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Digitalisation and the welfare state – how First Nations people experienced digitalised social security under the Cashless Debit Card

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Abstract

Digitalisation of the welfare state has intensified in recent years, with burdens unevenly distributed between technology advocates and those receiving government income support. Putting in place processes where people needing social security must meet mandatory requirements of digital literacy and divert a significant amount of their small incomes to pay for expensive technologies such as computers, smartphones, and data plans comes at a cost. This article examines lived experiences of First Nations Cashless Debit Card (CDC) holders who experienced digitalisation of their social security payments. Under the CDC, a range of restrictions were placed on purchases, spending social security income came with stigma, technology troubles meant that income was less secure, and Indigenous peoples' autonomy was undermined. Although the CDC has since been abolished, these issues remain relevant as a new cashless social security card, the SmartCard, has been introduced in 2023.

Keywords

Cashless Debit Card, digitalisation of the welfare state, income management, Indigenous peoples, intersectional marginalisation, stigma

Introduction

Governments across the globe have expressed great enthusiasm for digitalisation of welfare programs, processes, and payment systems (Alston, 2019; Bielefeld, 2018;

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Bielefeld et al., 2021; Eubanks, 2018; Schou & Pors, 2019). Optimism about the capacity of new technologies to deliver solutions to complex law and policy problems is a central aspect of neoliberal governance, where the goal is to reorient human life around market priorities (Bielefeld, 2018; Harvey, 2005; Peck, 2010). Thus, strategies for digitalisation proliferate in the welfare state, with ever increasing data collection about people experiencing marginalisation in ways that undermine their rights (Alston, 2019; Eubanks, 2018; Jørgensen, 2023). In Australia, the Cashless Debit Card (CDC) program operating between 15 March 2016 to 6 March 2023 was a significant move in this direction, resulting in intersectional marginalisation for many of the program's captured cohort. The CDC was a digitalised form of welfare conditionality. Proponents of welfare conditionality claim that it is a legitimate mechanism to discipline unemployed people into the labour market and reduce reliance on welfare (Mead, 1997). By contrast, commentators who point to problems with welfare conditionality highlight its adverse material impacts on those to whom it is applied (Dwyer, 2019; Watts & Fitzpatrick, 2018).

Adapted from the 'Healthy Welfare Card' recommendation in the *Forrest Review* (Forrest, 2014, p. 100), the CDC was introduced by policymakers with stigmatising discourse in parliamentary debates which claimed that these cards were necessary to redress alcohol and drug misuse, gambling, and to foster 'socially responsible behaviour' (Commonwealth, 2015, p. 3, 2019, 2020). The CDC was initially introduced as a trial in Ceduna, Kununurra and Wyndham before later being expanded to the Goldfields and Hinkler regions, Cape York, Doomadgee, and the Northern Territory. Under the now repealed Part 3D of the Social Security (Administration) Act 1999 (Commonwealth) the objectives of the CDC were: (a) to reduce the amount of cash 'available to be spent on alcoholic beverages, gambling and illegal drugs', (b) to 'support program participants … with their budgeting strategies', and (c) to 'encourage socially responsible behaviour'. What was less acknowledged by elite policymakers was the CDC's vast potential as a device for 'poverty surveillance' (Bielefeld et al., 2021), data monitoring, and data linkage through the DOMINO (Data Over Multiple Individual Occurrences) system (Department of Social Services, 2023).

The power of data collection about the everyday lives of social security recipients was seen in the 2020 parliamentary debates introducing the Social Security (Administration) Amendment (Continuation of Cashless Welfare) Bill 2020. Through this bill the then Coalition government had sought to make the CDC permanent. Introducing this bill, Minister Trevor Evans promoted the CDC by referring to 'card usage data that shows that spending at supermarkets is up almost 35 per cent and spending on household goods is up over 160 per cent' (Commonwealth, 2020, p. 7013). Minister Evans did not clarify what date the data collection commenced that was being used as the point of comparison. Significantly, the Australian National Audit Office (ANAO) had previously pointed to problems with the CDC program having no adequate baseline data collected prior to its introduction (ANAO, 2018, 2022). Thus, it was not possible to accurately compare the spending patterns of social security recipients prior to and following the introduction of the CDC.

The CDC's potential for data monitoring and data linkage were also seen in the complicated legislative processes put in place in 2019 for cardholders to try to access an exemption or exit from the program, which required people to gather and submit a broad range of documentation for bureaucratic consideration (Bielefeld, 2021a). If people were applying for a well-being exemption, they needed to provide detailed medical evidence. If people were applying for a responsibility-based exit, they needed to provide extensive records, including: financial records from their bank accounts, school enrolment and attendance records for children, information about whether they had been convicted of an offence or been imprisoned in the previous twelve months, rental payment history, information about whether they were at risk of homelessness, their employment details, their efforts to find employment, and their other forms of community engagement. Collecting and submitting this material was too onerous for some people. Getting copies of bank records, for example, can require payment of a fee or access to costly computer and printer equipment. These complex and difficult-to-meet criteria were not supplemented with an easy-to-access CDC exit route until the Social Security (Administration) Amendment (Repeal of Cashless Debit Card and Other Measures) Act 2022 (Commonwealth) came into effect.

The CDC program required a large proportion of each person's social security income to be restricted to their CDC account. For most people on the program this amount was set at 80 per cent of their regular fortnightly social security payment, with a complicated process for cardholders to apply for a reduction in the restricted portion if they resided in Ceduna and the East Kimberley. In these two regions there were community panels that people on the CDC could apply to in order to try to access more cash and have less of their social security payment restricted to their card (Bielefeld, 2021a). Most CDC accounts were administered by Indue Ltd, the for-profit financial services provider that had a government contract to administer the CDC throughout all jurisdictions in Australia apart from the Northern Territory, where the CDC was administered through the Traditional Credit Union.

This article contributes to the existing literature on the CDC and digitalised welfare by examining the complex and uneven burdens of digitalisation via the CDC for people experiencing intersectional marginality along racialised, classed and colonial contours. Even though proponents of this cashless welfare card technology claimed that it would promote 'inclusion' (Forrest, 2014, pp. 104–5), this article demonstrates how the CDC reinforced and reshaped various forms of racialised socioeconomic exclusion. In this article, the first section will cover the methodology adopted in this research. The second section will examine the lived experiences of CDC holders with respect to key thematic categories that emerged in the research that include bill payment and purchasing problems, stigma, technology troubles, the government's CDC 'consultation', and the importance of autonomy for First Nations. Australia's First Nations are frequently referred to as Indigenous Peoples and Aboriginal and Torres Strait Islander Peoples in national law and policy, and this article will use 'First Nations'. The third section will analyse how these data fit within broader global trends of digitalisation of the welfare state and suggest some safeguards that could be adopted in order to protect the rights of First Nations people needing social security. The article concludes by emphasising the need for social security systems that are built on principles of enhancing autonomy and respecting rights.

Methodology

This article draws on the lived experiences of CDC holders and employees or affiliates of local organisations ('EALO') who engaged with people on the CDC who were interviewed as part of a larger qualitative research project about the impact of welfare conditionality programs on Australia's First Nations. The CDC was one of the programs examined as part of this project. The research design captured the reflections of policymakers, EALO, and individuals who had been placed on the CDC, and sought to connect these data with the wider context of poverty governance and colonialism in Australia. The project also considered a range of secondary data in the form of parliamentary debates, government reports, and published research undertaken by academics and non-government organisations. Ethical approval for this research project was obtained through the Griffith University Ethics Committee (Reference No. 2019/520). The author also had an Aboriginal and Torres Strait Islander Reference Group for the research project, whose members provided valuable insights, especially during the ethics approval process. Foregrounding First Nations perspectives about laws, policies and programs impacting them has been a pivotal part of the approach taken in this research, in accordance with Critical Indigenous Studies, which emphasises 'Indigenous-centered approaches to knowledge production' (Moreton-Robinson, 2016, p. 4; see also Smith, 2012). The article also draws upon regulatory, surveillance and critical social policy scholarship in analysing the impact of digitalised welfare for First Nations cardholders.

Interviewees were recruited through a range of methods: through frontline service provider networks, advocacy groups, social media, and snowball sampling. Snowball sampling has advantages of cost and time efficiency, as well as engendering trust among potential research interviewees (Sadler et al., 2010, p. 370). Any potential disadvantages in terms of snowball sample bias were addressed by also using methods to target research participants that have divergent views. This occurred through requesting interviews from a range of local organisations engaging with people on the CDC and policymakers who had participated in CDC policy debates.

Semi-structured interviews were conducted in person or by phone with interested interviewees and ranged between 10 and 60 minutes. Interviews included a range of open-ended questions to elicit narratives about the participants' experiences and perspectives. Many interviews were conducted one-on-one, however, some people requested to be interviewed in pairs or small groups, which was accommodated. Some interviews were audio-recorded with the consent of interviewees, but where people preferred not to be audio-recorded written notes were instead taken during the interview, with reflective listening practices adopted to facilitate accurate notetaking. CDC holders and EALOs who participated in the research were offered a $45 gift card as a gesture of appreciation for sharing their time and experiences.

Interviews were held with 81 people about their experiences with the CDC program. Of these interviewees, four people were EALOs in the East Kimberley region in Western Australia and three people were EALOs in the Ceduna region in South Australia. Four of these EALOs also had personal experience of previously having their income on a CDC. In addition to formal interviews undertaken in 2022, between 2018 and 2023 the author participated in numerous meetings with EALOs, community members, politicians, and individuals affected by the CDC through a combination of face-to-face communication, phone calls, and online meetings. The latter were used extensively during Australia's Covid pandemic-related travel restrictions.

Interview transcripts or detailed notes from interviews were coded using ‘thematic analysis’, which is ‘a method for capturing patterns (“themes”) across qualitative data sets’ (Braun et al., 2019, p. 843). Thematic analysis involves ‘familiarization’ with the data, ‘generating codes’, ‘constructing themes’, ‘revising and defining themes’, and undertaking a final write-up of the data and analysis (Braun et al., 2019, pp. 852–7). Although several different types of thematic analysis have been developed, this article engages in a ‘reflexive’ approach (Braun et al., 2019, p. 843). With ‘reflexive’ thematic analysis coding is iterative rather than fixed at the commencement of the process (Braun et al., 2019). The goal of reflexive thematic analysis ‘is to provide a coherent and compelling *interpretation* of the data, grounded in the data’ (Braun et al., 2019, p. 848). In this project, data collection occurred to the point of ‘saturation’, where ‘no new information’ was ‘generated’ (Braun et al., 2019, p. 851). Thematic coding was used to identify passages of text across the CDC dataset linked by a common theme, for instance, purchasing and bill payment problems, experiences of stigma/shame, technology-related CDC problems, and the importance of choice/autonomy/self-determination for First Nations. Interviews are referred to in a way that ensures that people from each fieldwork site cannot be re-identified – these are very small communities – so a preface of X signified people from one trial site and Y another. The set of numbers following X or Y represents the interview date and the order in which people were interviewed.

Lived experiences of the CDC – a thematic analysis

This part of the article will examine the lived experiences of First Nations CDC holders. Key thematic categories that emerged in the research were: payment and purchasing problems, stigma, technology troubles (digital literacy, high cost of technology, and money on the CDC being less safe), problems with the CDC ‘consultation’, and the importance of autonomy for First Nations. Interviews revealed that although the government had framed the CDC as a supportive budgetary tool, the program generated financial difficulties for many people, and the overwhelming majority of people wanted to exit the program. This finding is consistent with government-commissioned research on the CDC (Mavromaras et al., 2021, pp. 2, 93, 191). While there was a small minority of cardholders interviewed who liked being on the CDC, these people stated that it was important for people to have a choice as to whether people participated in the program (X2202606 4, 5, 6 and 7; Y2201707 10 and 11). Choice about program participation is an important feature of culturally appropriate program design with First Nations communities (Altman, 2013; Bielefeld, 2014; Marshall, 2011).

Thematic category: Basic bill payment and consumer purchases made more difficult

First Nations interviewees explained that they experienced difficulty paying a variety of bills once they had been put on the CDC, including bills for electricity, an ambulance, a hire car, hotel accommodation when travelling, rubbish removal, petrol, and goods sold online (X2202707 40 to 51; X2202706 53, 54, 55 and 56; Y2201607 3, 4, 5, 6, 7 and 8).

Several interviewees relayed that paying off small personal loans was difficult or impossible (X2202706 40 to 51; X2202706 52). The CDC was reported to result in housing-related problems for some interviewees. Several interviewees mentioned that once they were on the CDC it was more difficult for them to pay rent (X2202606 2; X2202606 22; X2202606 27, 28, 29 and 30; X2202706 63 and 64). These rent payment problems occurred in a context where the housing supply was unaffordable or otherwise inadequate to meet the needs of community members. The finding regarding rent payment problems with the CDC is consistent with other academic research (Marston et al., 2020).

The CDC was reported to have an impact on people's access to transport. Several people relayed that they could not purchase a second-hand car because the seller wanted cash for the purchase (X2202606 3; X2202606 11; X2202606 19; X2202706 53, 54, 55 and 56). One First Nations woman explained that she could not pay her car mechanic bill with CDC (X2202606 27, 28, 29 and 30). These restrictions to do with vehicles and transport adversely impacted people's capacity for freedom of movement. This was seen as unreasonable by those experiencing such restrictions. People explained that it was important that social security income be paid in cash as that was suitable for being out on country (X2202606 23, 24, 25 and 26; Y2201710 16 and 17). The freedom to engage in cultural business on country was impacted when the ability to travel was affected (Y2201710 16 and 17). This is significant because being on country is healing for First Nations Peoples (X2202706 32) and is a vital element of securing better socio-economic outcomes (Altman, 2013). An EALO explained that bureaucratic processes required for people to pay rent or purchase a vehicle were not manageable for several CDC holders, stating: 'a lot of people are not illiterate, but have dramas with … filling forms out efficiently', and that not everyone would travel into the office to 'fill the paperwork out' and 'upload it to wherever it's got to go' (Y2201507 1).

The CDC was also reported to limit people's capacity for participation in local community events where cash was necessary. This enforced 'spatial regulation' (Hunt, 1996, p. 380) and 'bordering practices' where the welfare state generated 'boundaries of inclusion and exclusion' (Williams, 2021, p. 86). As Smith (2012, p. 28) explains, law has often regulated Indigenous peoples through 'both the categories to which people were entitled to belong and the sorts of relations which one category of people could have with another'. Being able to participate in local community events is an important aspect of building belonging and maintaining meaningful relationships. Participating in local community sports events required cash (X2202606 27, 28, 29 and 30; X2202707 36, 37, 38 and 39; X2202706 40 to 51; X2202706 52; X2202706 53, 54, 55 and 56). Going to local shows and festivals required cash for entry, purchase of showbags, and rides for children (X2202707 36, 37, 38 and 39; X2202706 40 to 51; X2202706 53, 54, 55 and 56; Y2201507 2). Parents mentioned that participating in school excursions required cash, and cash payment for school photos was also needed (X2202707 36, 37, 38 and 39; X2202706 53, 54, 55 and 56).

People expressed emotional distress, sadness, and frustration about not being able to purchase what they needed when they needed it. For example, one First Nations woman explained that she felt distressed and embarrassed when shops would not accept the CDC (X2202606 11). She stated that she had travelled for several hours and had a motel say they would not accept the Indue card as a payment mechanism, which caused her problems (X2202606 11). Another First Nations woman said that sometimes the Indue account online showed that there was money in it but then the CDC did not work at the shops, she said it was 'shameful' when the card did not work (X2202606 17). One First Nations woman opined 'you can't shop online' (X2202606 20). One of the stores mentioned by several women as a place where they wanted to be able to make clothing purchases online was City Chic, an Australian store that caters to women with fuller figures. Some women said that the CDC impacted and restricted how they could dress (X2202606 20; X2202606 23, 24, 25 and 26; X2202706 53, 54, 55 and 56; X2202706 62). This dynamic resonates with a broader history governing the regulation of apparel. Social hierarchy-based restrictions regulating the purchase of particular clothing items has a lengthy history under European sumptuary laws (Hunt, 1996; Riello & Rublack, 2019) and, in colonised countries, at times sumptuary laws operated along racialised and classed contours. For example, in 1647 the Dutch imperial rulers of Batavia imposed 'ordinances … banning the use of parasols for slaves' (Riello & Rublack, 2019, p. 9). During the seventeenth century, women of colour in Spanish-controlled Lima were prohibited from dressing in 'woollen cloth, silks or lace' (Riello & Rublack, 2019, p. 9). As part of Australia's early colonial era, First Nations Peoples were routinely subjected to arbitrary restrictions preventing them from accessing and freely spending their income (Bielefeld, 2015; Watson, 2011). This extended to intensive regulation of their clothing purchases and household goods (Kidd, 1997, pp. 178–9), and this legacy continues with compulsory cashless social security card programs, despite government claims that such cards would only disallow the purchase of legislatively defined restricted products.

One First Nations woman explained that she had lost all her furniture when she could not pay storage fees with her Indue card (X2202606 18). For this woman, starting all over again trying to rebuild her household goods was a daunting task on her low income with a limited market of local affordable second-hand goods. A First Nations EALO, who had been a member of a Community Panel (to which people on the card could apply for a reduction in their CDC-restricted percentage), confirmed that difficulty being able to purchase second-hand goods was an issue locally, stating:

> I'm a garage sale follower. I've just been to one now this morning, but you've got to have cash. … that's what a lot of people used to come to the panel with, for garage sales and to purchase other stuff that they can't get through the Cashless Debit Card. I've seen that when I was sitting there at the panel. (Y2201607 3, 4, 5, 6, 7 and 8)

There were also problems with being able to use the CDC at the local markets. Restricting access to affordable goods for people on the lowest incomes in regions where there are limited retail options is not a supportive gesture but one that made everyday living more difficult for people put on the CDC, who needed to make their dollars stretch as far as possible (Y2201607 3, 4, 5, 6, 7 and 8). Although the CDC program allowed people to transfer $200 cash to another account every 28 days, interviewees relayed that this was not enough to meet people's needs in a mostly cash-oriented local economy (Y2201607 3, 4, 5, 6, 7 and 8). The CDC was routinely viewed as an inadequate substitute for cash by those who had to use it. When introducing the CDC, the then federal Coalition government claimed that the CDC would function in a similar manner to other bank cards and only disallow 'the purchase of alcohol and gambling products or … cash withdrawals' (Commonwealth, 2015, p. 3). The lived experience of the majority of interviewees was that the CDC was far more restrictive in practice.

Thematic category: Stigmatising social security

Stigma attached to receiving social assistance payments has a lengthy history (Tyler, 2020), and this has cast a long shadow over the social security system in Australia. With the rise of neoliberal and new paternalist welfare reforms over the past few decades that treat unemployment as a behavioural rather than a structural problem, there has been a shift to emphasising the responsibilities rather than the rights of social security recipients (Castles et al., 2012; Soss et al., 2011; Williams, 2021; Young, 2013). Consequently, the Australian welfare state has become more stigmatising, disciplinary, intimidating, and reoriented towards industry interests (Mendes, 2020; Vincent, 2023). While this dynamic has operated across a range of social security programs, the CDC was an especially heavy-handed approach because people had to regularly risk exposure to stigma by disclosing that the source of their income was social security every time they made a consumer transaction. This alerted people in retail outlets and in the broader community that the government regarded the CDC holder as a suspicious subject worthy of 'marginalizing surveillance' (Monahan, 2018, p. 352). This had an impact on those who were subject to such treatment. It reflects an Australian trend with cashless social security card programs that disproportionately impact First Nations Peoples receiving government income support along racialised and colonial contours (Bielefeld, 2018; Marshall, 2011; Moreton-Robinson, 2009; Watson, 2011).

Numerous interviewees pointed out that making consumer purchases with the CDC came with a badge of stigma that they found too difficult to dislodge. The emotional labour of stigma was poignantly captured by a First Nations woman interviewed who stated indignantly 'they look at us like poor black cunts' with the CDC (X2202606 12, 13 and 14). Stigma stuck to people through the dominant discourse, through the government's public rationales for the program, and perpetuated throughout its operation. This discourse routinely attributed addiction and financial irresponsibility to cardholders, irrespective of their actual behaviour. Stigma was generated, one First Nations woman explained, because the government 'put everyone in the one boat' (X2202606 18). An Elder similarly stated that 'everybody's painted with the same brush' (X2202706 32). Several First Nations interviewees expressed frustration that people put on the CDC had been treated as though they amounted to little more than a negative stereotype (X2202706 32; X2202706 33; X2202707 40 to 51).

Stigma was experienced by adults and children. Socialising children with spending money was considered to be important for them to be able to function in society, as one First Nations father explained: 'kids need to grow up spending money' for 'learning' (X2202606 8). However, the CDC generated problems with paying children pocket money, and children were said to be embarrassed if they had to use the Indue card (X2202706 34 and 35; X2202606 18). Adults also reported feeling shame using the

CDC for payment when shopping (X2202707 40 to 51; X2202706 62). People described feeling embarrassed about being on the CDC, with negative stereotypes attributed to cardholders – that a person using the card was ‘a drug addict’, ‘alcohol addict’ or ‘a bludger’ (X2202707 40 to 51; X2202706 62). Some people saw this as discriminatory behaviour. The CDC was also reported to have adversely impacted people’s health, as one First Nations interviewee explained: ‘a lot of people were depressed from it’ (Y2201710 16 and 17). Tyler (2020, pp. 14–15) observes that stigma frequently has ‘devastating effects on people’s health and well-being’. One First Nations woman who had been on the CDC related that it ‘created a different feel about everything’ and ‘it really shut me down’ (Y2201710 16 and 17).

Interviewees on the CDC indicated that dealing with Indue Ltd was difficult, often intensifying stigma. Two First Nations women interviewed relayed that Indue was too controlling, and that people should not have had to explain to Indue why they wanted to spend their money on something (X2202706 63 and 64). One woman stated indignantly that Indue deal with you ‘like you’re a terrorist’ (X2202706 63 and 64). This conveyed how the CDC program’s intensive poverty surveillance treated people in need of social security payments as suspicious subjects, with degrading and autonomy-eroding impacts.

Thematic category: Technology troubles – issues keeping money secure, digital literacy challenges, unaffordability of digital devices and data plans, and data linking concerns

Problems and concerns about technology, cybercrime, digitalisation, and data linking through CDC processes were raised by many interviewees during fieldwork. Numerous First Nations interviewees stated that the CDC could result in their money being less secure, with unauthorised transactions taking place that left people on low incomes with even less money to make ends meet. During interviews people raised both fear of theft and actual theft that they or a loved one had experienced since being put on the CDC. One First Nations woman explained that she had money stolen from her CDC but Indue did not help her recover the funds, nor did the police (X2202606 27, 28, 29 and 30). One young First Nations person with disability was said to have lost thousands of dollars in savings with an unauthorised transfer from their CDC account, money that had been designated for a large purchase, but Indue had not helped recover the funds (X2202706 33). Some interviewees explained that when there were unauthorised transactions being made from their accounts Indue Ltd was unhelpful (X2202606 27, 28, 29 and 30). Numerous interviewees stated that once people were on the CDC it was more difficult for them to keep their money secure because stealing happens online (X2202606 3; Y2201507 2; X2202606 9 and 10; X2202606 11; X2202606 15 and 16; X2202606 17; X2202606 23, 24, 25 and 26; X2202706 33; X2202707 36, 37, 38 and 39; Y2201507 12). For example, one First Nations woman pointed out that with the CDC, people could ‘hack it’ (X2202606 15 and 16). Another First Nations woman relayed that money had been transferred out of her Indue account without her permission (X2202606 11). She explained that this was a problem when a person was doing their banking on another person's phone or computer, and that it was harder to have money kept safe if you cannot afford your own phone or computer with internet connection.

The use of digital technologies to facilitate theft has long been a topic of scholarly examination (Grabosky, 2007; Smith et al., 2004). In their scholarship on cybercrime, Smith et al. (2004, p. 7) point out that this term includes 'the use of digital technologies in the commission of an offence'. The prevalence of cyber-theft occurring under the CDC program is an under-examined issue, and interviews revealed that under-reporting was likely. A lack of digital literacy was reported as one contributing factor, with unauthorised transfers and theft of CDC funds. One First Nations woman explained that there was a problem with some people 'not knowing how to use the technology' and that is why they 'get ripped off' (Y2201507 2). An EALO explained that at times the perpetrator was a family member known to the person from whom money was stolen (Y2201507 1). Another EALO stated that, at times, money was transferred from a CDC holder's account into another person's account without the cardholder having any idea as to the identity of the person doing the transfer (X2202706 33).

The unaffordable digital devices and data plans required to participate in online banking were often referred to as part of the unauthorised transfer problem, with people needing to borrow technology from friends, family members or others to undertake their bill payments online from their CDC-restricted funds if they did not have (a) their own mobile phone or (b) they were out of phone credit on their mobile and therefore could not connect to the internet using their own phone. One young First Nations woman explained that if there was no internet connection available on a person's mobile phone due to them running out of phone credit then people also could not access their Indue account balance; she said that, in her view, there 'should be a free online' system so people could 'always access it without credit' (X2202606 18). Some First Nations cardholders stated that the cost of participating online in the CDC program had an adverse impact on their finances, and that it was an expensive system in place, requiring people on social security payments to be constantly purchasing data plans and technology they could ill afford (X2202606 18; X2202606 21; X2202707 36, 37, 38 and 39; X2202707 40 to 51). A system requiring consumers to purchase technology works well to generate further profits for industry, but not so well for those struggling to make ends meet on the lowest incomes. This is important for law and policymakers to consider when designing digitalised social security programs. This finding about digital devices and new technologies presenting affordability problems for First Nations welfare recipients is consistent with other academic research (Goggin & Soldatic, 2022).

Some First Nations women said there was a problem with stealing physical Indue Cards as well and that a CDC could be used by anyone with Pay Wave, a payment mechanism where a card is tapped on an EFTPOS (Electronic Funds Transfer at Point of Sale) machine with no need to enter a personal identification number, making their money less safe (X2202606 3; X2202606 17). Several First Nations people expressed a preference for handling physical currency, dollar notes and coins (Y2201507 2; X2202606 18; Y2201507 12; X2202606 23, 24, 25 and 26). An older First Nations man relayed that his CDC was causing him 'problems', that his family kept wanting his card

(Y2201507 12). He said he felt ‘safer with cash’ because ‘then I know what I’m doing’ with ‘more control of it’ (Y2201507 12). The difficulty that several older CDC holders had with managing their income under the program was also confirmed at the EALO level (Y2201507 1). Numerous interviewees were emphatic about wanting cash payments going forward (X2202606 3; X2202606 12, 13 and 14; X2202606 15 and 16; Y2201507 2; Y2201507 12).

The concerns referred to in previous paragraphs meant that people often wanted to exit the CDC program. In 2019 complicated legislative criteria were introduced that required people on the CDC to gather and submit a wide range of documentation with an application for a responsibility-based exit or a well-being exemption (Bielefeld, 2021b). These difficult-to-satisfy CDC exit and exemption processes were in place until the 2022 CDC repeal legislation came into effect. The 2019 exit and exemption processes were routinely seen as inaccessible and/or onerous by cardholders. For instance, one older First Nations man stated that these exit processes were ‘pretty hard to understand’ and ‘pretty complicated’ (Y2201507 12). CDC holders also mentioned data linking and privacy concerns (X2202606 12, 13 and 14; X2202707 40 to 51; X2202706 53, 54, 55 and 56) given that the amount of information the government collected in the exit and exemption process had the capacity to generate consequences beyond the CDC program. As one young female First Nations interviewee explained, the government ‘have invaded our privacy, our independence, they’ve taken it all’ (X2202606 12, 13 and 14). To try and exit the card was described as a major privacy invasion: ‘They want to know your ins and outs; they want your income statement from Centrelink, they want everything’ (X2202707 40 to 51). Another interviewee relayed ‘We don’t get privacy’ (X2202707 40 to 51).

Some First Nations interviewees expressed concern about their parenting practices being put under scrutiny with the data linking facilitated through the CDC exit and exemption process. For instance, one First Nations woman explained that the process for getting off the CDC added ‘extra stress’, especially with the requirement to submit school enrolment and attendance records for inspection (X2202706 63 and 64). Submitting documentation for the CDC exit and exemption process was described by one First Nations interviewee as risky: ‘next thing you know you’ve got’ government welfare ‘knocking on your door or some shit’ (X2202707 40 to 51). This reflects a longer history in Australia where the racialised dynamics of colonialism have impacted rates of forced First Nations child removal by welfare workers who routinely regarded First Nations parenting practices as inferior to those of Anglo-Australians (Bielefeld, 2016; Human Rights and Equal Opportunity Commission, 1997). Alarming rates of forced First Nations child removal continue (Silva & Collard, 2021), which makes digitalised bureaucratic watchfulness an understandable concern for First Nations parents. With any form of government data collection there is a risk that such data will be ‘used outside the context in which they were collected’ (Jørgensen, 2023, p. 132).

Few interviewees had secured a CDC exit or exemption under the 2019 legislated criteria, and those who had managed it described needing to try repeatedly before their budgetary autonomy was restored. The process for getting off the CDC was often described as hard (X2202606 9 and 10; X2202606 11; X2202606 15 and 16; X2202606 17; X2202706 34 and 35; Y2201710 16 and 17). For instance, one First

Nations woman explained that trying to exit the CDC was ‘too hard’, and that there was ‘too much detail on the form’ (X2202606 11). Another First Nations woman stated that she had ‘tried about three, four times’ to exit the CDC but it was not possible (Y2201607 3, 4, 5, 6, 7 and 8). A different First Nations interviewee stated that the CDC exit and exemption process had ‘too many hurdles’, that it was ‘too much, too hard’ (X2202707 36, 37, 38 and 39). The burden of proof imposed on cardholders wanting to exit the CDC was seen as unjust. As one First Nations woman stated about the CDC, ‘why do you need proof to get off it when you didn’t need proof to get put on it?’ (X2202606 12, 13 and 14). Evidence of prolonged exemplary behaviour was a feature of the CDC responsibility-based exit.

The policymakers imposing the legislated exit and exemption criteria did not account for the structural barriers presented to CDC holders in terms of the required documentation. Gathering the required documents takes time, is administratively burdensome (Bielefeld, 2021a), and comes with privacy invasion and other risks attached. Although many First Nations people interviewed tried multiple times to exit the CDC program, often they were not successful, not until the enactment of the Social Security (Administration) Amendment (Repeal of Cashless Debit Card and Other Measures) Act 2022 (Cth). That legislation introduced a streamlined exit process that required the government to let people off the card within seven days if they were seeking an exit from the CDC program. Once the 2022 CDC repeal legislation was in effect, exiting the program was simplified via a phone call, with all elaborate documentary evidence and uploading requirements removed. From that point on thousands of people rapidly exited the CDC, and the cardholder cohort had dwindled from 17,193 as of 2 September 2022 (Australian Government, 2022), to 4,145 as of 3 March 2023, the final month of publicly reported CDC data (Australian Government, 2023).

Thematic category: Consultation and the importance of choice and autonomy for First Nations

The CDC was a controversial program for many reasons, including that it did not have the support of the First Nations communities where the card was introduced. Although the then federal Coalition government emphasised that it had undertaken ‘extensive community consultation’ about the CDC (Statement of Compatibility with Human Rights, 2017, p. 4), this view was repeatedly contested by many First Nations people, who stated that the card had been imposed on them without their consent (e.g. Y2201507 2; Y2201607 3, 4, 5, 6, 7 and 8; Y2201710 16 and 17). As one First Nations man stated ‘we didn’t ask for it’, but were ‘just put on it without permission, that’s what pisses us off’ (X2202606 8). Any consultation was said to have taken place predominantly with people who were employed in the regions where the CDC was introduced, not people who would be placed on the card or people who represented the local community. As one First Nations woman explained, those consulted in her region were ‘not the ground roots people’ (X2202606 1). Another First Nations woman stated that only employed First Nations people in more powerful positions in the area were consulted, that they made the choice for everyone to go on the card. She described these people as the ‘higher mob' who 'control us', but maintained that 'everyone should have a say' (X2202606 20). Likewise, another First Nations woman pointed out that 'there should have been a choice at the start for everybody' but there was no opportunity for everyone 'to have a voice about it' (X2202606 22). The extremely selective and inadequate nature of government consultation in the East Kimberley with four organisations and not the broader community was documented in the 2017 CDC parliamentary inquiry (MG Corporation, 2017).

Interviewees with lived experience of being on the card emphasised that the government should have spoken with people who were on the card, rather than just holding meetings with organisations with employed people (X2202707 40 to 51; Y2201507 2; Y2201607 3, 4, 5, 6, 7 and 8). For instance, one First Nations woman stated about government consultations that it would be 'good to hear from the whole mob, big mob' rather 'than just a little bit of us'; she recommended that a big meeting take place outdoors in a park with a microphone to hear what everyone had to say about a program (Y2201607 3, 4, 5, 6, 7 and 8). Interviewees indicated that the Elders of their region had not been consulted about the introduction of the CDC (Y2201607 3, 4, 5, 6, 7 and 8). This was seen as culturally inappropriate. Selective listening to a few people instead of respectfully engaging with the broader community was seen as problematic. A female First Nations Elder stated that even when their community spoke about the CDC not working the way policymakers described, the visiting government bureaucrats went back to Canberra and said the card was working (X2202706 32). She said the government employees listened to a prominent local power holder who had claimed that the CDC was working and did not pay attention to other local people (X2202706 32).

Ultimately, the autonomy-eroding effects of the CDC were seen as infantilising and offensive by many of those subject to it. As one First Nations man explained: 'kids should be on Indue not adults' (X2202609 9 and 10). Similarly, an older First Nations woman pointed out indignantly, 'The government is not our father to be telling us what to do' (X2202606 12, 13 and 14). Autonomy is especially important for First Nations Peoples who have rights to self-determination under Articles 3 and 4 of the United Nations Declaration on the Rights of Indigenous Peoples (2007) (and a right to 'free, prior, and informed consent' under Article 19). Interviews indicated that the CDC has presented particular problems for First Nations Peoples who have been subject to it as a compulsory measure. While those living in the Northern Territory had an option to be on the CDC following the enactment of the Social Security (Administration) Amendment (Continuation of Cashless Welfare) Act 2020 (Commonwealth) – with these people choosing to transfer from the BasicsCard to the CDC – in all other jurisdictions where the CDC was introduced it was coercive, in that the payment mechanism was required in order for people to be able to access the vast majority of their social security payment. The BasicsCard is another type of cashless social security payment card, introduced as part of the Northern Territory Emergency Response, which also heavily stigmatised First Nations Peoples (Bielefeld, 2018; Moreton-Robinson, 2009).

Interviews with First Nations social security recipients stressed the importance of them having a choice with program participation (X2202606 9 and 10; X2202606 11; X2202606 12, 13 and 14; X2202606 17; X2202606 18; X2202706 32). As one First Nations woman explained, compulsory cashless social security cards are about 'being controlled' with 'how to spend our money' (X2202606 17). Interviewees relayed that being on the CDC had ‘been hard’, ‘been horrible’ and ‘caused a lot of drama’ (X2202606 15 and 16). People stated ‘it’s pretty hard with the Indue card, we want cash in the hand you know’ (X2202706 57 and 58), and it is ‘hard to work with a card that is weighing you down’ (X2202706 62). Several First Nations people expressed indignation that they were subject to a demeaning social policy experiment for years, with their voices long marginalised in official government narratives about CDC program success.

Digitalisation of the welfare state – future directions, safeguards needed

Digitalisation of welfare programs and processes impact policymakers, EALOs and social security recipients differently, because ‘digital tools are embedded in old systems of power and privilege’ (Eubanks, 2018, p. 178). While technology optimism frequently prevails among elites, it is often greeted with greater caution elsewhere (Alston, 2019; van Es & Schafer, 2017). Digitalisation of social security has resulted in intensified surveillance and control over people in need (Henman, 2022; Vincent, 2023). The foregoing material demonstrates the complex and uneven burdens of digitalisation via the CDC for people experiencing intersectional marginality along racialised, classed and colonial contours. People on the CDC were subject to a ‘digital by default’ (Schou & Pors, 2019, p. 466) setting as a prerequisite for them to access and manage the majority of their social security income. In this way the government turned digital literacy via the Indue system into a core component of everyday transactions, their assumption being that everyone can or should be able to bank online.

However, many First Nations interviewees distrusted the digital arrangements put in place. People were understandably upset over the negative stereotypes unjustly attributed to them to rationalise the CDC, the imposition of social security payments in a form that required digital literacy and expensive technologies, the heightened risk of exposure to theft, and limitations on when and where they could make consumer purchases in ways that were demeaning. The evidence to date suggests that complex socioeconomic challenges currently facing First Nations Peoples cannot be resolved by micromanaging the small incomes that social security recipients receive with intensified poverty surveillance through compulsory cashless social security cards. These cards serve other interests. As Gilliom and Monahan (2013, p. 36) point out, ‘Cash … leaves no trail. … Plastic leaves trails: cardholder identity, items or services purchased, amount paid, location, date and time of sale.’ Transitioning social security recipients from cash to plastic is therefore intertwined with poverty surveillance logic. First Nations Peoples enduring socioeconomic hardship deserve better programs and systems that meet their needs in ways that promote their dignity, autonomy, and self-determination in compliance with international human rights principles such as UNDRIP (the United Nations Declaration on the Rights of Indigenous Peoples). Choice as to program participation is vital. In order to effectively deal with the risks posed by the digitalisation of the welfare state, Jørgensen (2023, p. 134) recommends that citizens occupy a central position with ‘a … rights-based approach to digitalisation’ that ‘would take as its starting points the lived experience of the citizens and integrate human rights norms and principles into every step of the process' (Jørgensen, 2023, p. 134). Given the lived experience of CDC holders, this approach has much to recommend it.

Despite this, in 2023 the Labor federal government introduced a new cashless social security payment card to replace the CDC, the SmartCard (Services Australia, 2023). While this card includes voluntary program participation in some locations, there are also compulsory categories under which First Nations social security recipients will continue to be grossly over-represented under the Social Security (Administration) Amendment (Income Management Reform) Act 2023 (Commonwealth). Minister for Social Services, Amanda Rishworth, described the SmartCard as a 'superior banking product' with 'contemporary technology' in parliamentary debates (Commonwealth, 2023, p. 19).

Conclusion

Although the welfare state was ostensibly developed to respond to poverty with an objective of alleviation (Huws, 2020) the focus has shifted significantly to market-oriented discipline of social security recipients – using a host of paternalistic, pillorying and punitive policies to push people back into waged labour (Bielefeld, 2018; Soss et al., 2011). Digitalised processes that are difficult for social security recipients to navigate can generate deeper material poverty, with the effects of such systems weighing most heavily on people experiencing intersectional marginalisation (Eubanks, 2018; Goggin & Soldatic, 2022). This was demonstrated with lived experiences of the CDC, showing that far from being neutral, technological tools can be used to foster digitally driven inequality.

While poverty surveillance has a long-standing history, technology increasingly offers mechanisms to generate systemic surveillance and control over poor people's lives (Eubanks, 2018; Henman, 2022). The disempowering dynamics and racialised regulation embedded in the CDC were a source of stress to many cardholders, undermining their freedom to exercise self-determination and autonomy in relation to their budgetary arrangements. The introduction of the CDC meant that everyday consumer transactions were saturated with stigma in ways that bolstered asymmetrical power relations in a colonial context in terms of who had the right to be present in particular spaces and places. Australian federal governments have repeatedly delivered heavy-handed doses of stigma through mandatory cashless social security payment card programs. It is high time for change. First Nations Peoples deserve dignity-enhancing social security, grounded in respect rather than restriction of their rights.

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References

Alston, P. (2019). *Digital technology, social protection and human rights*: Report of the Special Rapporteur on extreme poverty and human rights. 74th session, UN Doc. A/74/493.

Altman, J. (2013). Arguing the intervention. *Journal of Indigenous Policy*, (14), 1–151.

ANAO (Australian National Audit Office) (2018). The implementation and performance of the Cashless Debit Card trial. Auditor-General Report No. 1, 2018–19 Performance Audit.

ANAO (Australian National Audit Office) (2022). Implementation and performance of the Cashless Debit Card trial—Follow-on. Auditor-General Report No. 29, 2021–22 Performance Audit.

Australian Government (2022). Cashless Debit Card data summary – September 2022. data.gov.au. https://data.gov.au/data/dataset/e5a6ca38-b17c-4e65-af70-84e7759a0ffa/resource/38927f70-725a-4266-810b-d450d1d99a91/download/cashless-debit-card-data-summary-october-2022.pdf

Australian Government (2023). Cashless Debit Card data summary – March 2023. data.gov.au. https://data.gov.au/data/dataset/e5a6ca38-b17c-4e65-af70-84e7759a0ffa/resource/67c6bef1-a703-4bbe-b5a6-436554a066a4/download/cashless-debit-card-data-summary-march-2023.pdf

Bielefeld, S. (2014). Income management and Indigenous peoples – nudged into a stronger future? *Griffith Law Review*, *23*(2), 285–317. https://doi.org/10.1080/10383441.2014.979421

Bielefeld, S. (2015). Compulsory income management, Indigenous peoples and structural violence – implications for citizenship and autonomy. *Australian Indigenous Law Review*, *18*(1), 99–118.

Bielefeld, S. (2016). Income management and Indigenous women: A new chapter of patriarchal colonial governance. *UNSW Law Journal*, *39*(2), 843–878.

Bielefeld, S. (2018). Cashless welfare transfers for 'vulnerable' welfare recipients: Law, ethics and vulnerability. *Feminist Legal Studies*, *26*(1), 1–23. https://doi.org/10.1007/s10691-018-9363-6

Bielefeld, S. (2021a). Administrative burden and the Cashless Debit Card: Stripping time, autonomy and dignity from social security recipients. *Australian Journal of Public Administration*, *80*(4), 891–911. https://doi.org/10.1111/1467-8500.12509

Bielefeld, S. (2021b). Cashless welfare transfers and Australia's First Nations: Redemptive or repressive violence? *Griffith Law Review*, *30*(4), 597–620. https://doi.org/10.1080/10383441.2021.1996891

Bielefeld, S., Henne, K., & Harb, J. (2021). Financialization and welfare surveillance: Regulating the poor in technological times. *Surveillance and Society*, *19*(3), 299–316. https://doi.org/10.24908/ss.v19i3.14244

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 843–860). Springer.

Castles, F., Leibfried, S., Lewis, J., Obinger, H., & Pierson, C. (2012). Introduction. In F. Castles, S. Leibfried, J. Lewis, H. Obinger, & C. Pierson (Eds.), *The Oxford handbook of the welfare state* (pp. 1–15). Oxford University Press.

Commonwealth (2015). Parliamentary debates, House of Representatives, 19 August (Alan Tudge, Parliamentary Secretary to the Prime Minister).

Commonwealth (2019). Parliamentary debates, House of Representatives, 13 February (Paul Fletcher, Bradfield – Minister for Families and Social Services).

Commonwealth (2020). Parliamentary debates, House of Representatives, 8 October (Trevor Evans, Brisbane – Assistant Minister for Waste Reduction and Environmental Management).

Commonwealth (2023). Parliamentary debates, House of Representatives, 9 March (Minister for Social Services Amanda Rishworth).

Department of Social Services (2023). DSS meta data. Australian Government, 14 September. https://www.dss.gov.au/dss-metadata#:~:text=The%20DOMINO%20(Data%20Over%20Multiple,reporting%20through%20a%20central%20spine

Dwyer, P. (Ed.). (2019). *Dealing with welfare conditionality: Implementation and effects*. Policy Press.

Eubanks, V. (2018). *Automating inequality: How high tech tools profile, police, and punish the poor*. St. Martin's Press.

Forrest, A. (2014). *The Forrest review: Creating parity*. Commonwealth of Australia.

Gilliom, J., & Monahan, T. (2013). *SuperVision: An introduction to the surveillance society*. University of Chicago Press.

Goggin, G., & Soldatic, K. (2022). Automated decision-making, digital inclusion and intersectional disabilities. *New Media & Society*, *24*(2), 384–400. https://doi.org/10.1177/14614448211063173

Grabosky, P. (2007). *Electronic crime*. Pearson Prentice Hall.

Harvey, D. (2005). *A brief history of neoliberalism*. Oxford University Press.

Henman, P. (2022). Digital social policy: Past, present, future. *Journal of Social Policy*, *51*(3), 535–550. https://doi.org/10.1017/S0047279422000162

Human Rights and Equal Opportunity Commission (1997). *Bringing them home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Commonwealth of Australia.

Hunt, A. (1996). *Governance of the consuming passions: A history of sumptuary law*. Macmillan Press.

Huws, U. (2020). *Reinventing the welfare state: Digital platforms and public policies*. Pluto Press.

Jørgensen, R. (2023). Data and rights in the digital welfare state: The case of Denmark. *Information, Communication & Society*, *26*(1), 123–138. https://doi.org/10.1080/1369118X.2021.1934069

Kidd, R. (1997). *The way we civilise: Aboriginal affairs – the untold story*. University of Queensland Press.

Marshall, V. (2011). Income management in the context of family violence. *Indigenous Law Bulletin*, *7*(26), 22–26.

Marston, G., Mendes, P., Bielefeld, S., Peterie, M., Staines, Z., & Roche, S. (2020). *Hidden costs: An independent study into income management in Australia*. University of Queensland.

Mavromaras, K., Moskos, M., Isherwood, L., & Mahuteau, S. (2021). *Evaluation of the Cashless Debit Card in Ceduna, East Kimberley and the Goldfields region: Consolidated report*. Future of Employment and Skills Research Centre, University of Adelaide.

Mead, L. (Ed.). (1997). *New paternalism*. Brookings Institute Press.

Mendes, P. (2020). *Empowerment and control in the Australian welfare state: A critical analysis of Australian social welfare policy since 1972*. Routledge.

MG Corporation (2017). Submission No. 6 to the Senate Standing Committee on Community Affairs, Social Services Legislation Amendment (Cashless Debit Card) Bill 2017.

Monahan, T. (2018). The right to hide? Anti-surveillance camouflage and the aestheticization of resistance. In T. Monahan & D. Wood (Eds.), *Surveillance studies: A reader* (pp. 351–355). Oxford University Press.

Moreton-Robinson, A. (2009). Imagining the good indigenous citizen: Race war and the pathology of patriarchal white sovereignty. *Cultural Studies Review*, *15*(2), 61–79.

Moreton-Robinson, A. (2016). Introduction: Locations of engagement in the First World. In A. Moreton-Robinson (Ed.), *Critical indigenous studies: Engagements in First World locations* (pp. 3–16). University of Arizona Press.

Peck, J. (2010). *Constructions of neoliberal reason*. Oxford University Press.

Riello, G., & Rublack, U. (Eds.). (2019). *The right to dress: Sumptuary laws in a global perspective c. 1200–1800*. Cambridge University Press.

Sadler, G., Lee, H., Lim, R., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing and Health Sciences*, *12*, 369–374. https://doi.org/10.1111/j.1442-2018.2010.00541.x

Schou, J., & Pors, A. (2019). Digital by default? A qualitative study of exclusion in digitalised welfare. *Social Policy & Administration*, *53*(3), 464–477. https://doi.org/10.1111/spol.12470

Services Australia (2023). Enhanced Income Management and SmartCard. Australian Government, 2 June. https://www.servicesaustralia.gov.au/enhanced-income-management-and-smartcard

Silva, N., & Collard, S. (2021). 'They're unacceptable': Rates of removal of Indigenous children increasing. NITV News, SBS, 9 December. https://www.sbs.com.au/nitv/article/theyre-unacceptable-rates-of-removal-of-indigenous-children-increasing/mu9e7jutk"https://www.sbs.com.au/nitv/article/theyre-unacceptable-rates-of-removal-of-indigenous-children-increasing/mu9e7jutk

Smith, L. T. (2012). *Decolonising methodologies: Research and Indigenous peoples* (2nd ed.). University of Otago Press and Zed Books.

Smith, R., Grabosky, P., & Urbas, G. (2004). *Cyber criminals on trial*. Cambridge University Press.

Soss, J., Fording, R., & Schram, S. (2011). *Disciplining the poor: Neoliberal paternalism and the persistent power of race*. University of Chicago Press.

Statement of Compatibility with Human Rights (2017). Social Services Legislation Amendment (Cashless Debit Card) Bill 2017.

Tyler, I. (2020). *Stigma: The machinery of inequality*. Zed Books.

United Nations Declaration on the Rights of Indigenous Peoples (2007). GA Res. 61/295, UN GAOR, 61st session, 107th Plenary meeting, Supp. No. 49, UN Doc A/RES/61/295.

van Es, K., & Schafer, M.T. (2017). Introduction: Brave new world. In K. van Es & M. T. Schafer (Eds.), *The datafied society: Studying culture through data* (pp. 13–22). Amsterdam University Press.

Vincent, E. (2023). *Who cares: Life on welfare in Australia*. Melbourne University Press.

Watson, N. (2011). The Northern Territory emergency response – has it really improved the lives of Aboriginal women and children? *Australian Feminist Law Journal*, *35*(1), 147–163. https://doi.org/10.1080/13200968.2011.10854464

Watts, B., & Fitzpatrick, S. (2018). *Welfare conditionality*. Routledge.

Williams, F. (2021). *Social policy: A critical and intersectional analysis*. Polity Press.

Young, I.M. (2013). *Responsibility for justice*. Oxford University Press.

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