

# The Australian Labor Party and Compulsory Income Management: How and why did they reverse their position?

PHILIP MENDES

*From 2007-2017 the Labor Party was a consistent supporter of the various manifestations of compulsory income management (IM) both within government and opposition. Yet in late 2017, Labor began to signify its specific opposition to further extension of IM programs, and indeed its general scepticism concerning the merits of existing IM measures. This article, which is based on the analysis of secondary data such as speeches to Parliament and press releases, examines the key themes utilised by Labor to justify their long support for IM programs, and the contrasting themes used to explain the at least partial reversal of their support. A diverse range of factors are identified as possible explanations for Labor's significant change of position.*

KEY WORDS: Australian Labor Party, compulsory income management, Cashless Debit Card, Indigenous organisations and communities, policy reversal

From 2007 till late 2017, the Australian Labor Party (ALP) supported a range of compulsory income management (IM) programs with minimum if any qualification. Whilst in opposition, the ALP voted in favour of the inaugural income management measures introduced as part of the Northern Territory Emergency Response (NTER) in August 2007 (Macklin 2007). Subsequently as the government from December 2007-September 2013, Labor continued and expanded the existing IM program in the Northern Territory via the *Social Security and other Legislation Amendment (Welfare Reform and Reinstatement of Racial Discrimination Act) Bill 2009*, which applied to five targeted groups of income support recipients. Labor explicitly described these measures as 'a first step in a national rollout of income management in disadvantaged regions across Australia' (Carr 2010: 3840).

Additionally, two discrete child protection IM trials were introduced by Labor in Perth and the Kimberley in Western Australia, and an alternative form of IM was developed in Cape York in Queensland. In 2012, a targeted model of IM called Place-Based Income Management (PBIM) was established by Labor in five new disadvantaged locations across Australia – one in Victoria (Shepparton), two in Queensland (Logan and Rockhampton), and one each in New South Wales (Bankstown) and South Australia (Playford). Subsequently PBIM was introduced to the Anangu Pitjantjatjara Yankunytjatjara Lands in South Australia (Mendes 2019a; Department of Social Services 2012). On returning to opposition, Labor supported the

introduction of the Cashless Debit Card (CDC) in the trial sites of Ceduna and East Kimberley in 2016. However, from late 2017 onwards, Labor amended their position, and opposed the expansion of the CDC to the new sites of Goldfields and Hinkler although they supported an extension of the existing trials. Additionally, Labor began to question the key rationales for IM programs *per se* (Mendes 2019b; Benson 2019).

Using mostly official sources such as speeches to Parliament and press releases by Labor Party representatives, this article seeks to compare and contrast the key themes that underpinned the ALP's endorsement of IM from 2007-17, and equally its later critique of IM. Additionally, it attempts to identify the key factors that influenced the ALP's change of position.

## Why Labor Supported Income Management

Labor's backing of IM programs seems to have reflected a number of agendas. One was a concern to promote personal responsibility and employment, not long-term reliance on income support. This included an assumption, based at least in part on neoliberal ideology, that social disadvantage was the result of bad individual choices and behaviour as much as unfair social structures (Mendes 2019a; Lovell 2016).

Consequently, Labor in opposition backed IM measures as a 'positive' means to encourage responsible behaviour such as a reduction in alcohol use, and to discourage

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passive reliance on welfare (Macklin 2007: 71). Labor particularly endorsed the partial quarantining by child protection authorities of payments to parents involved in child abuse or neglect in order to promote 'positive parenting and the best interests of children', and discourage bad behaviour such as drug or alcohol abuse or family violence or gambling that placed 'children at risk' (Rudd and Macklin 2007).

In government, the Minister for Families, Housing, Community Services and Indigenous Affairs, Jenny Macklin, cited Aboriginal women in remote NT communities as supporting the policy on the basis that it enabled them to purchase food, clothes and other essential items for their children. Macklin framed IM as an effective tool for promoting more responsible behaviour by parents, and reducing 'high levels of welfare dependency' (Macklin 2008a: 85).

Other statements by Labor presented IM as a specific measure for reducing child abuse and neglect. The government described the IM child protection measure as 'designed to prevent neglect and improve the lives of Australian children'. This outcome would occur by assisting parents to improve their financial management, and hence spend more money on food and other necessities for their children (Macklin and McSweeney 2008). A further statement emphasized that IM would encourage responsible parenting that ensured children attended school, and welfare payments were spent on life necessities (Macklin 2010c).

An independent evaluation of the IM child protection measure in WA by ORIMA Research was commended as indicating significant improvements in family functioning. Reference was made to increased spending on rent, food, clothing and other essentials for children (Macklin 2010b). Consequently, Labor elected to extend the IM CP trial in WA, asserting that it was effective in improving the financial management of participating parents, and so leading to more money being allocated to the purchase of food, housing, clothing, energy bills, medical care and other life necessities (Macklin 2011a; 2011d; 2012a). Similar arguments linking IM to enhanced outcomes for children were utilised to justify the introduction of IM in Bankstown and other sites (Macklin 2011b).

A separate statement by the Labor government justified the extension of IM across the Northern Territory on the grounds that it would advance personal responsibility, and reduce passive welfare and welfare dependence (Macklin 2009). IM programs would allegedly result in more money being spent on food, clothes and rent and the particular 'interests of children', and less expenditure on alcohol and gambling (Macklin and Snowdon 2009).

Similar views were advanced by Labor Party representatives during the debate over the Social Security and Other Legislation Amendment Bill in 2010. A number of Labor backbenchers endorsed IM as a method of reducing long-term reliance on welfare which was allegedly associated with negative social outcomes such as poor health, financial problems and alcohol abuse. Instead, IM would help redirect the spending of income support payments to meet the core needs of vulnerable women and children (Bidgood 2010; Perrett 2010).

Senator Kim Carr, the Minister for Innovation, Industry, Science and Research, presented IM as a means 'to tackle the destructive intergenerational cycle of passive welfare'. Carr portrayed the groups targeted by the Bill as socially isolated individuals with poor budgeting skills who were engaged in anti-social behaviors and risky activities such as family violence and substance abuse. Hence, conditional welfare was recommended in order to control and limit the impact of their dysfunctional behaviours on children and other vulnerable groups (Carr 2010: 3840).

Minister Jenny Macklin framed IM in more positive language, asserting that the Bill would assist recipients to attain paid employment, care for their children by ensuring regular school attendance and/or involvement in play groups and early childhood health checks, participate in community activities, and engage in responsible behaviour. She argued that IM would specifically protect the welfare of many women and children who would otherwise be exposed to poor nutrition, financial harassment, and harm from alcohol abuse (Macklin 2010d). Similarly, the introduction of PBIM in 2012 was constructed as an opportunity to assist vulnerable families and improve outcomes for their children (Macklin 2012d). Labor asserted that IM would enable participants to attain 'essentials like food on the table, stable housing and decent clothing' (Macklin 2012c).

Labor continued to support IM measures in opposition. A 2015 speech by Jenny Macklin, the Shadow Minister for Families and Payments, defended the various IM measures introduced by the Labor Government in 2008, 2010, 2012 and 2013. According to Macklin, IM advanced the 'best interests of children and families' by ensuring money was spent on life essentials such as food and rent rather than alcohol and gambling (Macklin 2015: 6054). Macklin framed IM as a means of helping disadvantaged families to cope financially, rather than as a punitive or controlling measure (2015).

In government, Labor presented various forms of evidence to support their claims. For example, an analysis of Centrelink data found that about 90 per cent of income support payments quarantined to the Basics Card in the

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NT had been spent in shops that mostly sold food and clothing (Macklin and Snowdon 2010). Similarly, a survey of Government Business Managers in NT Indigenous communities reported that IM and associated NTER measures had influenced positive changes in nutrition, child abuse, and substance abuse-related violence. The survey highlighted that women with children were the group most likely to endorse IM (Macklin 2010a).

An interim evaluation report on IM in the Northern Territory completed by three academic institutions was reported by Macklin to confirm improvements in the capacity to afford food, and also some indication of enhanced financial wellbeing (Macklin 2012b). And an independent evaluation of the IM trial in Cape York was reported to have identified improvements in school attendance, parenting skills and general community safety (Macklin 2013). In opposition, Labor cited the interim evaluation report of the CDC trials in Ceduna and East Kimberley as evidence that IM was effective in reducing addiction (Cameron 2017).

Labor's views regarding the importance of active consultation with affected communities varied over time. An initial argument was that IM enjoyed significant support from Indigenous leaders and communities who had been actively consulted on whether or not the program was beneficial. In government in 2008, Labor defended the continuation of IM measures in the NT on the grounds that 'many Indigenous people want them to continue'. The government promised further consultation with Indigenous communities to develop a viable IM framework (Macklin 2008b). Later, Labor reported widespread consultation with affected communities in the Northern Territory in July and August 2009, claiming that 500 meetings were held with Aboriginal people as part of the Future Directions process. According to Labor, many participants in these meetings, particularly women, stated that IM had resulted in more money being spent on necessities such as food, clothing, school-related expenses and white goods, and reduced outlays on alcohol, drugs and gambling (Australian Government 2009b; Macklin 2009). But Labor only provided participants with a choice of two limited options: to continue the existing IM model, or to allow individuals to request exemptions on the basis of demonstrated responsible behaviour. Participants were not given the option of abolishing IM, or amending it into a voluntary scheme (Australian Government 2009a; Bielefeld 2014).

On introducing PBIM in 2011, Labor did not even pretend to have engaged in community consultation to select the sites. Rather, the Minister informed Parliament that the sites had been chosen on the basis of high unemployment rates, and high levels of young people reliant on income support. According to Labor, those five

areas were consequently 'going to have the opportunity of income management' (Macklin 2011c: 6425). The Labor government did not consult with any community groups in these locations to clarify whether the introduction of IM programs was warranted, or how they might complement existing social service programs (Mendes et al., 2013; Tennant 2012).

However, when considering the Coalition government's 2015 *Social Security Legislation Amendment (Debit Card Trial) Bill* to introduce the CDC in Ceduna and East Kimberley, Labor questioned whether adequate consultation had been conducted with the affected communities. They also proposed that further consultations be held to ascertain whether people falling into targeted groups, who were responsibly managing their finances to meet the needs of their family and children, should be able to exit the CDC (Brown et al. 2015).

Nevertheless, Labor supported the Bill on the grounds that significant sections of the community in Ceduna including Aboriginal and Islander organisations and the local government and Mayor endorsed the trial. To be sure, Labor acknowledged that there was not unanimous community support in Ceduna, and that the CDC had been opposed by respected national leaders such as the Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda. But Labor argued that because the Ceduna community had 'openly cried out for support and for help' to address the 'suffering' caused by drug and alcohol abuse, the CDC should be piloted to assess its effectiveness as a policy solution (Moore 2016: 66, 67). Labor also emphasized that the trial in Ceduna had been accompanied by a formal Memorandum of Understanding signed by the Ceduna council and five local Aboriginal community organisations (Macklin 2017).

Similarly, Labor cited strong support from local Indigenous community leaders in favour of the CDC trial in East Kimberley. Labor argued that community leaders in both the trial sites were 'desperate for action' to address harm resulting from substance abuse and gambling. Labor promised further consultations with Indigenous leaders and other community leaders to identify the most effective means of combatting social disadvantage (Cameron 2017: 109).

In summary, Labor from 2007-17 constructed IM as a compliance tool to assist dysfunctional families to reform their undesirable behaviour. Compared to the Coalition, they tended to emphasise compassion rather than punishment focusing on the protection of children and women particularly within Indigenous communities. They did not question the cost effectiveness of IM, the methodological competence of the government-

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commissioned evaluations, or the legitimacy of consultations conducted with local communities.

Labor seemed to regard local Indigenous support for IM, particularly from women, as a key factor in their deliberations, but ignored the fact that most regional and national Indigenous groups opposed IM. For example, groups such as the National Congress of Australia's First Peoples, SNAICC: National Voice for our Children, the National Aboriginal and Torres Strait Islander Legal Service, the National Aboriginal Community Controlled Health Organisation, the Aboriginal Medical Services Alliance NT (AMSANT), and the Aboriginal Peak Organisations of the Northern Territory (APO NT) urged that IM be voluntary or targeted (Neufeld 2019; Stayner 2019; Terzon 2019).

### **Why Labor Reversed Its Position on Income Management**

Labor used a number of key arguments to justify its opposition to further expansion of CDC trials. Noticeably, a number of these assertions directly contradicted their earlier claims in support of IM, and mirrored long-standing criticisms of IM by the Australian Greens and advocacy groups such as the Australian Council of Social Service (ACOSS). In general, Labor seemed to shift away from its emphasis on using welfare conditionality to reform the problematic behaviour of individuals towards a focus on social investment in areas such as housing, education and health care (ALP 2016) to advance social inclusion and protect the rights of disadvantaged groups.

One argument was that Labor had never supported a national program of IM measures (in fact the Labor Government had adopted this position as noted above), but only approved IM on a case-by-case basis when local community support was present (Macklin 2017; Burney 2018b; Cameron 2018; Burney 2019a). Labor claimed there had not been adequate consultation with local communities in the proposed new sites of the Goldfields and Hinkler (Cameron 2018; Chisholm 2018; Singh et al. 2018). Critical reference was made to an alleged top-down approach, which had failed in Hinkler, to even engage with the leading Indigenous organisation, the Gidarjil Development Corporation (Singh and Watt 2017; Burney 2018b; Lines and McGinn 2018). It was also asserted that the earlier CDC consultation in Kalgoorlie had only involved engagement with the local government, but no contact with the Indigenous community or residents directly affected by the Card (Lines 2018; Pratt 2018).

Instead, Labor recommended that any IM initiatives must be implemented by a bottom-up approach that resulted in formal community consent (such as the formal Memorandum of Understanding signed in Ceduna)

following substantial consultation with local residents including potential IM participants (Macklin and Burney 2017; Burney 2018a; 2018b; Husar 2018; Brown 2019; Burney cited in Delalande 2019; McCarthy and O'Neill 2019). Labor emphasized that a community development approach required governments to 'listen directly to affected communities. We have to empower them and resource their own solutions, particularly through Indigenous-controlled organisations. We should not be engaging in approaches that take the power away from local communities' (Pratt 2018: 14).

Labor added that Indigenous communities and leaders held mixed views on the CDC. Some remained supportive such as the Koonibba Aboriginal Corporation and the Wunan Foundation. But others including prominent Indigenous academic Professor Marcia Langton and East Kimberley elder Desmond Hill (both formerly supporters of the CDC trials), the Aboriginal Health Council of Western Australia and the Aboriginal Health Service in Ceduna did not endorse the Card. Nor did a number of Indigenous women escaping family violence via the women's refuge (Macklin 2017; Burney 2018b; 2019a; 2019b; Cameron 2018; Pratt 2018; Zappia 2018; Brown 2019).

Labor argued that participation in the CDC should become voluntary unless there was significant verified support from the local community (Brown 2019; Burney 2019c; McCarthy and O'Neill 2019). Labor defined local support as the following: 'That is not because a mayor wants it and it's not because a local member wants it, it's because the local community wants it' (Burney 2019b: 60).

A further argument was that the evaluation conducted by ORIMA Research in the sites of Ceduna and East Kimberley was methodologically problematic, and did not provide viable evidence of positive outcomes that would justify additional trials (Macklin 2017; Burney 2018a; Burney 2019a; Singh and Watt 2019). Dr Janet Hunt from the Australian National University was cited as denying the trials had produced reductions in alcohol and drug use or family violence (Burney 2018b; Cameron 2018), and the WA Council of Social Services were quoted as claiming the CDC had in fact caused increased hardship for many participants including increased crime, family violence and elder abuse (Pratt 2018). Instead, Labor demanded 'a robust and credible evaluation' to ascertain evidence of effectiveness (Macklin and Burney 2017). Labor repeatedly asserted that there was no credible evidence regarding the effectiveness of the existing CDC trials (Singh and Watt 2017; Brown 2019).

A third argument was that the cost of the trials was enormous including large sums of money being paid to the Indue credit card provider (reportedly \$7.9 million) and



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the authors of the much-maligned evaluation by ORIMA Research (reportedly \$1.6 million). Labor estimated the cost at approximately \$25.5 million per trial or \$12,000 per participant building to an overall budget of \$160 million for all CDC sites. Labor argued instead that this money could have been spent on social investment programs such as employment opportunities, early intervention services, and drug and alcohol support services (Macklin 2017; Macklin and Burney 2017; Burney 2018b; Cameron 2018; Brown 2019; Burney 2019b).

Labor no longer maintained that IM was helping children and other vulnerable groups. To the contrary, they argued that IM was actively harming many participants already experiencing poverty and poor health by directly causing 'anxiety and stress ... on people who are living responsibly' (Lines and McGinn 2018). According to Senator Sue Lines, Deputy President of the Senate, the CDC 'creates indignity, it creates embarrassment and it creates financial hardship'. She cited as an example a grandmother in Kalgoorlie who used to give school lunch money to her five grandchildren, but was no longer able to do so, and a report from a Save the Children worker that there seemed to be more hungry children in the area (Lines 2018). Similarly, the Shadow Minister for Human Services Linda Burney, noted that the CDC was unable to be used in local markets or second hand shops or to purchase goods online, and that there had been a power outage in one site that sidelined the card for a whole week (Burney 2018a; 2019a). Labor alleged IM was provoking discrimination and racism towards Indigenous members of the community who were placed in disproportionate numbers on the CDC (Claydon 2018; Lines and McGinn 2018; Zappia 2018).

A number of Labor backbenchers argued that the CDC was an attack on individual rights and choice. One MP labelled the CDC a punitive approach to some of the vulnerable members of the community, and an erosion of their basic human rights to a decent income and personal privacy (O'Toole 2018), whilst another MP asserted the CDC was 'taking away the rights and dignity people have' (Perrett 2018: 126). An additional MP contended that the CDC would undermine the 'agency, dignity and respect' of participants (Giles 2018: 44).

Labor instead recommended that more holistic services and higher Newstart payments be introduced to support vulnerable families and address complex issues such as long-standing poverty and unemployment, rather than just placing disadvantaged individuals on the CDC which was arguably both punitive and ineffective (Burney 2018a; Freeland 2018, 2019; Lines 2018; Pratt 2018; Payne 2019). In regards to the new site of Hinkler, Labor specifically proposed to replace the Card

with an alternative support program based on case management and additional services (Brown 2019). To be sure, Labor continued its endorsement of the existing CDC trials on the basis that they retained local community support for addressing drug and alcohol abuse and social disadvantage (Cameron 2018; Pratt 2018; Burney 2019a).

In summary, Labor now advocated a discrete community development approach utilising local knowledge and expertise as to how and why IM measures might complement existing community services in order to benefit IM participants and the local community more generally, rather than the blanket national imposition they had earlier favoured. Their policy agenda involved a major shift from their earlier preoccupation with individual and family dysfunction framed by an endorsement of welfare conditionality, to instead a systemic analysis of social disadvantage that emphasized the effectiveness of social investment in addressing chronic social problems (Pratt 2018; Brown 2019; Burney 2019a; Dodson 2019).

Labor now rejected approaches that stigmatised disadvantaged groups. Instead, they defended the social rights of income support recipients, arguing that they had a 'right to adequate social security' which 'should be considered by all sides a basic characteristic of a fair and civil society' (Brown 2019: 8). They also espoused respect for individual rights and autonomy, arguing that it is unfair to impose a blanket behavioural control on all recipients of income support payments in a particular location given that many in this cohort did not have addiction problems and were able to competently manage their finances (Pratt 2018; Burney 2019a).

### **Possible Explanations for Labor's Change**

The shift in Labor's approach to IM seems to have been driven by changes in policy and personnel. The new social policy agenda adopted by Labor in 2016 emphasized social investment in health, education and social services to improve opportunities for disadvantaged Australians (ALP 2016). This agenda drove some specific changes in policy. One was a commitment to reviewing the rate of the Newstart Allowance for the unemployed which the previous Labor Government had refused to increase despite evidence it was too low to prevent poverty. More recently, Labor has endorsed an increase in the Newstart Allowance rate (ALP 2020). The changed policy on IM seemed another example of a renewed focus by Labor on addressing systemic poverty and inequality, and rejecting a simplistic faith in neoliberal economics (ALP 2016, 2018). Indeed, Labor statements have increasingly bracketed their concerns about the negative impact of IM with a corresponding demand for the low rate of Newstart to be addressed.

An associated factor seems to have been an increasing desire to differentiate Labor policies on contentious social issues from those of the Coalition. The Coalition were keen to retain bipartisan support for IM if only to ensure a parliamentary majority in favour of legislation, and sharply attacked (and attempted to wedge) Labor for changing their position (Fletcher 2019a; 2019b). However, Labor seems to have decided by late 2017 that asserting their principles on IM outweighed any potential political costs.

Another factor may have been the retirement from Parliament in 2018 of long-time frontbencher Jenny Macklin who had been a strong supporter of IM programs. In contrast, the new spokespersons for Labor in the community services area, Linda Burney and Senator Sue Lines, seemed far less convinced of the merits of IM measures. A further factor may have been the increasing divisions amongst Indigenous leaders and communities as to whether to support IM.

Additionally, the fact that the vast majority of IM recipients in the new site of Hinkler were not Indigenous meant that the question of whether or not Indigenous organisations supported IM was no longer such a significant factor. It is also possible that Labor may have seen some potential electoral advantage in adopting a position that could strengthen their primary vote against left-wing challenges from the Greens and other critics of IM. Further, Labor may perceive a direct economic trade-off between saving money on expensive IM programs, and instead allocating funds to increase the Newstart Allowance.

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#### **Author**

Associate Professor Philip Mendes teaches social policy and community development, and is the Director of the Social Inclusion and Social Policy Research Unit (SISPRU) in the Department of Social Work at Monash University. He is the author or co-author of 12 books including most recently *Young people transitioning from out-of-home care: International research, policy and practice* co-edited with Pamela Snow (Palgrave Macmillan, October 2016), the third edition of *Australia's Welfare Wars* (February 2017), and *Empowerment and control in the Australian welfare state: A critical analysis of Australian social policy since 1972* (Routledge, 2019). He is a CI on the study of Compulsory Income Management in Australia and New Zealand, funded by the Australian Research Council (ARC), and recently won the Monash University Faculty of Medicine, Nursing and Health Sciences Dean's Award for Excellence in Research Impact (Economic and Social Impact).

#### **Gyne-speak after Christmas**

*In the eighties it was  
north-south  
from the navel,  
she gestures  
then blesses  
her belly the bikini  
-line arm of the cross  
east-west over broken  
waters her son  
scooped  
from her tears  
a mother rescued  
and taken  
to another theatre.*

JANE SIMPSON,  
CHRISTCHURCH, NZ