THEMED ARTICLE

The Uses and Abuses of Evaluation: The cashless debit card story

JANET HUNT

An evaluation of the Cashless Debit Card Trial (CDCT) was released in August 2017 with much fanfare. Successive Ministers have claimed the evaluation showed massive reductions in alcohol and drug abuse, gambling and domestic and other violence. Yet the evidence suggests these claims were not simply grossly exaggerated, they were not supported by the evaluation evidence available. Worse, this evaluation has been used repeatedly to justify new trials and extensions of existing trials, despite academic critique and an assessment by the Auditor-General that the evaluation could not be relied upon to prove that the Cashless Debit Card was reducing social harm; and that it may not have been a cost-effective approach. This paper examines the uses of the evaluations by government in their efforts to justify the continuation of these programs.

KEY WORDS: Cashless debit card; evaluation; Indigenous; social policy; income management

The Uses and Abuses of Evaluation: The Cashless Debit Card Story

When Treasurer Josh Frydenberg presented his Budget speech to the Parliament on 2 April 2019, he made the following statement:

> Mr Speaker, the Government's cashless debit card is delivering life-changing outcomes in child welfare and the safety of communities.
>
> And so, in this Budget, we extend its roll out.
>
> It is already making a real difference, almost halving the frequency of alcohol consumption, gambling and drug abuse (Frydenberg 2019).

His claim was one of a long line of claims between 2017 and 2019 by various Ministers, and even Prime Ministers, that the Cashless Debit Card (CDC) was an extraordinary policy success. Indeed, in September 2019 Prime Minister Morrison signalled a national roll out for 2020 due to this success (Harris 2019). But these claims rested on selective evidence from one very inadequate evaluation of the CDC in the first two locations it was 'trialled'. This paper explores the way this evaluation was used, and at times abused, to justify ever increasing expansion of the CDC 'trials' over three years from 2017-19.

Background

The concept of a 'Healthy Welfare Card', now renamed as the Cashless Debit Card, was a recommendation of the Forrest Review into Employment and Training (Forrest 2014). It was seen as a development from income management (IM) which has been occurring in parts of Australia since the Northern Territory Emergency Response, when it was first introduced there for Aboriginal communities. CDC recipients receive 80% of their payments through a card which can be used for all purchases other than prohibited categories. The CDC is supposedly testing whether reducing the amount of cash available in a community will reduce the overall harm (particularly violence and child neglect) caused by 'welfare-fuelled' alcohol, gambling and drug misuse.

The first CDC trials began in Ceduna region (South Australia) on 15 March 2016, and in the East Kimberley region (Western Australia) on 26 April 2016. The trials applied to all working age income support recipients, while those on Age or Veteran pensions or who were already working could voluntarily join the program, though few have. The majority of people on the card in both locations are Indigenous.

The evaluation was not built into the design of the CDC trial and was commissioned only shortly before it began. ORIMA Research, a private company, won the tender and first met with the Department of Social Services only three weeks before the Ceduna trial started. Clearly, at that late stage ORIMA was unable to collect baseline survey data. However, ORIMA tried to assess the situation with a brief Initial Conditions Report which covered details about the locations, the numbers of participants in the trials and information

from initial stakeholder focus groups and interviews about the situation in those sites. It then undertook intercept surveys of participants in two waves (and of family members in Wave 1 only) intended to enable a longitudinal analysis; but attrition rates were high with only 28 per cent interviewed for both waves. This was supplemented with data from state jurisdictions on a range of relevant indicators (such as alcohol-related hospital admissions, crime apprehensions etc.) but not Commonwealth administrative data, except to compare demographic characteristics of its Wave 1 and 2 samples. Comparison sites were identified but these were of limited value as they were locations that trial participants may have visited in the trial period, confusing the results. The evaluation cost of $1.6m, double the original contract price, was apparently in part due to the complexity of the survey fieldwork and the nature of the administrative data (Australian National Audit Office 2018).

The Challenges of Evaluation

Evaluation should be built into program design, and is usually considered to have two purposes – for learning and program improvement, and for accountability. While both purposes are important, in the trial of a program one would assume that the learning and program improvement purpose should predominate. With a place-based program it might also be important to examine what might be driving the success or otherwise of the program in its context, and how transferable the findings might be elsewhere.

The task of evaluation may vary: an evaluation may be preemptive (i.e. to evaluate policy and program options in developing a proposal) or formative (i.e. assessing the implementation of a program) but the ORIMA evaluation appeared to be intended as an outcome evaluation (i.e. designed to assess the outcomes of a program). For such an evaluation it is normal to establish a baseline of the situation prior to a program intervention, assess change after a period of the program's operation, and assess the extent to which the program may have contributed to any measured changes. However, one of the challenges of evaluation in complex social settings is that it may not be possible to attribute change to a particular intervention, as that intervention occurs in a dynamic environment, where factors leading to change cannot easily be isolated and deemed to have caused that change. Furthermore, assessing change through interviews with program participants, which became the main source of data for ORIMA, is fraught with difficulties, as Cox (2017a) explains. Power relationships between identified income support recipients and a contractor of the government, social desirability bias, legal considerations, and a host of cross-cultural considerations, among them gratuitous concurrence, could all affect the results obtained (see also Cox 2017b, Gray 2012).

Finally the politics of evaluation come into play. Evaluation is an inherently political activity in many respects (Markiewicz 2008;Taylor and Balloch 2005) but in this case, the evaluation took place in a highly political context, as the introduction of this IM measure was controversial. Because of this, it needed to be carefully designed and implemented, and reported in a very transparent way. However, the presentation of the findings by the evaluators seemed deliberately confusing, while the way results were used selectively by politicians intent on promoting this policy whatever its impact, was at times seriously misleading.

Earlier Evaluations of Income Management

The Northern Territory National Emergency Response Intervention (NTER), which led to IM in the NT, was itself the subject of numerous evaluations and as Altman and Russell explain, in that context evaluation was 'not a tool for objectively measuring success or failure but rather forms a part of the policy process' (Altman and Russell 2012: 3). Evaluation 'fetishism', as they say, occurs when a policy is contested and government has to demonstrate to a wider public that their costly program is achieving results. The same may be said about evaluation of the CDC. To put this in context, a number of evaluations of various approaches to income management have been undertaken since IM began in 2007. Bray undertook a comprehensive review of all of those undertaken up to 2015, and as he said:

> These vary in rigour, methodology, and the set of programs considered. This has led to an apparent diversity of findings, which has been exaggerated by selective use in public debate (Bray 2016: 449).

He went on to document how Ministers and the Department had selectively reported the findings of the evaluations to present some positive aspects, without reporting the qualifications or distinguishing between the results for voluntary IM as against compulsory IM; and also argued that incomplete quotes were often taken out of context to highlight the positive without reporting the negative consequences or failings of the card. Bray also compared the methodologies of the various evaluations undertaken and found that those which focused on subjective perceptions of change were generally more positive in their results than those which used more objective measures of change such as changes in spending patterns (Bray 2016: 449). Furthermore, Bray found a marked difference in outcomes for those on voluntary IM compared to those compulsorily placed on it, unless individuals wanted to change and were given the necessary wrap-round support to do so (Bray 2016: 464). Despite Bray's finding about the limitations of compulsory IM applied indiscriminately, the CDC was an example of precisely that approach. Bray subsequently

updated his research, reporting a 'failure of income management policies to achieve their goals' (Bray 2019: i). However, evidence of policy failure does not always lead to policy change in this as well as other areas, when perhaps other factors or interests are in play.

Shortcomings of the ORIMA Evaluation on Which Success Claims Rest.

A 'Wave 1' evaluation of the CDC was conducted in August 2016 in the Ceduna area and in September/ October 2016 in the Kimberley (ORIMA 2017b:4–5). This followed an Initial Conditions (IC) Report which showed that 757 Ceduna and 1247 East Kimberley residents had received income support payments through a CDC (ORIMA 2017a:13). In August 2017, the final 'Wave 2' report was released (ORIMA 2017c), and the findings from this series of reports have been used to justify the CDC ever since.

The problems with these reports are difficult to summarise, but they reflect poor design, confusing reporting, and misleading interpretation. I have detailed these elsewhere (Hunt 2017a, b). Most importantly they do not help foster a real understanding of whether and how the CDC may be working or helpful, and where it is clearly failing or even causing harm.

The Initial Conditions Report provided a detailed program logic with expected outcomes including possible benefits and adverse consequences. It provided a set of key performance indicators for which data would be collected and stated that it would use both qualitative information and administrative data to triangulate findings. While this logic was clear, the two subsequent reports failed to fully reflect this plan. Interviews with selected key stakeholders in the communities were conducted but no objective data was obtained.

The Wave 1 Report (ORIMA 2017b) was huge and full of quantitative data based on interviews, but the value of its data is questionable (Cox 2017a, Hunt 2017a). The Wave 2 data was not exactly the same as in Wave 1 (e.g. there was no data from participants' families). It was also analysed and presented differently in some respects from that in Wave 1. Hence it is difficult, if not impossible, to compare and assess change from Wave 1 to Wave 2, as they were neither the same individuals as originally planned, nor were they two completely random samples, and rates of response or refusal varied across the two samples (see Hunt 2017b). Thus, direct comparison of these two intercept samples is not valid. In addition, the program logic and its various data sources proposed in the IC Report seem to have been abandoned as the Wave 2 report emerged.

The Findings

The headline results of the Wave 1 Report highlighted in the Executive Summary were that:

- 25% of CDCT participants and 13% of their family members reported drinking alcohol less frequently
- around a quarter of CDCT participants who reported using illegal drugs before the Trial commenced indicated that they had been using illegal drugs less often
- 28% of non-participant community members, 27% of CDCT participants and 28% of CDCT participants' family members had noticed a reduction in gambling in their community since the Trial started (ORIMA 2017b: 4)
- there was some preliminary evidence of a reduction in crime, violence and harm.

These were the findings that political leaders repeated frequently. However, among other findings and qualifiers they neglected to share:

- more participants said the CDCT had made their lives *worse* than made it *better* (49% compared to 22%) and 27% reported no change (p. 35)
- 34% of people on the card never drank, gambled or used drugs prior to the trial, 43% reported no change, and 2% reported increases. Thus for 77% of the population there was no impact at all and over a third were unnecessarily on the card (p. 22)
- the number of people acknowledging use of illegal drugs was only 84 across the whole sample of 2004 people (and only around 21 had reported reduced use, or around one per cent of the total sample) (p. 26)
- in the East Kimberley 28% had observed increased violence in the community, 42% reported no change and only 20% reported a reduction. In Ceduna a total of 60% had seen increases or no change, and 20% couldn't say (p. 31).

Until the Wave 2 report, there was no mention of the possible impact of the simultaneous 12-month Takeaway Alcohol Management System (TAMS) trial in Kununurra and Wyndham which was introduced in December 2015 (Codeswitch 2016). This could have contributed to any reduced drinking identified.

The Wave 2 report also highlighted some positive findings which were taken up by political leaders:

- participants who reported drinking alcohol less frequently than they did before increased significantly

from 25% (n=345) at Wave 1 to 41% (n=231) at Wave 2

- the proportion reporting use of illegal drugs less frequently increased from 24% (n=84) at Wave 1 to 48% (n=62). An important footnote in the report stated ‘It should be noted that self-reports of illegal drug use in a survey context are subject to a high risk of social desirability bias and should be interpreted with caution’
- 48% of those who gambled before the Trial reported doing this less often (n=109), up from 32% at Wave 1 (n=140). The report noted that the change between Wave 1 and 2 was not statistically significant at the 95% level of confidence (but it was at the 94% level)
- in the 12 months following the introduction of the CDCT (April 2016 to March 2017), electronic gaming (poker) machine revenue in the Ceduna and surrounding Local Government Areas was 12% lower than in the previous 12 months (April 2015 to March 2016).

Some of the findings they did not mention were:

- with the exception of drug driving offences and apprehensions under the Public Intoxication Act (PIA) in Ceduna, crime statistics showed no improvement
- there was no statistically significant change between Wave 1 and Wave 2 in participant and non-participant perceptions of safety (ORIMA 2017c).

If there was a significant decline in alcohol use, then there are further questions about the program logic behind the trial, as the data shows that the community harms thought to be attributable to alcohol appear to persist. No sales data from liquor outlets was checked against people’s reporting and elsewhere the reports showed mixed perceptions at best relating to whether alcohol use was reducing.

The Wave 2 report suggested that there was reduced gambling, however, there were a number of qualifications in the Report. These included that this did not seem to be the case in the East Kimberley, where both participants and non-participants were more likely to say that they thought gambling had gone up. (However, the non-participant result was not statistically significant.) In Ceduna the issue was poker machine use but data presented could not confidently support claims that gambling had significantly reduced (ORIMA 2017c).

If the anti-social behaviours had changed, one would have expected that the impact might have been felt in terms of reduced violence and increased feelings of safety, but the report acknowledges that that there was ‘no statistically significant change’ (ORIMA 2017c: 68) between Wave I and Wave 2 in participant and non-participant feelings of safety. In the East Kimberley ‘at both Wave 1 and Wave 2, a greater proportion of participants felt that violence had increased than had decreased’ (ORIMA 2017c: 65), which is certainly borne out by data on assault offence/incidence reports from the WA Police that was not mentioned in the evaluation (Hunt 2017b). This data itself needs to be treated with caution as there may have been a major change in policing behaviour that contributed to such a sharp rise in such reports, but it is consistent with the CDC participant perception data.

There may be two explanations for these outcomes which were not investigated: either anti-social behaviours thought to cause violence and crime had not reduced and so violence and crime continued; or, those behaviours had reduced, but were not the causes of violence and crime. Furthermore, the evaluation failed to give any sense of who was finding that the CDC had improved their lives and who was finding it worsened them. For a trial this would be very important information.

Vincent (2019) explored why some participants in Ceduna ‘emphasise the punitive dimensions of the CDC while others experience the card as supportive’ and concluded that this related to whether they saw the card in the context of ‘broader colonial, racial and social injustices’ or of ‘immediate familial concerns’ (p. 18). As she said, ‘many research participants advanced a critical analysis of the card in social and historical terms’. Being on the card, one man perceived, was like being ‘taken back’, ‘to the days when old people were given a pinch of tea, some sugar and salted beef’ (p. 18). Klein and Razi also found in Kununurra and Wyndham that the CDC, known locally as the ‘White Card’, ‘was the symbol of settler colonialism’ (Klein and Razi 2017: 13). So claims that the CDC was ‘delivering life-changing outcomes in child welfare and the safety of communities’ and ‘almost halving the frequency of alcohol consumption, gambling and drug abuse’ (Frydenberg 2019) were only partial truths at best, relied on dubious data, and were certainly incorrect in relation to community safety, while there were actually mixed findings in relation to child welfare. In addition, the frame within which people viewed the card evidently affected how they experienced it.

Finally, in 2018 the whole CDC trial program was the subject of an audit by the Australian National Audit Office which concluded that:

> The approach to monitoring and evaluation was inadequate. As a consequence, it is difficult to conclude whether there had been a reduction in social harm and whether the card was a lower cost welfare quarantining approach (ANAO 2018: 8).

The audit made the point that the evaluation had not assessed the level of unrestricted cash in the communities, and that it had not made use of 'all available administrative data to monitor the impact of the trial' (ANAO 2018: 8).

Political Use of the Evaluation

When the Wave 1 report was released in March 2017, Ministers Porter and Tudge issued a press release, stating that 'overall, the [trial] has been effective to date … in particular, the trial has been effective in reducing alcohol consumption, illegal drug use and gambling – establishing a clear 'proof-of-concept' (Porter and Tudge 2017). The press release stated that 'the results support an extension of the card' and emphasised, 'The card is not a panacea, but it has led to stark improvements in these communities. There are very few other initiatives that have had such impact', completely ignoring all the qualifiers in the report.

In mid-2017, the Social Services Legislation Amendment Cashless Debit Card (CDC) Bill 2017 was introduced to the Parliament to extend the two trial sites indefinitely and allow for more sites to be trialled. It then became the subject of a Senate Community Affairs Legislation Committee inquiry. The Bill's explanatory Memorandum stated that 'the trial is having positive early impacts in relation to alcohol consumption, illegal drug use, and gambling in the trial regions.' (p. 3). On 29 August 2017, the Wave 2 Evaluation report was released with considerable fanfare. This time, Prime Minister Turnbull said with great conviction that it had seen *'a massive reduction in alcohol abuse, in drug abuse, in domestic violence, in violence generally; a really huge improvement in the quality of life, not just for the families who are using the Cashless Welfare Card, but for the whole community'* (Turnbull 2017). Yet the evidence suggests these claims were not just simply grossly exaggerated, they were not supported by the evaluation evidence available at the time, particularly in relation to domestic violence. The *only* reference to domestic violence findings in the Wave 2 report said:

> a few service provider case-workers reported that there was a noticeable decrease since the CDCT started in high risk domestic violence call-outs/ reports and the number of families that were put on the 'watch-list'(ORIMA 2017c: 65).

This cannot be interpreted to mean a 'massive reduction' in domestic violence overall, and subsequently, Klein (2017) found data on domestic violence that indicated a considerable rise in reports. Again, how these data should be interpreted is an important consideration, but the fact that the evaluation failed to incorporate such data and interrogate its meaning is problematic.

Almost immediately after the release of the Wave 2 Evaluation Report, on 1 September 2017, the Minister announced that the CDC would now be extended to include Goldfields in Western Australia and on 27 September, the Hinkler electorate (Bundaberg and Hervey Bay). The latter trial was confined to income support recipients under 36 years, and was to encompass a greater proportion of non-Indigenous participants than any of the other sites. Legislation had already been introduced into Parliament to give effect to the first of these extensions.

In August 2017, the Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 was introduced to extend the trial in existing sites and allow the third site (Goldfields) to commence. It was referred to a Senate Committee for an Inquiry. This drew in 172 submissions, many from groups representing or working with people on income support in all four locations and hearings were held in Kalgoorlie (12 October) and Canberra (2 November). In the Kalgoorlie hearing, the chair of the Aboriginal Health Council of WA had the positive ORIMA data put to her by Senator Hanson, which she strongly challenged:

> We also had a review that was undertaken by Monash University, which found the opposite statistics. That provided us with an evidence base to say that since the introduction of the cashless card in the East Kimberley we've had very much the opposite statistics provided to us (Senate Community Affairs Legislation Committee 2017: 33).

The Committee's Report acknowledged that the quality of the evaluation report had been an issue during the hearings, yet also stated that it was 'encouraged by the cashless debit card's positive impact in the trial sites and sees significant benefit in the continuation of the cashless debit card in the trial sites and expansion to new locations' (Senate Community Affairs Legislation Committee 2017: 29). While the Greens opposed the legislation, Labor argued that better evaluation was required, hence their support for the 12 month extension in just the two existing sites. Despite this, the Government passed the Bill unchanged.

On 30 May 2018 a new Bill, the Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 to increase the number of participants in the trials to 15,000 and expanding it to Hinkler, was tabled in the House of Representatives. The Explanatory Memorandum for this Bill claimed that the final evaluation report of the CDC trial had had 'a significant positive impact' and 'has been effective in reducing alcohol consumption and gambling in both

trial sites and [is] suggestive of a reduction in the illegal use of drugs.' (Parliament of the Commonwealth of Australia 2018: 4). Introducing the Bill, Minister Tehan again claimed that, 'The independent evaluation into the effectiveness of the card has shown considerable positive impact in communities', referencing specific reductions in drugs, drinking and gambling (House of Representatives Hansard 30 May: 4871). As always, there was no mention of any other findings – the fact that many people on the card neither drank, gambled or used illegal drugs, or any acknowledgment of criticisms of the evaluation.

During debate on the Bill, Minister Porter referred to an announcement the government had made to commission a second evaluation of the CDC. This one was to 'use research methodologies developed independently by the University of Queensland and draw on the baseline measurements of social conditions in the Goldfields developed by the University of Adelaide' (House of Representatives Hansard, 21 June 2018: 5984). He argued that expanding the card to Hinkler would 'help to test the card and the technology that supports it in more diverse communities and settings.' This would, he added, 'build on the evidence available to further evaluate the impacts and outcomes of the cashless debit card on all participants.' (House of Representatives Hansard 21 June 2018: 5985). The Senate Community Affairs Legislation Committee subsequently commenced an Inquiry into this Bill.

In my own submission (Hunt 2018), I argued that the *extension* of the 'trial' proposed in this legislation could not be justified on the basis of the experience in three remote Aboriginal communities, since it is in a large, urban and regional, predominantly non-Aboriginal community and the card is only to be applied to those under 36, and not to older people unemployed or those on a Disability Pension (categories of people included in other sites). On top of the inconclusive outcomes from these earlier sites, the design of the new roll out and the context in which it was occurring was so different that these outcomes could not justify the proposed expansion. Almost everything about it was different. Yet again, the Committee expressed the view that 'the results of the independent evaluation have shown the CDC to have a positive impact on communities in existing trial sites' (Senate Community Affairs Legislation Committee 2018: 25). The ALP and Greens Senators disagreed, opposing expansion of the trial to Hinkler based on the ANAO audit report's assessment that the evaluation could not show that the CDC was effective.

In early 2019, the so-called 'baseline study' of the Goldfields Cashless Debit Card site was released. This report (Mavromaras et al. 2019), in contrast to the earlier ORIMA evaluation, contained no quantitative data at all, but certainly revealed the complex social issues in the Goldfields that the card was meant to address. Surprisingly, for a baseline study, the fieldwork was undertaken at least three months *after* the introduction of the CDC (which began March 2018). According to the report, simultaneously with the roll out of the CDC, the police began an operation known as Operation Fortitude to increase police numbers and change the policing style to ensure more public presence. This made it difficult to disentangle any contribution of the CDC from the effects of this boost to policing.

The baseline study gives a good sense of the complexity of the situation, but no recommendations are made about collecting any objective data that might confirm the interview reports of some social improvements attributed to the CDC. Surprisingly, quite a number of findings are already reported. According to the study, some people seem willing to be helped to control their drinking or drug behaviours, but ongoing rehabilitation and related supports are not adequate. The Report appeared to support a more targeted use of the card for those whose behaviours are causing serious social harms or child neglect, as part of a more intensive suite of programs that address the underlying causes of this behaviour. It also suggested that people on disability pensions, their carers, and people with mental health issues should not generally be on the card. Nor should people whose behaviours demonstrate social responsibility. Yet blanket extensions continue.

On 13 February 2019, yet another Bill, the Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019, was introduced into the House of Representatives and became the subject of one more Inquiry. This bill was to extend the CDC trial (unchanged) in three sites (the original two plus the Goldfields, as the Hinkler trial runs until June 2020) and the Cape York income management program to 30 June 2020. (It should be noted that the Cape York IM is a quite different model and not the subject of this article) Once again, the ORIMA evaluation was used to justify the extension, which would allow time for the findings of a second evaluation of the program to be finalised. By then, the 'trial' will have been underway for five years in the original sites. (In fact this evaluation had not reported before a further extension was proposed in all sites to 30 June 2021.)

Finally, on 25 March 2019, the government announced it would fund the existing four trial sites for another twelve months to 30 June 2021 and that from January 2020 nearly 22,500 people in the Northern Territory and elsewhere will move from the Basics Card to the cashless debit card, lifting the proportion of their income quarantined from 50%

to 80%. The Explanatory Memorandum for this Bill once again used the ORIMA evaluation as the key justification (Parliament of the Commonwealth of Australia 2019). Despite considerable evidence against the card presented in public hearings, the Senate Committee to which this Bill was referred recommended it pass, albeit with dissenting reports from non-Government parties (Commonwealth of Australia 2019a).

Final Remarks

The Government's momentum for extending the card is growing apace, with Prime Minister Morrison signalling a national (voluntary) roll out from January 2020 (Harris 2019). This has been all based on one poor evaluation that fails to show that the card is working well, let alone that it is cost effective. While there is some evidence that voluntary income management can work for some people, there may be pressure on social security recipients to use the card. Until we see the details it is impossible to know how voluntary it will be. Nor has anyone addressed the Parliamentary Joint Committee on Human Rights' concerns about whether it is proportionate or effective (Parliamentary Joint Committee on Human Rights 2019). The quality of program evaluation certainly needs to improve and parliamentarians should not cherry-pick from available evidence, but take complex findings seriously. They need to ensure that public expenditure has a positive impact on people's lives.

References

Altman, J. and Russell, S. 2012 'Too much Dreaming: Evaluations of the Northern Territory National Emergency Response Intervention 2007-2012', *Evidence Base*, 3, 1-24.

Australian National Audit Office 2018 'The implementation and performance of the Cashless Debit Card Trial, Department of Social Services', *Auditor-General Report No 1 2018-19*, Performance Audit.

Bray, J. R. 2016 'Seven years of evaluating income management – what have we learnt? Placing the findings of the New Income Management in the Northern Territory evaluation in context', *Australian Journal of Social Issues*, 51, 4: 449-468.

Bray, J. R. 2019 'Measuring the social impact of Income Management in the Northern Territory – an updated analysis', Attachment A of Submission by Centre for Social Research and Methods to the Social Security (Administration) Amendment (Income Management to Cashless Debit Card Transition) Bill 2019.

Codeswitch 2016 'Takeaway Alcohol Management System (TAMS): A review into the effectiveness of the trial system', January-October 2016.

Commonwealth of Australia 2019a House of Representatives, Social Services Legislation Amendment (Income Management to Cashless Welfare Card Transition) [Provisions] 2019.

Cox, E. 2017a 'Much of the data used to justify the welfare card is flawed', *The Guardian*, 7 September.

Cox, E. 2017b 'Social Services Legislation Amendment (Cashless Debit Card) Bill 2017', Submission 49 from Eva Cox, Adjunct Professor, Jumbunna UTS.

Forrest, A. 2014 'The Forrest review: creating parity', Commonwealth of Australia, Canberra.

Frydenberg, Hon J. MP 2019 Budget speech 2019-20, Delivered on 2 April 2019, on the second reading of the Appropriation Bill (No. 1) 2019-20, Treasurer of the Commonwealth of Australia.

Gray. M. 2012 'A mile wide, inch deep: The future for Indigenous social surveys?', *In Survey Analysis for Indigenous Policy in Australia Social Sciences Perspectives,* Hunter, B. and Biddle., N. (eds), ANU E-Press, Canberra, pp. 307-320.

Harris, P. 2019 'Scott Morrison eyes long terms cashless debit card roll out', *Sydney Morning Herald*, 8 September 9 https://www.smh.com.au/politics/federal/scott-morrison-eyes-long-term-cashless-debit-card-roll out-20190907-p52oxb.html (accessed 22-03-20).

House of Representatives Hansard 30 May 2018, Speech by Minister Dan Tehan.

House of Representatives Hansard 21 June 2018, Speech by Minister Christian Porter.

Hunt, J. 2017a 'The Cashless Debit card trial evaluation: A short review', Centre for Aboriginal Economic Policy Research, *Topical Issue*, no. 1., Australian National University, Canberra.

Hunt, J. 2017b 'The Cashless Debit Card Evaluation: does it really prove success?', Centre for Aboriginal Economic Policy Research, *Topical Issue*, no. 2., Australian National University, Canberra.

Klein, E. 2017 'As costs mount, the government should abandon the Cashless Debit Card', *The Conversation*, 12 December.

Klein, E and Razi, S. 2017 'The Cashless Debit Card trial in the East Kimberley, Centre for Aboriginal Economic Policy Research', *CAEPR Working Paper No. 121/2017*, Australian National University, Canberra.

Markiewicz, A. 2008 'The political context of evaluation: what does this mean for independence and objectivity?' *Evaluation Journal of Australasia*, 8, 2, 2008: 35–41.

Mavromaras, K., Moskos, M., Isherwood, L., and Mahuteau, S. 2019 'Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings, Future of Employment and Skills', Research Centre Adelaide University.

ORIMA Research 2017a Australian Government Department of Social Services – Cashless Debit Card Trial Evaluation: Initial Conditions Report.

ORIMA Research 2017b Australian Government Department of Social Services – Cashless Debit Card Trial Evaluation: Wave 1 Interim Evaluation Report.

ORIMA Research 2017c Australian Government Department of Social Services – Cashless Debit Card Trial Evaluation: Final Evaluation Report.

Parliament of the Commonwealth of Australia, House of Representatives, Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018, Explanatory Memorandum.

Parliament of the Commonwealth of Australia, House of Representatives, Social Security (Administration) Amendment (Income Management To Cashless Debit Card Transition) Bill 2019, Explanatory Memorandum..

Parliamentary Joint Committee on Human Rights: Human rights scrutiny report, Report 2 of 2019, 2 April 2019.

Porter, Hon C. and Tudge, Hon A. 2017 'Cashless Debit Card extended following positive independent evaluation', Joint Media Release, 14 March.

The Senate Community Affairs Legislation Committee, Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 [Provisions], Report, December, Canberra.

The Senate Community Affairs Legislation Committee, Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 [Provisions],

Report.
Taylor, D. and Balloch, S. 2005 *The politics of evaluation: participation and policy implementation*, The Policy Press, Bristol, England.
Turnbull, M. 2017 'Address to the WA Liberal Party State Conference – 3 September 2017' https://www.malcolmturnbull.com.au/media/address-to-the-wa-liberal-party-state-conference-3-september-2017 (accessed 2/10/2019).
Vincent E. 2019. 'Lived experiences of the Cashless Debit Card Ceduna', South Australia, *CAEPR Working Paper 129*, Australian National University, Canberra.

Author
Janet Hunt is Associate Professor at the Centre for Aboriginal Economic Policy Research (CAEPR) at the ANU. She joined CAEPR in 2004 to manage the Indigenous Community Governance Project. Her research focusses on governance, community development, successful Indigenous organisations and government engagement with Indigenous people. She is currently a Chief Investigator on two ARC Projects, researching Aboriginal organisations in the Kimberley and the creation of public value, and urban Aboriginal organisations in NSW and new public management.

Solstice

It used to be round Samhain/All Saints/Hallowe'en
each its opposite or in-between
sky smelt of earth and drank dry waters
men dreamed awake in darkest light
beside bachelors' wives and virgins' daughters
went home in lonely hermit crowds
to world's end/start – short day's long night
where twin halves met suns rose and set
together with everything inside-out

It used to be world came back at dawn
its stolen children home by noon
their missing years not missed and soon
the dream was gone where ice caps burn
oceans on fire were a world away
Only once did the changeling sea return –
to drink of sky from carbon clouds
wash deserts dry (and world away)
that last long night's first day

Derek Wright,
Launceston, TAS

Retreat

(for Aamir)

Poems want to spike through
leaf litter; leaves spread out over
beds and couches, escaping
the nomenclature of plastic pockets –
papers taken from their usual categories:
mind maps, searches to do,
gleanings from other poets.

I have left the city for a village
gated by black ice, my bike
locked at the bottom of the hill
to the old farm cottage.

The sun transits across the crest covered
in regenerating forest, casts
rectangles – golden A4 – on
kitchen cupboards.

Last night I sliced onions
and thought of my neighbour,
Aamir; his gift
of daffodil bulbs –
unseen
when he escaped the Linwood mosque
with his life –

spikes of daffodils
spikes of poems.

Jane Simpson,
Christchurch, NZ