children

c. Assistance either for self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age

Notes: All calculations exclude Indigenous status 'not stated.'

Calculation of median household income based on place of enumeration, all others based on place of usual residence.

The data in this table are based on the whole population in the two towns and not just those on the CDC.

Table 4. Socio-economic data Wyndham

Variable	2011		2016	
	First Nations	Non-First Nations	First Nations	Non-First Nations
Population	409	287	359	186
Population 18 years and over	253	219	225	151
Population 15 years and over	276	221	242	156
Unemployment rate (%) ^a	20.7	3.3	19.6	5.0
Labour force participation rate (%) ^a	48.9	83.3	42.1	77.6
Provided child care (%) ^b	42.4	36.3	29.8	23.7
Home owner or purchasing (%) ^b	20.2	43.0	14.4	59.1
Renting from state authority (%) ^b	62.8	11.1	57.4	7.9
Have a need for physical assistance (%) ^{b, c}	6.3	4.0	7.1	3.3
Median Personal Income (\$) ^b	357.7	1064.0	530.0	1294.3
Median income Household (\$) ^b	1168.3	1764.1	1024.9	1781.8

Source: ABS 2011; 2016.

a. calculated for population aged 15 years and over

b. calculated for population 18 years and over

c. Assistance either for self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age

Notes: All calculations exclude Indigenous status 'not stated'

Calculation of median household income based on place of enumeration, all others based on place of usual residence

The data in this table are based on the whole population in the two towns and not just those on the CDC.

Material poverty for First Nations peoples in the East Kimberley is linked to colonial processes, as elsewhere in Australia. Wealth generated by settler society has relied on the exploitation of First Nations labour and land (Veracini 2010; Wolfe 2006). In the Kimberley specifically, the

development of the town of Kununurra was contingent upon the flooding of First Nation's country to create the Ord Dam and Lake Argyle, the largest lake in Australia. The damming of the Ord River flooded over half of their country, including songlines, which remains a major act of dispossession, displacement, and occupation (Sullivan 1996). Yet, as Grudnoff and Campbell (2017) reported, despite \$2 billion spent on the Ord River Scheme, limited benefits have been enjoyed by a few. The scheme has only resulted in 260 (predominately non-First Nations) jobs (Grudnoff and Campbell 2017). Indentured and unpaid First Nations labour built the pastoral industries of the East Kimberley and many families suffered through Stolen Generation policies under which their children were taken and used as slave or indentured domestic labour in settler households.

The 2006 Australian senate inquiry into Indigenous stolen wages also acknowledges how unpaid First Nations labour in the Kimberley was extracted to build the very industries generating private profits in the East Kimberley today. Submissions to the inquiry noted how this exploitation of labour has clear links to the material poverty many First Nations peoples currently experience. For example, in her submission to the inquiry, Professor Anna Haebich (in Commonwealth of Australia 2006: 29) argues:

Aboriginal people played a major role in building the state economy in the pastoral and rural industries in the north and south of the state. It was the state government's discriminatory employment system that prevented Aboriginal workers from benefiting from the Australian labour system, which was hailed around the world as an exemplary model for protecting workers' wages and rights. Instead, Aboriginal people were subject to a disabling system which denied them proper wages, protection from exploitation and abuse, proper living conditions, and adequate education and training. So while other Australians were able to build up financial security and an economic future for their families, Aboriginal workers were hindered by these controls. Aboriginal poverty in Western Australia today is a direct consequence of this discriminatory treatment.

Material poverty in the East Kimberley is therefore relational (Mosse 2010); it is a persistent 'consequence of historically developed economic and political relations, as opposed to 'residual' approaches which might regard poverty as the result of being marginal to these same relations' (Mosse 2010: 1157). In the East Kimberley, relational poverty is a consequence of economic and colonial processes compounded by

punitive workfare and welfare policies such as CDC and, as explained below, Work for the Dole.

Unemployment, the CDC and Work for the Dole

As noted earlier in this paper, the CDC trial compulsorily includes most working-aged people who are unemployed in the East Kimberley. Through the CDC, the government has assumed that there is a nexus between unemployment and excessive use of alcohol, illegal drugs or gambling. It also suggests that behaviours, norms and aspirations of all people receiving welfare are currently problematic and need to change, and that such change will lead to employment. Yet the key cause of unemployment in the East Kimberley is not a behavioural issue, but the absence of formal jobs (KDC 2013). The Kimberley Development Commission shows that bringing the employment of First Nations peoples in the Kimberley to Australia's average by 2025 would require 120 new full time and ongoing jobs per year in the region until then (80 jobs for First Nations people, and 40 for non-First Nations people). The Kimberley Development Commission (KDC 2013) argues that, based on the current labour market trends, First Nations employment parity will not be met in the Kimberley until around 2040.

The absence of formal jobs for First Nations peoples provides employment for non-First Nations people. That is, service provision for First Nations peoples is one of the key areas of employment creation for non-First Nations people in the East Kimberley. Health organisations, legal organisations, government departments and agencies such as child protection, housing, and social services employ a workforce of hundreds of staff – disproportionately non-First Nations (Empowered Communities 2015; Marrie 2015). First Nations people do not get these jobs for various reasons including overt and structural racism or because they did not have the opportunities to gain required skills (Marrie 2015).

Despite the limitations of the East Kimberley labour market, government policy has abolished programs that were supporting First Nations labour such as the Community Development Employment Program (CDEP). CDEP was established nationally in 1977 and reached the Kimberley in the early 1980s. CDEP was paid as a collective grant to local First Nations organisations to employ people on community development projects. CDEP provided support for First Nations peoples to undertake

productive labour on-country, and to engage in community and commercial activities (Jordan 2016). CDEP was based on a realisation that the settler employment model was unsuitable for the economic, geographic, situational, and cultural circumstances of First Nations peoples living remotely, and that an innovative institution that recognised such difference was needed (for further discussion of CDEP see Jordan 2016; and Taylor 2004, 2008 for the East Kimberley). CDEP in the East Kimberley supported various productive activities such as hunting, fishing, art and craft manufacture, land management and ceremonial business. As Taylor (2004) observed, such activities did have market potential. CDEP proved popular and by 2004 there were over 35,000 First Nations people participating, with 70% living in remote Australia and 265 community-based First Nations organisations administering the scheme (Altman and Klein 2017). CDEP was progressively abolished from 2006 and, since its abolition, unemployment has increased 20% in the East Kimberley (KDC 2013).

Despite the lack of formal labour market jobs in the East Kimberley, the government launched a punitive remote Work for the Dole scheme called the Remote Jobs and Communities Program (RJCP) in 2013, later renamed the Community Development Programme (CDP) in 2015 (see Jordan and Fowkes 2016). Although the Australian government claims that this is designed to prepare people for work, sufficient jobs are simply not there. This means that people in the East Kimberley are not only subjected to the quarantining of their state benefits with conditions on how they spend their money through the CDC; they also have to endure harsh CDP, which includes punitive conditions on accessing state benefits in the first place. CDP requires working age participants (18-49 years) to attend Work for the Dole activities for up to 25 hours a week (5 hours a day, 5 days a week) for a payment well below minimum awards (Altman 2017). The requirements for CDP are much more onerous than CDEP: the latter required participants to work around 15 hours a week for wages that were equivalent to the minimum wage, and allowed people to earn additional wages for extra work without economic disincentive. CDP is also harsher than the government's non-remote Work for the Dole program, *jobactive*, leading to CDP 'breaching rates' (in which income penalties are applied to participants) that are 30-40 times higher than those in *jobactive* (Fowkes 2016).

Table 5 shows the dramatic increase in penalties for people in the CDP scheme in Western Australia after the introduction of CDP on July 1

2015. The ‘No Show No Pay’ penalty is applied for people missing their Work for the Dole activity or compulsory appointments. Each No Show No Pay penalty results in the loss of one-tenth of an individual’s fortnightly income support payment (*e.g.* \$53.88 of a fortnightly \$538.80 Newstart allowance). Three days missed within a six-month period can result in the eight-week suspension of income support (although eight week ‘non payment periods’ can sometimes be worked off). The Western Australian numbers mirror the national trend of a significant increase in penalties applied to people on CDP. Nationally there were 22,984 No Show No Pay penalties in 2014, before CDP was introduced. This number rose to 125,670 in the first year of CDP. The incidence of poverty experienced by First Nations peoples in remote areas has also increased in this period (see Markham and Biddle 2018).

Table 5. Penalties applied under RJCP and CDP, Western Australia (2014 -2016)

Penalty	2014/15 FY (RJCP)	2015/16 FY (CDP)
No Show No Pay penalty	4,297	22,662
Total Eight Week Non Payment Periods	599	2,629
Total financial penalties	6,734	25,621

Source: Department of the Prime Minister and Cabinet, obtained under FOI.

Note: Only data for Western Australia as a whole was provided, even when more specific data for the East Kimberley was sought (See <https://www.pmc.gov.au/sites/default/files/foi-log/FOI-2016-175.pdf>). This decision was made on the basis that specific data for the Kimberley could lead to the identification of actions by individual CDP providers. Informants who have seen the breaching rates in the East Kimberley have indicated a dramatic increase in breaching in both Kununurra and Wyndham since CDP was introduced.

Some people in the East Kimberley have tried to resist being subjected to both the Cashless Debit Card and CDP. Workers at the CDP facility in Kununurra went on strike citing their frustration at being penalised twice. They said that if CDP was ‘work’ as told to them by the government, then they should not have to be on CDC (which targets the unemployed). Despite the overlap between government policies and their impact on

people's lives, there is no evidence that government reviews of CDC and CDP have examined the links between the two programs.

Although there are historical and structural contributors to poverty and unemployment, people who are targeted for the Cashless Debit Card trial are judged on their apparent failure to be good economic citizens by the very account that they are in need of state assistance. It is assumed that their poverty and unemployment is a matter of behaviour, and that by getting the economic incentive/disincentive structure right, these people's behaviour will 'improve' to resolve the problem. Yet, poverty and unemployment in the East Kimberley are not matters of individual behaviour, but relational features of Australian settler colonial capitalism and its expansion.

Empowering capitalism and accumulation by dispossession

The Cashless Debit Card attempts to target First Nations and poor non-First Nations subjectivities. At the same time, it empowers capital in two ways. The first way is that the CDC signals ongoing settler colonialism in Australia. Settler colonialism is primarily concerned with the elimination of First Nations peoples off their land (Coulthard 2014; Veracini 2010; Wolfe 2006). Assimilation is a long-term strategy of elimination as those staying on country and resisting integration are a threat to liberal capitalism's need for unfettered access to land and territorialisation (see Coulthard 2014; Harvey 2003). Continued territorialisation in the Kimberley is planned; the Kimberley Development Commission, Western Australian government and Australian government all declaring vast economic development plans which involve use of First Nations land, such as for mining, agricultural and pastoral industries. The Western Australian government's Regional Services Reform agenda, which reconfigures funding priorities for service provision across the state, and the Australian government's *Our North, Our Future: White Paper on Developing Northern Australia* also illustrate how the expansion of capital across the northern tracts of First Nations land, including the East Kimberley, are central to broader plans for Australian economic development.

Yet the means to which land is acquired is often through dispossession, or what Harvey (2003), drawing on Marx, calls accumulation by

dispossession. Accumulation by dispossession has been a fundamental aspect in settler colonialism – the removal of First Nations peoples off their land was essential to establish and maintain the nation and economy (Wolfe 2006). In the case of the Cashless Debit Card, this accumulation by dispossession is not always through active removal from land, but through punitive welfare which aims to shape the subjectivities of people in a way which is conducive to settler norms (and capitalist expansion) (Moreton-Robinson 2009). It works in conjunction with other processes of accumulation by dispossession that are simultaneously underway including Native Title laws that facilitate the watering down of land rights (Golder 2014; Watson 2009a), the pauperising and vilification of First Nations agency and productive labour (Altman 2014), the defunding of remote communities to effectively encourage people off the land (Howitt and McLean 2015), the underfunding of culturally-appropriate services and education to support language, kinship and healing (Moreton-Robinson 2007; Watson 2009b), and the denial of sovereignty and the freedom to self-determine (Moreton-Robinson 2007).

Private capital has also played a role in helping to create the conditions for the government to target subjectivities of First Nations people. Mining billionaire Andrew Forrest, through his Minderoo Foundation, claims the CDC as his initiative (though still referring to it as the Healthy Welfare Card). The Minderoo Foundation 2016 annual report states that the Forrest Review ‘produced at the request of the Prime Minister and Cabinet, has gained further traction. Trials of the Healthy Welfare Card are under way in Ceduna, SA, and Kununurra, WA and there are strong early indicators of success’ (Minderoo Foundation 2016: 3). The Minderoo Foundation has established a website dedicated to the Cashless Debit Card, where people can sign a petition to support the program coming to their town. The Minderoo Foundation has also created and aired television advertisements in support of the Cashless Debit Card on commercial TV stations. These advertisements specifically call for viewers to consider a trial in their community and sign a petition where they are asked to leave their contact details. Where religion helped facilitate the colonial project (Wolfe 2006), philanthropy can play a role in the neo-colonial one.

The second way in which the CDC empowers capital is that the card shows how subjectivities are also *the territory* of accumulation by dispossession. Indue, the private company that has been contracted by

both the Department of Social Services and Department of Human Services to build the technology and administer the CDC, is at the forefront of a new industry accumulating wealth on the basis of trying to engineer people's minds and behaviours. Details of the government's contracts with Indue reveal that they have acquired over \$10.8 million of the \$18.9 million spent on the trial (up until April 2017) for building the technology and administering the card in both Ceduna and the East Kimberley. Indue owns intellectual property from the trial for commercial purposes, but it has not been disclosed which specific elements. Other corporations have also engaged in the CDC process including the Commonwealth Bank who helped the Minderoo Foundation to refine technologies of the CDC. Links between the banking sector, CDC and goals of a cashless society need to be further investigated given the profitability from increased capacity of surveillance, data capture and financialisation (Mader 2017).

Conclusion

The logic of the Cashless Debit Card, and income management more broadly, has developed in conjunction with other policy initiatives. It is connected with the rise of paternalism as part of the neoliberal turn of Australian social and economic policy (Altman 2014; Cahill 2014; Strakosch 2015). While also targeting non-First Nations people, the Australian government has aggressively pursued First Nations peoples through income management and harsh Work for the Dole measures.

The trial of the Cashless Debit Card in the East Kimberley is perverse contemporary policy. Not only did the trial bring material hardship through limiting the amount of cash available to people in receipt of most social security payments, but it also further disempowered those marginalised by relational poverty. This has two purposes: to continue the trial and expand the program in other regions; and to obfuscate the reality that the card's logic is deeply flawed and reliant on jobs that do not exist. The Australian government cannot achieve the aims it seeks through the CDC, as the framing is perverse and disconnected from the lives of those on the card.

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The authors would like to thank all of the people who have contributed to this research, especially the many that supported and informed the research in an anonymous capacity. Their thanks also to the East Kimberley Legal Services Network for their significant assistance. They also thank Professor Jon Altman for his generous guidance, support and comments on drafts, as well as Dr Shelley Bielefeld for earlier support in the research design and Dr Mandy Yap for her support in analysing the Census data. They thank members of the 'On culture, power and practice' research cluster at the University of Melbourne and the CAEPR Working Paper editorial team for feedback on earlier drafts. Finally they thank the editorial team and reviewers of this special issue for their thoughtful and considered comments.

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