Things worth sharing in 2019

A major theme of the work done by the **Public Service Research Group** at UNSW Canberra is to not only undertake research but to use it to inform both policy making and implementation. As a consequence we often publish in non-academic forums, especially in The Mandarin and a blog called the Power to Persuade. This booklet presents some of the key contributions we have made this year in order to highlight the range and scope of the things we do.

Public Service Research Group

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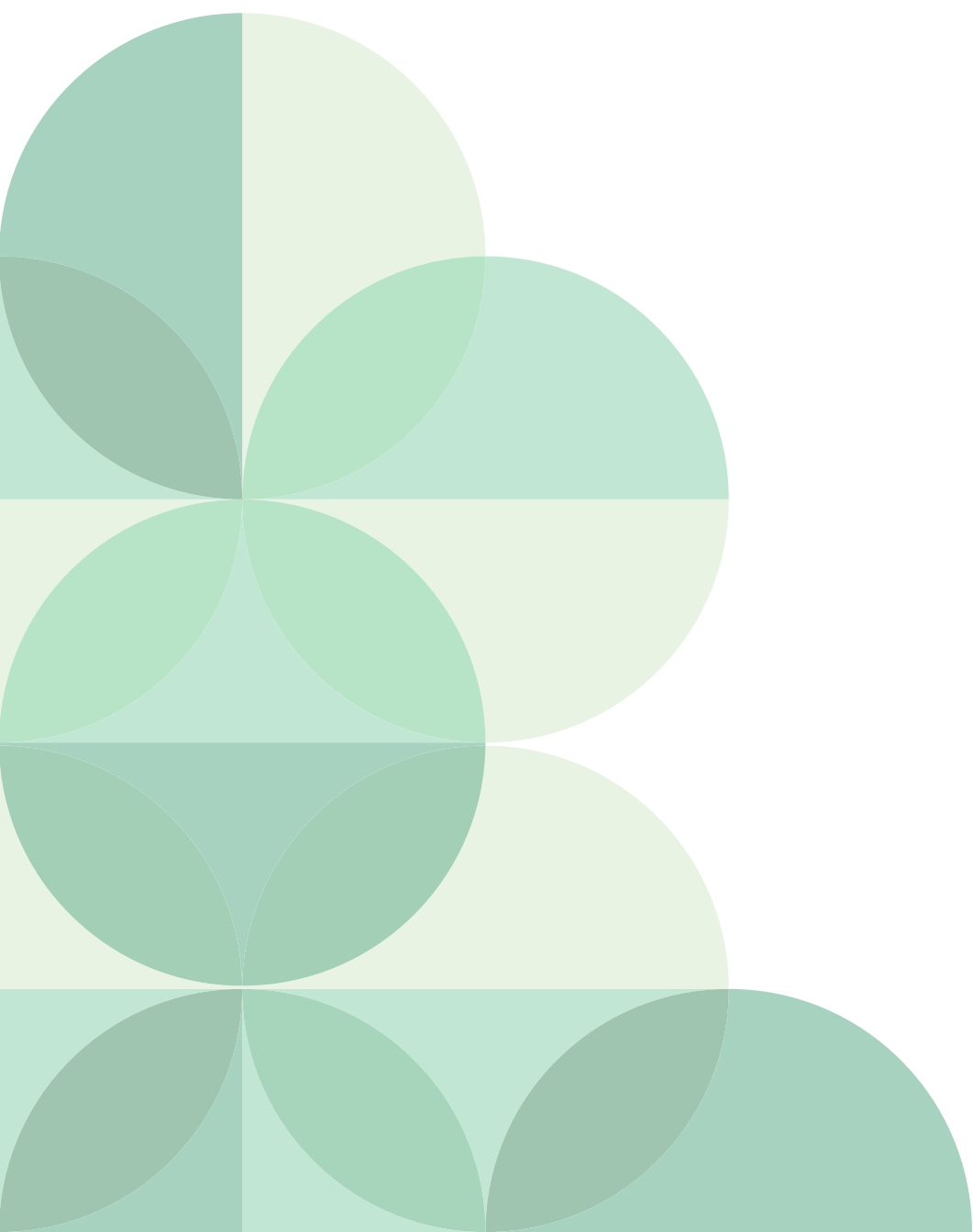
EXPLAINER: NEWSTART – AUSTRALIA'S UNEMPLOYMENT BENEFIT SCHEME

Published online August 23, 2019 by The Power To Persuade

Newstart is in the spotlight with a number of politicians calling for an increase to the support payment. UNSW Canberra Research Fellow Dr Sue Olney explains how Newstart works, how it compares to benefits in other countries and why she believes it needs to be increased. This is an edited version of a post originally published by UNSW Canberra.

What is Newstart?

The Newstart Allowance is the Australian Government's main income support payment for people of working age deemed to be capable of working. It's sometimes called 'the dole', or unemployment benefits.

Who is eligible for it?

To receive Newstart, a person must be at least 22 years old and under 66 years old, looking for paid work, have income and assets under set limits (which vary depending on their age, whether they have dependent children, have a partner, or own their home) and be prepared to meet mutual obligation requirements. The requirements are undertaking activities to improve their prospects of finding a job set out in a Job Plan negotiated with an employment services provider, attending regular appointments with their employment services provider, and accepting a suitable job offer. If they don't meet these requirements without a valid reason like illness (with a Medical Certificate) or a personal or family crisis, their payment may be reduced or stopped. This penalty is sometimes called 'sanctioning'.

How much do Newstart recipients receive?

Newstart is paid fortnightly. There's a minimum one week waiting period before the first payment is made, and the wait can be up to six months in some circumstances. The fortnightly payment amount depends on a recipient's age, personal circumstances, and financial circumstances. Currently, the maximum Newstart fortnightly payment for a single person without dependent children is $555.70 – just under $40 a day.

How does this compare to other developed countries?

It's hard to compare Newstart to unemployment benefits in other countries because many have contributory insurance systems that pay people a percentage of their previous income if they lose their job. Those systems pay higher rates for shorter timeframes to insured people while they're looking for work, but taper off over time. Unemployed people in Australia receive the same level of payment for as long as they are eligible.

What we do know is that based on OECD data, and counting rent assistance, Newstart is the lowest payment as a percentage of previous net wage in the OECD for people who are recently unemployed, and below the average for the long-term unemployed.

When was it last increased and why haven't we seen an increase?

Unlike other income support payments in Australia, Newstart increases are indexed to inflation, not wages. The rationale when this decision was made by the Howard Government in 1997 was that Newstart was a temporary payment designed to encourage people to actively seek work, and it has not increased in real terms since then.

Of course, over that time, the environment around the payment has shifted. The type of work available, where it exists, and conditions of employment have changed dramatically. Employers are increasingly seeking qualified, highly skilled, portable, contingent and 'work ready' workers, while employment opportunities for unskilled workers have fallen. Technological change is affecting how and where work is done, and increasing automation is expected to reduce employment in both unskilled and semi-skilled professions by 10 to 40 per cent in the foreseeable future - considerably higher than projections offered in the Australian Government's 2015 quinquennial Intergenerational Report, which assumes a constant rate of unemployment of around 5 per cent over the period from 2015 to 2055. Furthermore, the gig economy and contracts without minimum hours are blurring boundaries between self-employment and employee status. Unskilled and low-skilled work is less secure, offering low wages and limited prospects of career advancement, leaving young jobseekers particularly disadvantaged. There's also been a rise in contingent, part time or ad hoc employment in some skilled industries, including health, allied health and post-compulsory education. Simultaneously, the ratio of jobseekers to advertised vacancies has increased, so employers have become more selective in recruiting staff than they would be in a tighter job market. Many are reluctant to hire people who have been unemployed for a long time because of concerns about their work ethic - concerns that are arguably fuelled by critical portrayal of unemployed people in politics, policy and the media. And finally, successive welfare reforms have pushed a range of people facing complex barriers to work from other benefits on to Newstart.

The premise that everyone in Australia can find a job in 2019 by changing their skills and attitude doesn't hold up. Around 20 percent of current Newstart recipients have been on the payment for more than five years. For them, it's not a temporary or transitional payment.

Do Newstart recipients receive other welfare or assistance?

Treasurer Josh Frydenberg recently claimed that "over 90 per cent of Newstart recipients" also receive other payments – a claim closely examined by experts in a recent RMIT ABC Fact Check.

Depending on their circumstances, people on Newstart may be eligible for a Health Care Card or Pensioner Concession Card giving them access to cheaper health care services and medicines and discounts on goods and services at the discretion of suppliers; subsidised access to services like transport and childcare, varying by state; a taxable Education Entry Payment of $208 a year if they enrol in an approved education course; Rent Assistance for private rental, which varies according to rent paid with a maximum fortnightly payment of $137.20 for single people without dependent children paying at least $305.33 fortnightly in rent; a quarterly Telephone Allowance of between $29.60 and $43.80 (in very limited circumstances); an Energy Supplement that varies with age and composition of household ($8.80 a fortnight for a single person without dependent children); a one-off Energy Assistance Payment of $75 for singles and $62.50 for each eligible member of a couple; and the family tax benefit, which goes to people with dependent children.

Calculations show that overall, extra assistance received by Newstart recipients has a very modest impact on their fortnightly income.

Should Newstart be increased?

Yes, unequivocally. Apart from reducing pressure on public services and charities, and reducing inequality – which has adverse effects on the whole of society - the money is likely to be spent in communities struggling with complex disadvantage, directly stimulating local economies.

People on Newstart are looking for work in the face of changing labour market conditions driven by economic policy, globalisation and technological change. Punishing them for being unemployed overlooks evidence of strong links between demand for labour, systemic barriers to work outside individuals' control, and reliance on welfare, and keeps them marginalised. That has costs for all of us that far outweigh the cost of increasing Newstart.

UNPACKING THE POLITICALLY SENSITIVE RELATIONSHIP
BETWEEN ALCOHOL, DRUGS AND DOMESTIC VIOLENCE

Published online July 26, 2019 by the Institute of Alcohol Studies

Through an Australian case study, Sophie Yates tries to get to the root of a very complex issue with no easy solution.

The role of alcohol and other drugs (AOD) in domestic/family violence is increasingly difficult to ignore, yet challenging to reconcile with dominant feminist analyses of the problem.

While I was researching gender and domestic/family violence (DFV), using the 2015-16 Victorian Royal Commission into Family Violence as a case study, one of the most interesting puzzles I came across related to AOD. I interviewed several people who were experts in the intersection between AOD and DFV and they all said similar things: it's very difficult to talk about AOD and its role in DFV, mainly because there's a resistance in the DFV sector to addressing substance abuse issues.

One participant said to me, about the AOD and DFV sectors:

…these sectors aren't siloed for no reason. …And one of them is are you really clear that domestic violence isn't caused by drug and alcohol abuse. That's a boundary marker. You say the wrong thing in that area, you lose your credibility.

This researcher felt that actors on the wrong side of that boundary marker are at risk of antagonising or not being taken seriously by the DFV sector and others who specialise in gender-based violence.

Another participant found that their conversations with DFV practitioners tended to stop at "alcohol and drugs do not cause family violence", with no apparent appetite for addressing the intersection between the two issues. I wondered why this area was so controversial, and combined insights from my interviews and the academic literature to try and work it out.

I decided that a central point of contention about the role of AOD in DFV can be boiled down to a single question: "are alcohol and other drugs a cause of DFV?" For a much more detailed exploration, see my full article here.

The relationship between AOD and DFV

There are three main ways that AOD consumption is linked to DFV: first, it relates to the perpetration of violence both when offenders are intoxicated and in withdrawal. Second, it relates to the experience and severity of victimisation – it can impair a victim's judgement, making them less able to de-escalate situations of conflict; reduce their capacity to implement safety strategies; increase their dependence on a violent partner; and decrease their credibility with service providers. Third, victims of DFV can develop problematic relationships with drugs or alcohol as a coping mechanism.

Growing up on opposite sides of the fence

So, why is it so difficult to talk about the role of AOD in DFV? Firstly, the AOD and DFV sectors have a different ways of approaching treatment and thinking about the problem. One of my participants (an AOD practitioner) reflected that "we're all carrying baggage from our history"; the AOD sector stemmed from a group of 'disenfranchised' people who had histories of addiction that they'd overcome. They had "picked people up off the streets who were like them", and were "advocating for them and fighting with them against the world". Most of the workers and clients in this sector are male, and a gender neutral or

individualised analysis of the link between AOD and violence is common.

In the DFV sector (at least in Victoria), most of the workers are female, and a feminist power and control analysis of violence prevails. Perpetrator programs are for men and victims' support services are for women and children. The DFV sector tends to work from a philosophy of empowering victims and increasing perpetrator accountability – it aims for men to take responsibility for their violence. Its objective has been to support women to understand that the violence is not their fault, but rather stems from men's sense of entitlement to control women, and attitudes that support or enable the use of violence to do so.

The AOD sector has employed a more 'medical' approach, which focuses on the individual (rather than broader societal factors), and seeks to reduce the stigma of addiction by framing it as a disease or disorder. One study examining the discourse of Victorian AOD treatment providers found that they tended to alleviate the guilt and shame of substance abusers by referring to the 'diseased' or 'hijacked' brain. This 'medical' model of addiction as disease or disorder can be seen as allowing men to shift responsibility for violence.

Community attitudes to alcohol, drugs and violence

Community surveys show that a significant (although thankfully diminishing) minority of people in Australia believe that if you're drunk, you're not as responsible for your actions as when you're sober. There's this idea that people get drunk, lose control, and then 'snap' and become violent.

So, attributing causation to drug and alcohol addiction can imply a lack of control on the part of abusers. This is the exact opposite of the women's movement's power and control analysis of DFV, where men are seen to use violence instrumentally and deliberately (not reactively), in a way that's connected to the unequal distribution of power between men and women on a societal level. It also moves the analysis from structural factors that we are all responsible for (e.g. gender inequality), to individual factors that are about personal responsibility.

Causation in different research traditions

In another language-related tension, different research and professional traditions have different understandings of the word 'cause'. In epidemiological and public health research traditions, it can be OK to say that AOD is a cause of violence, where AOD is part of a multicausality framework that identifies 'component causes' or 'contributing causes' of the disease or public health problem. A component cause may not be necessary or sufficient to cause every case of the problem, but a lot of cases may still be prevented if that factor is blocked or removed.

In the feminist DFV research tradition, people often say that because not all men who use alcohol are violent and not all violence is associated with alcohol use, these substances can't be seen as causal factors. Gender inequality and violence-supportive attitudes are seen as more ubiquitous than AOD use, so the former are 'causal' or 'determinative', and AOD are framed as 'contributing' to or 'reinforcing' the violence, or 'co-occurring' with the violence that is already there.

A way forward: Focusing on how gender and substance abuse interrelate

One way forward is to leave behind sensitivities about whether gender inequality or individual factors such as substance abuse are most responsible for the harms of DFV, and instead to understand how AOD and gender combine to influence the perpetration and experience of DFV, as well as throwing up barriers to help-seeking. In other words: substance abuse affects the problem of DFV in gendered ways.

Feminist DFV researchers and practitioners should take heart from the fact that it is possible to take substance abuse into account from an explicitly feminist standpoint that does not ignore the role of gender hierarchies in causing DFV. Work by many scholars has engaged fruitfully with the way that substance

abuse and performance of masculinity, or adherence to traditional notions of masculinity, are linked to violence. For example, Gail Gilchrist and colleagues found that AOD abuse is intertwined with intimate partner violence in very gendered ways related to structural power differences and expectations about men as providers and protectors who control the relationship, and women as mothers and subservient partners.

Encouragingly, Victoria's 2017 family violence prevention strategy notes an intention to "[a]ddress the intersections between social norms about alcohol and gender". Other drugs should be added to this agenda, and more governments should take up this crucial intersection in their DFV policy.

TIME FOR A NEW GENERATION OF APS GENDER EQUALITY POLICIES

Dr Sue Williamson from the Public Service Research Group, UNSW Canberra, profiles key elements and strategies for gender equality in the public service.

Gender equality in the Australian Public Service (APS) is progressing. One indicator is the increasing number of women in leadership positions, including at the EL2 and SES levels, and also within the rank of Secretaries. This may be due to the implementation of Balancing the Future: the Australian Public Service Gender Equality Strategy 2016-19.

A version of this strategy has been adopted by all APS departments, with progress evaluated in 14 of them. The consultants' findings reiterated our conclusions – that the strategy is reigniting conversations about gender equality. They concluded, however, that there is still some way to go before gender equality in the APS is fully realised.

Many APS Gender Equality Action Plans expire at the end of 2019. Agencies may, therefore, be developing the next generation. Two important questions need to be asked as plans are developed: What might a gender-equitable workplace look like?; and, what makes a gender equality plan succeed?

The APS Gender Equality Strategy contains a vision of an equitable workplace. Features include both women and men being seen as 'credible leaders', both women and men working flexibly, and the absence of stereotypical ideas about work.

Interest in what a gender equitable workplace might look like is growing. Researchers recently detailed how the physical workspace can contribute to gender equality. Quiet areas (which can be particularly useful for stressed parents), on-site childcare, breastfeeding rooms, warm, green environments and gender neutral bathrooms are all important. APS workplaces undoubtedly have some of these characteristics, but may not have all.

The APS could also look to the recently released Women in STEM Decadal Plan. This plan contains a succinct and evocative vision of gender equality in 2030. Features include a workplace that is free from discrimination, has a diverse leadership, promotes (not just tolerates) flexible working arrangements, and where the progress of gender equality policies is actively monitored and evaluated. A national and co-ordinated approach which can result in accreditation is also envisaged.

Academic research has identified the key elements to progress gender equality. Broad ownership is key, so that plans are owned – and implemented – by everyone, not just human resource departments.

Plans also need to recognise the intersecting disadvantages experienced by some women (and those identifying as women). Best practice plans are also non-binary. Both these elements are becoming more common in the APS, but are not yet the norm.

A long-term view is essential, as are initiatives which build on, and reinforce each other over time. Progressive organisations are creative and disruptive, for example, by using bias interrupters in the workplace. Finally, monitoring and evaluation need to be meaningful, measurable and ongoing, in order to assess progress against clear targets.

A new tranche of APS gender equality policies that builds on previous successes and incorporates best practice will go a long way towards ensuring that the APS is an employer of choice for women. As with progressing gender equality in STEMM, this just might be achievable by 2030.

FEMINIST THEORY AND AUSTRALIA'S CARE AND SUPPORT SECTOR

Australian policymakers will need to take critical action in response to the care crisis revealed by coverage of the Royal Commission into Aged Care Quality and Safety and the lead up to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Laura Davy (@ LauraKDavy) from the Public Service Research Group, UNSW Canberra, discusses how feminist ethics and feminist economics can inform workforce investment strategies into the future.

A care crisis

The appalling stories we have heard from the Royal Commission into Aged Care Quality and Safety and in the lead up to the upcoming Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability are just the tip of the iceberg. People with disability, older people, families, advocates, providers and workers have been talking about a care crisis in Australia for a very long time.[1]

The ethical crisis in the care sector is compounded by unprecedented demand for care services. The life expectancy of older people and people with disability is increasing, and expectations about the quality and convenience of care services for clients are also increasing. Meanwhile, the supply of informal care may be decreasing dramatically into the future. Informal or unpaid carers, who are usually female family members of the person they care for, still provide a huge proportion of care labour hours in Australia every year. But as the life expectations of successive generations of women changes, this is not something we can or should depend on in the future.

A changing support paradigm

The major rehaul of the disability support system represented by the National Disability Insurance Scheme (NDIS) aims to provide support tailored to individual needs and increase the choice and control people with disability can exercise over their services. Likewise, reforms of the aged care system have aimed to make the system more 'consumer directed' by increasing choice and transparency (as well as user contributions to care costs).

These changes have done a lot to signal there are very different expectations of the care sector now than there were in the past, and that clients, their families and the community will hold providers to higher standards of accountability now than ever before. They have also moved the Australian care sector to a significantly more prominent position in the media and public psyche, signalled by the current and upcoming Royal Commissions.

But the benefits of these changes for clients have been unevenly distributed, with those best able to advocate for themselves, or who have a strong network of supporters, more likely to experience choice and empowerment, and those with cognitive disabilities, complex support needs, and who are isolated more likely to experience significant barriers to good conditions and support.

And despite new policy settings and rights-based legislation, and an associated shift in the language and marketing used by care organisations, these changes require a cultural transformation that many providers are struggling with.

The care workforce

The major changes currently being implemented in the disability and aged care sectors have had some dramatic implications for the care and support workforce, including:
- Increasing demand for workers
- Changing expectations of service flexibility, and
- Increasing casualisation and low job security.

One study found that about 60% disability workers said they did not have enough time to do their work under the NDIS, and about 72% were worried about the future of their job. It found that prices for disability support work set by the NDIA "do not account for what is required to deliver high quality services, and arrangements are not fully enabling disability support workers to deliver services which are personalised, co-ordinated, responsive or safe". Another study found that workers under the NDIS were consistently underpaid for travel and overtime. Perhaps unsurprisingly given these findings, the National Disability Services' State of the Disability Sector Report 2018 found that providers are finding it increasingly difficult to recruit more disability support workers to a sector that desperately needs them. Low wages, limited opportunities for training and career development, and a lack of staff to resident ratios in aged care facilities have also been reported in coverage of the Royal Commission into Aged Care.

Despite these systemic problems, there is a growing body of research that demonstrates that positive relationships with paid support workers can make a big difference to people's lives – particularly people from groups that are more marginalised in society, such as people with cognitive disabilities, people with complex support needs, and people with limited social support networks. Providing enabling and empowering care and support requires complex skills in augmenting and supporting a person's ability to communicate and make decisions, managing social and emotional dynamics and boundaries, as well as personal traits such as patience, flexibility, attentiveness and responsiveness.

So why is care and support work so poorly valued in our society, when it is clearly so important?

Feminist theory and the care economy

The branch of feminist philosophy known as the ethics of care holds that one of the reasons care work is undervalued is because of the systematic under-privileging of the aspects of morality and ethics that have conventionally been considered 'feminine', such as the practices, emotions and virtues associated with care. Feminist political economists have also addressed the value we place on care by scrutinising wage equity and gender divisions in the workforce.

Because caregiving has traditionally been seen as a feminine responsibility, workers in the care sector (whether male or female) experience the low pay and low status associated with 'women's work' (Hughes et al, 2005). The skills required to care – and care well – are seen as somehow natural, emotion-based, and spontaneous. Investigating how the Australia's aged care sector justifies continued low pay for care work that is in high demand and highly skilled, Palmer & Eveline (2012) argue that employers represent care work as unskilled and natural for women and therefore not deserving of higher pay. As a society, we're not particularly good at even articulating the interpersonal skills central to care work, such as the ability to interpret behaviour and build trusting relationships, but this doesn't mean they aren't acquired and developed through discipline, skill, practice and self-reflection (Cortis, 2000).

Quality care and support matters to the Australian public. For the benefit of both employees and clients of the sector, the specialised forms of practical knowledge and expertise that are central to supportive and empowering care work need to be recognised – and invested in.

WILL THE COALITION'S APPROACH TO GENDER EQUALITY ACTUALLY IMPROVE WOMEN'S LIVES?

Published online July 1, 2019 by The Conversation

Dr Sue Williamson from the Public Service Research Group, UNSW Canberra, argues if the Coalition's neoliberal or individualised approach to gender equality will herald improvement to the lives of women.

The Morrison government has trumpeted its record number of female ministers, but it will need a new approach to policy-making to truly improve women's lives. Lukas Coch/AAP

When Prime Minister Scott Morrison announced his cabinet a couple weeks ago, he made a point of trumpeting the seven women who would serve as ministers – a "record number" for an Australian government.

Despite this breakthrough, however, female representation remains a visible problem for the Coalition. Just 23% of the Coalition's MPs are women after the recent federal election, compared to 47% for the ALP.

The Coalition's "women problem" has long been discussed in the media. But it's not just the number of women in parliament that matters – it's how they go about legislating for change.

A neoliberal feminist approach to policy making

Having women in positions of political power does make a difference. Not only does this bring a diversity of viewpoints to the decision-making process, research shows women politicians are more likely than men to introduce legislation that benefits women.

In fact, researchers analysing the World Economic Forum's Global Gender Gap data have found the presence of women in politics is the most important factor in improving gender equality. Other significant factors include having a female head of state and large numbers of female ministers.

In Australia, political parties across the ideological spectrum can take credit for introducing legislation aimed at improving women's lives. But there is a difference in how the parties on the right and left approach the issue of gender equality, the policies they pursue and the overall effectiveness of these policies.

A closer look at the Coalition's policies on women's issues, for example, reveals an approach more in line with "neoliberal feminism", a new brand of feminism that recognises gender inequality but ignores the broader socioeconomic and cultural structures that hold women back.

According to neoliberal feminists, the struggle for gender equality is no longer dependent on collective action by society. Rather, it's up to individual women to make the most of their opportunities and find success.

This focus on the individual informs many of the Coalition's policies on women's issues, such as its future female entrepreneurs program and its pledge to provide scholarships and work experience opportunities for women seeking careers in the finance industry. This approach dovetails with Morrison's overall campaign mantra, as well:

If you have a go in this country, you will get a go. There is a fair go for those who have a go.

But while the Coalition government tends to promote policies geared toward individual women's advancement, the underlying causes of gender inequality are sometimes overlooked.

Breaking down the government's key gender equality platform

In November, the Coalition government released its Women's Economic Security Statement (WESS) – its first

major policy plan on gender equality issues. It contained three main "pillars" to achieving gender equality – workforce participation, earning potential and economic independence.

We've examined the programs offered in each of these areas to assess how effective they'll be in improving women's lives.

The goal of the workforce participation initiative is to close the gap between the percentage of men and women in the labour force, which is currently 9.5%.

This part of the plan details various employment programs being introduced by the government that may benefit women. It also focuses on improving data collection to better track the gender pay gap across industries. But while this is important, there is no commitment to action based on this improved evidence.

The only immediate benefit for women re-entering the workforce is more flexible access to paid parental leave. But the initiative has been criticised for its silence on other important workplace participation issues, such as access to quality part-time work and affordable housing.

The economic independence part of the plan includes some commendable initiatives around expediting family law property disputes for couples who are separating or divorcing, which reduces the financial strain on women.

There is also a continued commitment to help women experiencing domestic violence, for instance, by funding legal assistance to ensure victims are protected from direct cross-examination by their perpetrators in court. However, when you look at the specifics, the plan mostly just repackages existing government initiatives.

This part of the plan also does not recognise the broader issues impacting women's economic independence, such as the barriers in the social security system faced by victims of domestic violence and the high proportion of women and single-parent households living in poverty.

Finally, the earning potential initiative includes a promise to expand a program encouraging girls to pursue careers in STEM fields (science, engineering, technology and maths), and the funding of a new program to support female entrepreneurship.

While important, these initiatives do not address the systemic issues preventing women from boosting their earning potential, such as introducing programs to address the cultural barriers to women working in STEM.

Finally, there is the matter of the funding for all of the programs proposed in the Women's Economic Security Statement – the plan only allocates A$119 million over four years for the entire package of reforms. Women's groups have criticised this modest investment, given the scope of the problems.

What steps should the government take?

It is time to move beyond this individualised approach to gender equality. What Australia needs is a systemic approach toward improving the lives of women that includes major reforms to the welfare system, significant increases in funding and resources devoted to domestic violence, improved housing affordability, and reforms to the tax system that unfairly disadvantages women.

In addition, the country needs to strengthen sexual harassment laws, pass a new law to make misogyny a hate crime and make it easier for women to pursue equal pay complaints in the workplace.

The Coalition government should take note: neoliberal feminism may benefit some women, but is unlikely to herald long-lasting changes that improve the lives of *all* women, particularly those at the lower end of the pay scale.

WHY ARE SOME ORGANISATIONS SO RESISTANT TO CHANGE?
EXPLORING THE NATURE OF 'EXTREMELY GENDERED' ORGANISATIONS

Published online June 27, 2019 by The Power To Persuade

What makes an organisation 'extremely gendered'? Here @DrLisaCResearch describes her work (with @DrMeaganTyler and Dr Ben Reynolds) extending the concept of extremely gendered beyond the military to Victoria's volunteer-based organisation the Country Fire Authority.

What makes an organisation extremely gendered and how can we tell? There is increasing work and interest regarding the gendered nature of organisations and how change can be achieved, most of which in practice relates to 'counting numbers of women'.

Pioneering work by Joan Acker (1990) and others such as Dana Britton (2003) in organisational studies have argued that there are three overlapping and interacting levels of analysis to pay attention to when trying to understand the gendered nature of organisations, which are:
1. Structural (polices, divisions of labour, formal practices)
2. Cultural (pervasive images, symbols and ideologies about femininity and masculinity)
3. Interactional (both individual identity and interpersonal relations)

Others, such as work by Orna Sasson-Levy (2011) have extended on the work of Judith Lorber (2005) to better understand the extent and potential to 'degender' organisations. Sasson-Levy (2011) argues that there are four key levels:
1. 'Low' indicates an organization that is 'amenable to reform';
2. 'Medium' requires 'greater effort to modify the gender regime' in the organisation;
3. 'High' dictates the 'need for compensatory affirmative action'; and critically,
4. 'Extremely gendered'

What makes an organisation extremely gendered?

In regard to 'extremely gendered', Sasson-Levy argues that the military constitutes a special, more intense case, and as such is an 'extremely gendered' organisation that is exceptionally resistant to change. This is primarily for the following reasons:
- The existence of official policies or entrenched informal practices that prohibit women from service (or particular kinds of service)
- Despite the inclusion of women, the organisation remains highly gender segregated;
- Top-down control is very high and so it is largely shielded from change within
- Although it is discriminatory, the institution maintains its legitimacy
- The centrality of the male body
- The importance of the organisation to the 'hegemonic patriarchal order', particularly through links between the state and citizenship

But what if it's not just the military? What if the concept of 'extremely gendered' organisations can be stretched further to so-called 'peace time' and everyday types of services?

The country fire authority

We argue it can be (although not necessarily to the same extent). We do this by using the example of the Country Fire Authority (CFA) in Victoria, Australia by drawing on its 'paramilitary' history and current policies. Our analysis came about after co-authors Meagan Tyler and Dr Ben Reynolds carried out two related

projects about Australian bushfire safety practices, bushfire policies, and the history of the CFA (running from 2011-2018, with partial funding from the Bushfire Co-operative Research Centre). Following this work, a deeper question remained about the gendered nature of fire services and policies.

It's well established internationally that emergency management, and fire-fighting in particular, are both male dominated and cultural masculinised areas, and that the historical cultural construction of the male fire-fighter has been linked to more contemporary organisational gender regimes. Numerous reports exist about endemic sexual harassment, bullying, discrimination, hazing, and a toxic 'CFA boys club' culture. An investigation was launched in 2015 by the Victorian Equal Opportunity and Human Rights Commission into bullying, sexual harassment and discrimination, with the final report suppressed following a ruling in favour of the United Firefighters Union.

Our article 'Are fire services 'extremely gendered' organisations? Examining the Country Fire Authority in Australia' outlines our argument in detail. Briefly, it's not that big of a stretch when you consider that approximately only 4% of Victorian firefighters are female. Things are set to change though in Victoria, with recent calls to increase the number of female firefighters to 400 by 2021. To do so, we argue that it's vital to consider structural and cultural aspects of the CFA as an 'extremely gendered' organisation. This has the potential to help with the wellbeing of firefighters with important lessons about militarised PTSD, gendered motives for arson, why more men die when it comes to 'Stay and Defend' policies, and why a simple 'add women and stir' approach is unlikely to create substantial change alone.

If the 'extremely gendered' nature of organisations like the CFA continues to be ignored, it may prevent more varied, and ultimately less risky approaches to bushfire response from being adopted, or even openly discussed in the future. By not recognising how truly challenging the genuine inclusion of women can be in 'extremely gendered' organisations, there is also no acknowledgment of the risks to women who do join.

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THE ACADEMIC-PRACTITIONER DIVIDE IN PUBLIC MANAGEMENT:
AND HOW TO BRIDGE IT

In this post, Professor Jenny Stewart and Dr Fiona Buick from the Public Service Research Group reflect on the ever-present divide between academics and practitioners in public policy. They present a number of strategies to bridge the gap and provide the foundation for academics to undertake research that generates outcomes for both researchers and policymakers.

We've all heard it so often before.

'Academics don't want to know about the real problems we face. They have their heads in the clouds'.

'Public servants aren't interested in research. They won't fund it and even when they do, they won't follow-up on the findings.'

These are stereotypes, of course, but stereotypes both reflect and mould behaviour. While there are many academics with an interest in practice, and many public servants with an interest in research, there is a divide between the two worlds which seems to be getting worse, to the detriment of both.

In a paper commissioned to look at the issues, leading UK academic Christopher Pollitt (Pollitt, 2017) observed that the most prestigious academic journals, the ones academics most want to publish in, are interested mainly in 'high' theory, rather than in the problems of practice. For their part, practitioners report that they rarely read academic public administration journals, even those that have a more practical focus. Where once practitioners published regularly in public administration journals, either alone or as part of a research partnership, they now rarely do so.

In a recent paper on practitioner-scholar co-production published in *Public Administration Review*, Buick, Blackman, O'Flynn, O'Donnell and West (2016) identified a number of reasons for the divide:

1. Academics and practitioners typically focus on different types of problems, and face very different incentives. Academics focus on peer-reviewed publications and intellectual demands, with practitioners focused on deriving prescriptive solutions and instructions to address problems;
2. The two groups have different research objectives: academics focus on generalisability and transferability of findings, whereas practitioners are focused on context-specific issues;
3. There are different time-horizons, too: academics focus on long-term deliberation and detailed analysis, whereas practitioners adopt a more short-term orientation, in order to meet political and organisational demands for an immediate response.

Understandable as it may be, the implications of the divide are significant for both groups. Academic research loses relevance and 'bite'. Public servants miss opportunities for reflection, evaluation and critique. With resources for collaborative research becoming scarcer, what should be a productive conversation has become patchy and increasingly difficult to sustain. It's a lose-lose situation, resulting in diminished Public Service capacity and reduced opportunities for academics to produce impactful research.

What can be done?

We propose a number of ways we can bridge the divide and undertake research that generates outcomes for both academics and practitioners.

- Develop and support forums that bring academics and practitioners together to share ideas and establish connections and relationships. From here, academics and practitioners can identify mutually beneficial research agendas and establish longer-term partnerships.
- Allocate more resources for collaborative research: relatively small investments go a long way (e.g. the Strengthening the Performance Framework research project)
- Improve mobility between academia and practice, with opportunities for academics to work in the public service for short-term projects and support for a greater number of practitioners to undertake PhDs and other doctoral degrees (i.e. Professional Doctorates).
- Regular secondments from departments and agencies to universities and vice versa would be of real benefit to both groups;
- Develop the capabilities necessary for effective partnerships, both among academics and practitioners;
- Endorsement by leading academics of the need for empirically based theory and the importance of real-world case studies;
- Top journals in the field to give more weight to case-based research with a practical focus.

Time to break down the stereotypes!

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WHAT DO WE MEAN WHEN WE TALK ABOUT 'GENDER' AND FAMILY VIOLENCE?

Published online June 4, 2019 by The Power To Persuade

There is currently an unprecedented interest at both Federal and State levels to address family violence in a holistic and meaningful way. In today's analysis, Sophie Yates (@DrSophieYates) of UNSW Canberra (@PSResearchG) shares her insights into the various ways that practitioners in the family violence sector talk about gender and how their various conceptions of the term impact on their practice. The article she published on this topic recently netted her the inaugural Rosemary O'Leary Prize for outstanding scholarship on women in public administration. This piece was originally published in the LSE Engenderings blog under the title "Big G and small g: Understanding gender and its relationship to family violence."

Last year I published a journal article about the wide variety of definitions I came across when I asked Australian policy actors what they mean when they say 'gender'. I found this variety concerning because statements like "family violence is a gendered issue" are common (and commonly debated) in the family violence field – but if people working in family violence and allied fields are drawing on different understandings of gender when they talk about this, it will be difficult to agree on whether this statement is true, or what it means. Relatedly, models of family violence response are increasingly coordinated and multi-sectoral, so practitioners from different sectors will be more and more often required to work together. If practitioners don't have a common understanding of foundational concepts like gender, this has implications for how well they can communicate (and thus work) together.

My research on gender and family violence

I'm researching the problem framing of family violence – that is, how we define the problem and by implication what we want to do to fix it – and I'm particularly interested in where gender fits in this problem framing. In order to work out where gender fit in how people frame family violence, I thought it best to go back further one step and ask what people thought gender actually was. My interview participants were some of the expert witnesses in Victoria's 2015-16 Royal Commission into Family Violence. They came from a number of different professional and academic fields – the women's family violence sector, mental health, alcohol and drugs, the Aboriginal sector, men's health – which is appropriate for a 'wicked' policy problem that requires a multi-sectoral response. But these policy actors all had a stake in defining the problem and proposing solutions to it.

One word, many definitions

Conceptions of 'gender' have a profound impact on how services are delivered in the family violence sector.

What I found was that not only did participants vary in whether they thought family violence was a gendered problem requiring a gendered solution, they also thought very differently about what gender actually meant. To some it was a category that attaches to men and women, to others a self-defined category that needn't match the sex they were assigned at birth, to others a role that was socially assigned based on biological sex, and to still others a complex set of relations, behaviours and social structures related to (but not inevitably determined by) biological sex.

'Big g' and 'small g' gender

Apart from the problems inherent in such a foundational concept being so variously understood, different ways of understanding gender have real implications for the policy and practice response to family

violence. I argue that a broad, process-based approach to gender is actually more useful for understanding and responding to family violence than a narrow, category-based view.

In my work I call this distinction 'big G' (category) and 'small g' (process) gender. Big G is useful in some respects – it's necessary to understand that there are certain classes of people more likely to perpetrate family violence, and others more likely to experience it. These facts were the basis of the activism that put domestic and family violence on the policy agenda in the first place. It can also be interesting to look at the differences in outcomes of violence between the two major gender groups (e.g. women are more likely to sustain severe injuries from family violence).

However, a 'small g' model of gender that sees gender primarily as a series of *processes* – performed by people, and enacted through culture and institutions – can help us to understand why these differences in outcomes exist in the first place. These processes distribute power between groups of people: between men and women, but also between heterosexual and non-heterosexual people (because the 'proper' performance of gender is linked to heterosexuality). Further, they distribute power between certain groups of men and women – for example, Connell and others have shown that those who perform masculinity in particular ways receive more power than other groups of men.

A small g approach to gender gets around that tricky but undeniable fact that women too can be violent – if you think gender is what people *are* (big G), and women can also be violent in family relationships, it might seem like the problem can't be gendered. Small g gender is also easier to reconcile with the fact that violence exists in LGBT+ relationships, and between adult children and elderly parents, and between family members of the same gender category. The key is that gender distributes power to some at the expense of others and – intersecting with other characteristics such as race, ethnicity, (dis)ability, age, sexuality – affects the prevalence and experience of family violence. It *doesn't* determine who can and can't perpetrate or experience violence.

Why we need small g gender

I observed in my participant sample that every person who described gender in 'small g' ways also saw family violence as a gendered problem. Some participants who defined gender in big G ways also thought it was a gendered problem, but primarily one of inequality between men and women (not seeing the connections between men's violence against female partners and other types of family violence). All participants who *were* skeptical about gendered analyses of family violence also described gender in big G ways – that is, seemed to see gender as a category that attaches to people.

I can't claim a universal pattern relying on this small qualitative sample, but it's useful to bear in mind that these were all influential individuals giving evidence at a royal commission into this policy problem. In general, people who saw gender as a category seemed to struggle to apply insights about gender consistently to the problem of family violence – and were thus more likely to reject it as a causal factor, or thought a gendered analysis was only useful for understanding and responding to intimate partner violence.

In a jurisdiction like Victoria, and other places where we define family violence as physical and non-physical forms of abuse occurring between broadly defined 'family members' (inclusive of Aboriginal and Torres Strait Islander definitions of family), an understanding of gender that only works to explain intimate partner violence falls far short. In order to apply a gendered approach to the many different forms of family violence, policymakers and other policy actors need a broader and more consistent understanding of gender and how it distributes power and shapes the world that men, women and children live in. To this end, central public sector agencies with carriage of domestic and family violence strategic plans may need to take a stronger leadership role in engaging with 'small g' gender scholarship and diffusing its implications to the many allied workforces involved in the policy and practice response.

SO YOU'RE THINKING OF GOING INTO A NURSING HOME?
HERE'S WHAT YOU'LL HAVE TO PAY FOR

Published online May 16, 2019 by The Conversation

Dr Laura Davy is a Research fellow with the Public Service Research Group, UNSW Canberra.

This week at the aged care royal commission hearings, the CEOs of three aged care providers called for a change in the way residential aged care is funded to improve the quality of care.

This followed a plea from Aged Care Services Australia for the government and opposition to address what it called a "crisis in residential aged care funding".

But while most residential aged care funding comes from government, residents also have to contribute. So how does this complicated payment system work?

Who is eligible for subsidised care?

In July 2014, the government introduced several changes to the residential aged care accommodation and care fees rules. These were part of wider reforms to the aged care system initiated under the Aged Care (Living Longer Living Better) Act 2013.

One of the biggest changes was the introduction of means testing. Many residents of aged care facilities are now expected to pay a portion of their care and accommodation costs themselves, but whether and how much they contribute is determined by an assessment of their personal financial circumstances.

A person who receives a full age pension and has just a small amount saved in a bank account, for example, will likely have their accommodation and care costs fully subsidised by the government – aside from a daily care fee, which is a proportion of the pension.

Someone who receives a higher income and owns significant shares and investments may need to pay some or all of their accommodation and care costs.

Costs of aged care

There are four main costs associated with residential aged care:

1) Daily care fee

This fee covers living costs such as meals, cleaning, heating and power. All residents of an aged care facility pay this fee, which is fixed at 85% of the age pension.

2) Daily means tested care fee

Some residents also need to pay an additional contribution towards the cost of their care. The Department of Human Services conducts an income and assets assessment to work out whether people need to pay this fee, and if so, how much it is.

3) Accommodation costs

This includes the cost of the room and other physical amenities provided by the aged care facility. Some

residents have their accommodation paid for fully or partly by the government, while others need to pay accommodation costs privately.

Some facilities offer extra services such as newspaper delivery, hairdressing and cable TV. Fees for these additional services only apply if the resident agrees to pay them.

Accommodation costs get really complicated

Out of these costs, accommodation costs are often the highest as well as the most confusing.

Those who need to pay all or some of their accommodation costs have a couple of different payment methods to choose from:

Refundable accommodation deposit (RAD) or refundable accommodation contribution (RAC)

RADs and RACs are lump sum payments for a resident's accommodation. They work like an interest free loan paid to the aged care provider, who is then able to invest this amount, for example in improvements to the facility and services, and earn interest on it.

The lump sum amount is refunded to the resident or their estate if they move or pass away, and is guaranteed by the government even if the provider goes bankrupt.

Daily accommodation payment (DAP) or daily accommodation contribution (DAC)

DAPs and DACs work like a rental payment. Residents pay the aged care provider the daily rate of lost interest on what the lump sum amount would be for their room. The interest rate is set by the government and is currently 5.96%.

You can also pay through any combination of these methods, such as 60% RAD and 40% DAP. For example:

Linda agrees on a RAD price of A$320,000 for her room, and wants to pay this amount in a lump sum. When she leaves the facility, the RAD amount will be refunded to her or her estate.

Gary also chooses aged care accommodation with a RAD price of A$320,000, but he wants to pay the daily amount rather than make the full payment upfront. Gary's DAP is calculated from the RAD amount for his accommodation, and comes to about A$52 per day.

Maria wants to pay some of her accommodation costs as a lump sum RAD and the rest via a DAP. If her accommodation is also priced at A$320,000 and she pays A$192,000 as a part RAD, her DAP for the remaining amount is about A$21 per day.

Is the accommodation payment system fair?

The answer depends on where you stand on broader issues around fiscal responsibility and intergenerational equity.

Governments have argued the reforms implemented since 2013 are necessary to sustain the aged care system into the future, particularly given a rapidly ageing population and growing budget deficit.

In terms of the payment options themselves, there are some significant advantages to paying an accommodation lump sum if you are in a financial position to do so. It can help preserve your estate and age pension eligibility, as the RAD or RAC amount is refunded and is exempt from the pension income and asset tests.

The DAP and DAC payments are not refundable.

But given that the average value of RADs and RACs held by providers in 2017 was A$283,499, a rental-style payment may be the only option for many people.

There are annual and lifetime caps to the means-tested care fee, but not for accommodation payments, so this daily cost will stack up over time.

Keep in mind, however, that the average length of stay in permanent residential aged care was just under three years in 2017, and many people pass away or leave the facility after a stay of just three, six or 12 months.

Some recent reforms aim to make the system easier to navigate and more transparent, such as the introduction of the My Aged Care gateway and the requirement for aged care providers to make their accommodation pricing public.

But the system is still highly complex, and the onus is on government and care providers to provide accessible information.

A consumer-led system will only work if consumers are informed. This requires investment in education and awareness campaigns to promote greater knowledge of aged care policy, fee structures and options, as well as affordable sources of financial and legal advice.

THE FUTURE OF AUSTRALIAN FEDERAL ANTI-CORRUPTION POLICY

Published online April 4, 2019 by The Power To Persuade

Our budget coverage continues! Ahead of the 'National Integrity Forum' on 8 April at Parliament House, Dia J Andrews (@DiaJAndrews1) of the Public Service Research Group, UNSW Canberra takes a look at the state of play in the federal anti-corruption space in the lead-up to the 2019 Federal Election. What have each of the major parties promised, and what do the experts recommend?

The past five years has seen a shift in public debate concerning corruption in federal Australian politics and the public sector. Ongoing advocacy by engaged civil society groups as well as growing public resentment stirred by numerous high profile expenses scandals involving senior cabinet ministers has put federal corruption firmly on the public agenda. The past six months have been especially important: multiple political crises in the current Coalition government have created opportunities for the opposition and the cross-bench to push for a federal anti-corruption agency. Ahead of the 2019 federal election, the future of federal anti-corruption policy is at a crossroads. So what exactly is at stake and what are the problems that anti-corruption advocates argue the 46th Parliament needs to address?

The current arrangements

Presently, Australia takes a 'multi-agency approach' to federal anti-corruption and integrity issues. In this approach, Australia has a cluster of federal institutions, such as the Australian Public Service Commission, Australian Federal Police, and Australian Commission for Law Enforcement Integrity, that monitor and investigate different kinds of corruption in their respective areas of responsibility. Anti-corruption advocates argue, however, that (with the exception of AFP investigations concerning criminal misconduct) these arrangements are flawed because none of these agencies are expressly empowered to oversee and review the activities of federal Parliamentarians.

Currently, Australian Parliamentarians are subject to a range of conduct codes, but these do not include "legally enforceable standards", explicit formal investigatory procedures, or clear sanctioning regimes. Bronwyn Bishop's 2015 expenses scandal demonstrated the weaknesses of this approach when it was revealed in 2017 that the former Speaker had cut short her co-operation with the Department of Finance's review into her travel entitlements. With no powers to compel the former Speaker to co-operate or to sanction her for not providing adequate information, the Department of Finance concluded the review. Anti-corruption advocates argue we need to address accountability gaps such as this.

Where do the coalition and labor stand on federal anti-corruption?

Going into the 2019 Federal election, both major parties have outlined plans to shake up Australia's multi-agency approach. But what do the Coalition's and Labor's policies actually look like?

The coalition

In mid-December 2018 Prime Minister Scott Morrison and Attorney General Christian Porter, under pressure from the opposition and the crossbench, announced that the Coalition would establish the Commonwealth Integrity Commission (CIC).

Under the Coalition's plan, the CIC would be created by converting the Australian Commission for Law Enforcement Integrity into a federal anti-corruption agency, responsible for educating, preventing and investigating corruption. It would have two divisions: a) law enforcement, and b) the public sector (which would include oversight of "parliamentarians and their staff"). The law enforcement division would be

empowered to compel and seize evidence, convene private and public hearings, and conduct arrests. The public sector division would be empowered to compel the production of documents and search premises, but it would not be able to hold public hearings or "make findings of corruption, criminal conduct or misconduct at large". However, neither of the two divisions would "investigate direct complaints about Ministers, Members of Parliament or their staff received from the public". The Attorney General's department invited public submissions on the proposed CIC, and as of the 3rd of April, the Coalition's 2019 budget has committed $104 million over the next four years.

Labor

In January this year opposition leader Bill Shorten outlined Labor's policy to establish a federal anti-corruption agency, the National Integrity Commission (NIC), within the first 12 months of government. Under this plan, the NIC would "operate as a standing Royal Commission into serious and systemic corruption" and would have commensurate investigative powers. The NIC would be able therefore to convene private as well as public hearings, but would "only be empowered to makes findings of fact"; any findings concerning criminal conduct would need to be referred to either the AFP or the Commonwealth Department of Public Prosecutions. Further, a Parliamentary Joint Standing Committee would be established to oversee the NIC, and the NIC would report to it annually. To date, it is not clear how much the Labor Party is prepared to commit to funding the NIC, however Transparency International Australia (TIA) has reported that Labor would "allocate $15 million per year".

What do we really need?

Whether the Coalition or Labor wins the upcoming election, it seems that significant reform in the federal anti-corruption space is just around the corner. However, because such reform is likely to set the agenda for federal anti-corruption efforts for years (if not decades) to come, getting such reform right is crucial to the future integrity of the Australian parliamentary system. So, what do anti-corruption advocates and experts think Australia needs going forward?

Advocates and experts have outlined three areas of concern:
1. Effective and enforceable oversight of Members of Parliament, their staff, and lobbyists by a single overarching agency with the power to hold public hearings.
2. Adequate annual funding and resourcing so the agency can properly fulfill its educational, preventative, and investigative functions.
3. Additional legislative measures to address weaknesses in the system that presently permit parliamentary members and their staff to become lobbyists and consultants for industries that they have previously been responsible for monitoring and regulating.

Anti-corruption experts and advocates have spoken at length on the gaps in the current multi-agency approach – where public servants and law enforcement officials are subject to one set of legally enforceable requirements, while Parliamentary members and their staff are subject to a different set of legally unenforceable standards. These double standards have meant that the investigation and sanctioning of Members of Parliament for potentially corrupt activities is largely subject to the *un*predictable confluences of partisan politics and the national news cycle.

To mitigate this unpredictability, advocates such as former NSW ICAC commissioner David Ipp have argued that a federal anti-corruption agency must have the power to hold public hearings, to both "gain the trust of the people" and to encourage people with information on corrupt activities to come forward and co-operate with authorities.

Transparency International Australia has also highlighted the importance of appropriate resourcing and funding for the new agency. In their submission regarding the Coalition's CIC, they highlighted that inadequate funding has been a "barrier" for agencies tasked with undertaking corruption education, prevention, and investigation activities. TIA further noted that both the Coalition and Labor's present

commitments fall far short of the $93.7 million per year that TIA estimates such an agency will require.

Finally, advocates have also stressed that any reform package will be incomplete if it doesn't address the revolving door between public officers and the private sector. Dr Adam Lucas at the University of Wollongong documented this problem regarding the fossil fuel and mining industries, and found that such "influence peddling" is a bipartisan problem. As TIA has argued, this is not simply an issue of quid-pro-quo corruption between individual public servants and industry groups. Rather, current arrangements expose the Australian government and political parties to the "risk of political and policy capture".

It's clear that whether we get Coalition or Labor for our next government, there is significant work ahead for the 46th Parliament to strengthen Australia's federal anti-corruption policies. It remains to be seen whether or not the major parties are truly committed to cleaning up the messes created by their own members in either the short or long term. However, the year ahead will surely prove instructive in this regard.

HAVE YOUR SAY ABOUT THE FUTURE OF NATIONAL DISABILITY POLICY

Published online March 28, 2019 by The Power To Persuade

Laura Davy (@LauraKDavy) from the Public Service Research Group, UNSW Canberra, summarises the findings of a review into the implementation of the National Disability Strategy 2010-2020 and urges readers to contribute to the consultation process for a new national disability policy framework which will begin next month.

There is a lot happening in the disability policy space at the moment. Last month the Productivity Commission released its review of the National Disability Agreement. People with disability and advocates have welcomed the government's announcement of a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (consultations to develop the draft terms of reference close today). The National Disability Insurance Scheme (NDIS) continues to appear frequently in news headlines, and disability policy may be emerging as one of the key issues for the upcoming federal election, with a spate of press releases issued by the government over the last few weeks.

But with all this news to digest and debate to contribute to, don't overlook last week's important announcement: public consultations about the future of national disability policy will begin next month.

The National Disability Strategy 2010-2020, Australia's current overarching policy statement on disability, will expire at the end of next year. Consultations on national disability policy beyond 2020 will be held between mid-April and June this year, and will include an open public survey (from mid-April), face-to-face community workshops in every state and territory (from 29 April) and an online forum (from mid-May).

People with disability, representative organisations and other civil society organisations and allies identified several limitations to the current Strategy in submissions to the Senate inquiry held in 2017. These included under-resourcing, a lack of concrete, measurable goals, and lack of clarity about the roles and responsibilities of state and territory governments in implementing the Strategy.

These issues were reiterated by the independent review of the Strategy's implementation conducted by researchers from the Social Policy Research Centre, which was released by the government last week.

The review found that while the content and vision of the Strategy are still highly relevant, it has fallen short of the mark in its implementation. The NDIS, while an important action that falls within the Strategy, has 'taken all the oxygen out of the room', with limited policy attention placed on implementing other aspects of the Strategy.

Rosemary Kayess, one of the authors of the report and the Vice Chair of the United Nations (UN) Committee on the Rights of Persons with Disabilities, made the following comments in a UNSW media release:

"The NDS tended to be quite piecemeal. There would be small pockets of good examples of policy working, but what was being achieved wasn't strategic; it wasn't articulated to any broader plan of action… there needs to be a strong disability focus in mainstream policy initiatives across all portfolios."

The report states that stronger central leadership of the Strategy, funding allocations to support its governance and coordination, and a stronger evidence base for measuring and reporting implementation progress are needed in order to implement the Strategy across all levels and domains of government.

In addition, the review highlighted the importance of:

- Facilitating the participation of people with disability at all levels of policy design and implementation
- Providing local government with resources and integrating their activities with measures at other levels of government
- Resourcing and supporting grassroots initiatives and facilitating opportunities for future partnerships with government and business to enhance the reach of these initiatives
- Linking localised initiatives to broader system changes by generating evidence of effectiveness and raising the profile of the Strategy in governments and the wider community.

The report was written by Laura Davy, Karen Fisher, Ayah Wehbe, Christiane Purcal, Sally Robinson, Rosemary Kayess, and Danielle Santos. It is available, including in easy read format, from the Department of Social Services and SPRC websites.

There is also a fact sheet available with information about how you can be involved in the consultation process and have your say about national disability policy beyond 2020.

WHAT IS THE MEDICARE REBATE FREEZE AND WHAT DOES IT MEAN FOR YOU?

Published online March 27, 2019 by The Conversation

Professor Helen Dickinson, Public Service Research Group Director, clarifies the Medicare rebate freeze and how it could affect you.

On the weekend, Opposition Leader Bill Shorten said he would end the Medicare freeze in his first 50 days as prime minister if Labor won the election.

"Every day Morrison's Medicare freeze stays in place is another day that families are paying higher out-of-pocket costs to visit the doctor. If I'm elected prime minister, I won't waste any time stopping Morrison's cuts to Medicare."

Health issues always feature strongly in election debates, but what is the Medicare rebate freeze and how does it affect what you pay when you see a GP?

How Medicare works

Medicare is our public health insurance system and funds a range of services such as GP visits, blood tests, X-rays and consultations with other medical specialists.

The Medicare Benefits Schedule (MBS) lists the services the Australian government will provide a Medicare rebate for. Medicare rebates don't cover the full cost of medical services and are typically paid as a percentage of the Medicare schedule fee.

GPs who bulk bill agree to charge the Medicare schedule fee and are directly reimbursed by government.

Those who don't bulk bill are free to set their own prices for services. Patients pay for their treatment and receive a rebate from Medicare.

There is often a gap between what patients pay for services and the amount that Medicare reimburses (A$37 for a GP consultation, for example). This gap is known as an out-of-pocket expense, as the patient is required to make up the difference out of his or her own pocket.

Under an indexing process, the Medicare Benefits Schedule fees are raised according to the Department of Finance's Wage Cost Index, a combination of indices relating to wage levels and the Consumer Price Index.

Organisations such as the Australian Medical Association (AMA) have long argued this process is inadequate and Medicare schedule fees have not kept up with "real" increases in costs to medical practitioners of delivering services.

The rebate freeze compounds this financial challenge by continuing to keep prices at what the AMA and others argue are "unsustainable levels".

How did the freeze begin?

Although the Coalition is largely associated with this issue, Labor first introduced the Medicare rebate freeze. The freeze was introduced as a "temporary" measure in 2013, as part of a A$664 million budget savings plan.

The AMA, the Coalition and others loudly criticised the then government for the freeze.

However, on being elected to office in 2014, the Coalition froze the rebate after the failure of a number of proposed health policies. The rebate was frozen initially for four years, starting in July 2014, and extended in the 2016 federal budget to 2020.

Although the freeze was to be in place across the board until 2020, since 2017 there has been a phased lifting of the freeze for GP bulk-billing incentive payments (July 2017), standard GP consultations and other specialist consultations (July 2018), medical procedures (due July 2019) and targeted diagnostic imaging services (from July 2020).

What impact has the freeze had?

The freeze means those medical professionals who have not seen it lifted are reimbursed the same for delivering health services today as they were in 2014.

Professionals are paying more for their practices, staff, medical products, utilities and just about anything else that goes into running a medical service. But the amount paid remains static.

Those who have had indexing return to their services have seen only a limited rise in their value – A$0.55 for a GP consultation, for example.

In the run-up to the 2016 federal election, Labor made a similar promiseand told voters they needed to "save Medicare" from the government's plans to privatise the system.

This tactic was dubbed the "Mediscare" campaign. Some saw it as being highly effective in driving a swing towards Labor in the last election.

Last month the shadow health minister, Catherine King, blamed the Coalition for the freeze and argued this had driven up out-of-pocket costs for both GP and specialist visits, leading to more than 1 million people delaying or avoiding medical care.

There are a number of reports of GP practices and specialist services halting bulk-billing and patients having to pay higher out-of-pocket costs.

Yet the data on bulk-billing show bulk-billing rates have not fallen. In fact, the latest data show bulk-billing at an all-time high at 86.1%.

Some commentators argue these figures are misleading as they are calculated on services and not patients and so may be an indication of the increasing number of health services that use the MBS.

GP groups have welcomed the lifting of the Medicare freeze, but argue the indexation rates still fail to reflect the genuine value of general practice.

For those in areas such as diagnostic testing, the freeze is argued to have a profound impact. The Australian Sonographers Association argues that for ultrasound alone the average out-of-pocket cost for patients has increased by 117%.

Many experts argue that just giving a little more funding to GP services will not improve the quality of the Australian health care system and far more fundamental issues need attention if we are to see significant reform.

MULTIPLE PERSPECTIVES AND POLICY INNOVATION:
THE POTENTIAL CREATIVITY OF IMPLEMENTING POLICY ACROSS ROLES AND SECTORS

Today's post is by Chloe Duncan from the Public Service Research Group, UNSW Canberra, and it explores how the personal identity and experiences of policy practitioners and service providers can inform their practice in profound ways. Based on PhD research into the implementation of breastfeeding policy in Victoria, it suggests that the ability to draw on multiple perspectives, both professional and personal, can allow policy implementers to overcome significant challenges in their work by devising creative and innovative solutions to problems.

Policymakers and researchers are constantly confronted with the problem of understanding how policy can be more effectively implemented. This is especially the case in contemporary policymaking environments where responsibility for implementation is decentralised and fragmented, and implementation is often led by non-governmental actors. My research into policy implementation in the Victorian breastfeeding sector suggests that the dispersal of responsibility for policy tasks between different types of professionals can actually be a rich source of innovation and creativity. In the Victorian breastfeeding sector, the ability to draw on multiple perspectives, both professional and personal, allowed policy implementers to overcome significant challenges in their work.

In Australia, breastfeeding policy and its implementation is decentralised, dispersed across several levels of governments, and across different sectors. The Commonwealth Department of Health monitors and coordinates implementation activities undertaken by state and territory governments, statutory agencies, health services, industry bodies, professional associations and colleges, community organizations, peak bodies, universities and research centres, businesses and workplaces, and children services.

On top of this, implementers do not implement a single policy, and are instead guided by an amalgam of different documents as the 'policy' guiding development of breastfeeding services. Additionally, implementers reported having a lack of funds to implement more effective breastfeeding services, and sometimes a lack of organisational support or interest.

Despite all these obstacles, they were able to develop creative ideas which allowed them to implement new or better breastfeeding services in a fragmented and under-funded service delivery environment. How were they able to do this?

A key part of the puzzle was that successful implementers of breastfeeding were highly motivated individuals, and worked proactively to improve services. When it came to improving services, however, participants in my research described getting ideas about how to go about this from their experiences acting out of several roles at once.

For instance, one participant worked as a paediatric obstetrician, and because of her interest in infant nutrition became interested in breastfeeding. She then trained as a lactation consultant, and her new understanding of the importance of breastfeeding brought her to the conclusion that she should establish a breastmilk bank at the maternity hospital where she worked as a paediatrician. Since then, the draft of the upcoming *National Strategy* has recognised milk banks as an important intervention in supporting breastfeeding.

The roles participants shifted between were not always formalised. In describing what had given them their ideas about how to improve breastfeeding services, almost all participants talked about how they had left their jobs to have a baby, and suffered through the difficulties of breastfeeding. Later, when they returned

to their jobs, they would look at their role with new eyes. While trying to solve problems on the job, they would look at the tasks they had to perform as if they were a mother using the service. They would think of what they had wanted or needed when they were using breastfeeding services, and while *acting* as a professional they would *think* as if they were a service user. Participants were able to develop a whole range of new approaches to how they delivered services while juggling multiple perspectives.

One midwife recounted being confronted with a mother struggling to get her baby to latch. This participant had also been trained as a lactation consultant, and so she drew on her skills in that field to help the mother position her baby at the breast. However, she not only drew on her lactation consultancy skills, but also the worldview and specific form of patient focus specific to lactation consultancy. While midwives focus very much on mothers as their patients, with the baby as an important but secondary consideration in their work, lactation consultants focus on the mother-baby dyad – the mother and baby considered as a single unit. Using this different patient focus led the participant to perform tasks to comfort the baby as much as the mother when trying to improve the child's latch.

A different participant faced the same problem of a baby being unable to latch – but she instead thought back to her own experiences as a mother struggling with breastfeeding. This second participant remembered the intense emotional difficulties associated with being unable to breastfeed, and focused on emotionally supporting her patient. She described her medical role as being much more about "ticking the box" – checking off a list of tasks she had to perform – and she had "absolutely enhanced" her practice by shifting her focus to be more about counselling, listening, questioning, and understanding patients' emotions. By listening to her patient's emotional struggles, this participant helped reduce her patient's stress, which in turn helped her with breastfeeding. These two examples show how the same problem can attract different – but equally successful – solutions to the same problem, depending on implementers' different perspectives.

Being able to draw on multiple perspectives clearly represents a rich source of creativity in solving policy problems in the Victorian breastfeeding sector. How can people working in other sectors use equivalent techniques to spur innovation – potentially even where they may not themselves work in multiple roles at once?

One answer is that everyone working in policy development and implementation has another perspective to draw on – that of a service user. All of us, every day, use infrastructure and services that exist because of public policies being implemented. One way in which people involved in developing and implementing policy can draw on the creativity inherent in seeing from multiple perspectives is to consider how they felt using policy-driven infrastructure and services – what problems they had, how they were inconvenienced, and how they were helped.

A second way to potentially draw on the creativity inherent in multiple perspectives is to engage with colleagues and stakeholders in a way that really invites their perspectives into our work. For instance, when working with a colleague from another sector or professional group, it could be worthwhile to invite them to consider policy tasks from their perspective. In the first place, a colleague could be asked whether, from their point of view, there is even a problem that requires a solution in policymaking. They could also be asked how they could address the problem; who the primary user or client of services would be; what the value of addressing the problem would be; and so on.

While it's easy to imagine that the answers to these questions would be answered consistently across different groups, my research indicated that assuming an identity changes how we think about policy problems, including how we can implement programs to fix them. Often these changes in viewpoint are subtle or unconscious, and can't be accessed without some effort. The effort is worthwhile, however, as shifting between these multiple perspectives may offer the opportunity to develop better ways of implementing public policies, even in constrained and difficult policymaking environments.

EVIDENCE AND MANAGEMENT OF THE 7 DEADLY SINS IN PERFORMANCE MANAGEMENT: BECAUSE PEOPLE WILL BE PEOPLE

Kicking off an exciting week of posts from the Public Service Research Group at UNSW Canberra, today's post from Professor Deborah Blackman (@debbiebl2), Dr Fiona Buick (@fibuick) and Professor Michael O'Donnell explores the 'seven deadly sins' of performance management that emerged in their recent research.

Effective employee performance management is often portrayed as being integral to organizational performance despite numerous well-documented problems with it. When analyzing data from the 'Strengthening the Performance Framework' research project [1] we wondered whether applying principles from the 'seven deadly sins' [2] to performance management would explain why these problems are so enduring or help identify fundamental issues needing to be addressed before real improvements can be made.

Greed- the desire to acquire more resources than one needs. A major issue is when performance management is linked with a yearly increment, as it leads to employees feeling 'entitled' to the pay point progression. Managers admitted they allocated 'satisfactory' ratings to avoid conflict and the problem of dealing with underperformance. Another problem is when ratings 'hijack' the process and encourage employees to focus on achieving targets without considering the potential harm caused to their colleagues and/or organization.

Gluttony - taking too much of something, leading to over-indulgence and over-consumption, to the point of waste; a glutton wants everything now even if it may harm the future. It is evident in performance management when, in order to attain a good rating, employees focus on short-term objectives at the expense of longer-term goals. This is exacerbated because performance measurement is undertaken on an individual basis, leading to employees narrowly focusing on their own goals (potentially to the detriment of broader goals).

Lust - originally a general term for desire; therefore, in terms of performance management, lust manifests as unreasonable aspirations to money, position or power. This is exemplified when employees expect recognition and/or promotion for average work performance. This can lead to dissatisfaction with performance management processes if an employee receives a lower than expected rating or fails to attain anticipated increased pay, opportunities, responsibilities, or promotions.

Envy - wanting to have what someone else has (traits, status, abilities, or rewards). When applied to performance management, it manifests when an individual perceives others as having access to rewards and development opportunities, where they do not, leading to resentment of others. This can occur due to the stratification of performance into rating scales, which often leads to employees comparing their ratings to those received by others. Perceptions of unfairness grow if it is thought that, for example, others have received high ratings when their performance does not warrant it, there is a forced bell curve which limits numbers of high ratings, or that employees who are underperforming are not being managed.

Sloth - when someone is too slow or lazy at doing something; when applied to performance management, it is when employees or managers are either not doing things they should do or are doing them in a way that fails to lead to good performance outcomes. It is when employees and managers do not undertake the performance management process effectively, leading to performance agreements not being established, generic agreements (i.e. when every team member has the same agreement), employees and managers writing agreements with little thought or consideration, and being in a hurry to merely comply. Sloth is also

evident when managers avoid managing underperformance; they may do this due to perceptions that it is too hard or they lack capacity to manage others.

Wrath (rage) - implies vindictive anger. It is often seen to be inappropriate (unrighteous) feelings of hatred, revenge or even denial, as well as punitive desires outside of justice. Feelings of anger can manifest in different ways, including impatience, revenge, and self-destructive behaviour. Wrath can be evident in performance management when it is used as 'a weapon', with some systems appear set up specifically to target underperformers.It can also be used as a weapon when poor employee-manager relationships are evident, particularly if the manager uses performance management for retribution.

Sinful Pride - believing that one is essentially better than others, failing to acknowledge the accomplishments of others, or excessive admiration of the personal self. It can lead to being too self-satisfied and can restrict change or development. In performance management, pride can be problematic due to the stigma attached to gaining a lower than expected performance rating; often this occurs when employees receive an 'average' rating. Pride manifests when employees over-rate themselves and then challenge the process if their self-assessment is not supported. Exaggerated self-perception can also lead to a lack of recognition of an employee's developmental needs.

Does this matter?

This analysis shows that all seven deadly sins potentially undermine the effectiveness of employee performance management processes. This matters because both managers and employees will, by nature, tend to default to some, or any, of these behaviors and it is unlikely that compliance focused processes will change these. Notably many of these behaviors are not considered as sins per se; many are attributed to 'normal' behavior, such as the desire for reduced conflict or expecting a high rating. In undertaking this analysis, we do not suggest that eradicating the seven deadly sins will lead to effective performance management, but we wonder if acknowledging these default human behaviors may change the way performance management systems are designed and implemented. We suggest that rather than continually redesigning performance management systems, resources would be better invested in management development and training on how to implement whatever system is in place more effectively to manage organisational, managerial and employee expectations and to minimize the impacts of the seven deadly sins.

[1] Data used for these reflections came initially from the Strengthening the Performance project and then work related to this undertaken since. For more details please see: Blackman, D., Buick, F., O'Donnell, M., O'Flynn, J. and West D. 2013. Strengthening the performance framework: towards a high performance APS. *Australian Public Service Commission*.

[2] The seven deadly sins is a classification of vices which has been used since early Christian times to educate and instruct Christians about humanity's tendency to sin. The seven deadly sins are not seen as discrete from other sins; instead they are said to be the "capital" or original sins because they engender other sins, or other vices.

SUPPORTING NDIS PARTICIPANTS' INTERPERSONAL RELATIONSHIPS – IS A CRITICAL INGREDIENT TO THE SCHEME'S SUCCESS BEING NEGLECTED?

Is a critical ingredient to the success of the National Disability Insurance Scheme being neglected? Laura Davy and Ariella Meltzer argue that under current policy settings, the answer is yes.

The National Disability Insurance Scheme (NDIS) was founded on the principles of autonomy and self-determination described in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Through personalised planning and an individualised package of supports, the NDIS aims to enhance the choice and control available to people with disability and broaden their opportunities to participate in social, economic and community life.

But a growing body of evidence shows that *relational context*– that is, the presence of good interpersonal relationships and social networks in people's lives – has a huge impact on their overall wellbeing and the extent to which they can access the benefits of social policy.

Positive relationships with people like family members, friends, support staff and advocates can be a determining factor towards people's ability to exercise choice and control (William and Porter, 2017), negotiate the service and funding system (Mitchell, 2015), and participate in community life (Hammel et al., 2008). In contrast, people with disability who do not have access to supportive interpersonal relationships may not fare as well within these service and funding arrangements, particularly if they have high and/or complex needs (Collings et al., 2016).

This body of evidence indicates that effective policy implementation requires strong recognition of the importance of relationships to achieve policy outcomes – even in a system focused on individual choice and control. In other words, *relationships matter*, particularly for the success of a scheme like the NDIS.

The NDIS represents an important opportunity to support the relational context of scheme participants. It could make a real difference by supporting, strengthening and building the relationships that are so central to everyone's ability to live a good life. But to what extent has this opportunity been harnessed? To what extent are relationships foregrounded in NDIS policy and operational documents, and the importance of relationships to participant outcomes recognised?

What did we do in the research?

To answer these questions, we conducted a content analysis of NDIS policy and operational documents. We looked at 4 key documents that outline the scheme's foundational principles or specify operational details about what is and is not funded, and for what reasons:
1. National Disability Insurance Scheme Act 2013
2. National Disability Insurance Scheme (Supports for Participants) Rules 2013
3. Operational Guidelines of the National Disability Insurance Agency
4. NDIS Price Guide 2017-18 (Victoria, New South Wales, Queensland, Tasmania)

We then looked for key words such as 'relationships', 'family', 'carers' and 'informal support', and how they were framed and used in these documents.

What did the research show about the place of relationships in the NDIS?

Improving social and community participation is a key part of the rationale for the NDIS and, in this respect, the scheme recognises the importance of healthy relationship networks to people's lives.

It also stresses that formal services and supports provided through the scheme will be complemented by the help and assistance offered through "informal supports" – that is, "the supports [NDIS] participants get from the people around them, for example family, friends, neighbours" (NDIS Glossary, www.ndis.gov.au/glossary). This reference to family, friends and neighbours as a necessary complement to formal services demonstrates that the NDIS in fact *relies* on the quality of participants' relationships to keep costs at a contained level.

But despite how important relationships are to the scheme's success, they do not have a central place in NDIS policy.

Relationships are viewed mainly as a source of practical support and care to complement and reduce the cost of formal services formally provided through the scheme. They are not described as a form of connectedness that brings the sort of love, companionship, identity and practical and emotional support which we all hope to enjoy in our lives.

There are two exceptions. In the Operational Guidelines, the broader relational value of 'informal support' *is* acknowledged briefly:

"The informal support provided by parents, siblings and other family members is vitally important to people with disabilities. In addition to the support provided, the close relationships that participants have with the people who provide this informal support can also be highly important" (Section 11).

The NDIS Act also notes that, for children, there should be effort to "strengthen, preserve and promote positive relationships" between a child and their family (Section 5.f.iii).

However, while these references include some recognition of the role of family, carers, friends and other significant people in the lives of people with disability, this recognition does not come with any funding or resources to actively support the relationships that NDIS participants have with those around them. These references also depict relationships as unidirectional: people with disability are described as *recipients* of informal support from family and friends rather than active participants in their relationships.

Finally, the *relational appropriateness* of the support provided by family, carers and friends is barely mentioned at all. Relationally appropriate support is support that corresponds with the kinds of help and assistance that would usually occur within a similar type of relationship for other people in the community. It means, for example, making sure that the support between an adult with disability and their parent or a person with disability and their brother or sister corresponds with the general norms of parent-child and sibling relationships, rather than exceeds the levels of support and care that are seen as socially acceptable if neither person has a disability.

These are crucial omissions. They mean that the support that people with disability may need or benefit from to participate in reciprocal, positive and fulfilling relationships risks being overlooked in the individualised planning and funding process.

Three ways the approach to relationships in the NDIS can improved

Firstly, relationships need to be conceptualised as *relationships*, not merely as sources of informal support. Relationships play all sorts of roles in our lives that cannot be reduced to the concept of 'informal support'.

Secondly, the in-principle commitment to "recognising" and "respecting" relationships in NDIS policy needs to be accompanied by a commitment to actively support relationships, through funding and practical resources.

And finally, consideration of the relational appropriateness of supports needs to be incorporated into the planning process. Otherwise, the scheme risks condoning support arrangements that would be considered inappropriate for any other relationship, and may be damaging to both parties.

There are opportunities to revise the NDIS Price Guide, for example by adding new line items that enable people with disability to choose supports that will improve the quality and functioning of their relationships. There are opportunities to focus more on relationship building in outreach processes, for example to people living in closed settings. There is also plenty of scope within the planning process to facilitate dialogue about relationships and what is needed to support them. This could involve training for Support Planners and LACs, to help them prompt these conversations and negotiations, and providing tools or resources to help people with disability and their family and friends to engage in these dialogues. It may also require exploring sensitive practices to use with groups with complex relational circumstances, particularly for NDIS participants who require support from family and friends (who have their own needs) to articulate their needs and preferences in the planning process.

Most importantly, supporting participants' relational wellbeing requires moving beyond narrow conceptualisations of people with disability's relationships as primarily sources of 'informal support' to recognise the other valuable and varied roles they play. An approach to policy that recognises and supports positive and fulfilling relations between people with disability and their family, friends and significant others in their lives is important both for the individual wellbeing of participants, but also for the success of the scheme overall.

BACKLASH AND GENDER FATIGUE. WHY PROGRESS ON GENDER EQUALITY HAS SLOWED

Published online March 8, 2019 by The Conversation

This article is an edited version a recent address given by Dr Sue Williamson as president of the Association of Industrial Relations Academics of Australia and New Zealand.

We are in the midst of an outpouring of feminist activism kicked off by the pink pussy hat movement in the United States and propelled by #MeToo, which has spread to Australia where a range of luminaries have been named as harassers.

And yet we are also in the midst of a backlash, a concern that gender equality has moved too fast, aided by "gender fatigue".

Twenty-seven years ago, Susan Faludi created a furore by documenting what she said was a backlash against women. She said it wasn't new, as evidenced by penalties imposed on childless and unwed women in ancient Rome, and witch burnings of medieval Europe. Each was a response to perceptions that women were gaining ground.

This time it is taking the form of a resurgence of the men's rights movement, and also in the cries of #notallmen. It is evident in the trolling occurring on feminist websites, negative comments in the media and the rape, violence and death threats inflicted on feminist activists.

That's in social media and society. What about the workplace?

Backlash in the form of fatigue

It can be as simple as organisational silence and inaction. Even in organisations where managers and workers are committed to the idea of equality, it can take the form of resistance to specific initiatives.

It is aligned to gender fatigue, or seeing further advances in gender equality as a "non-issue".

My colleagues (Associate Professor Linda Colley, Dr Meraiah Foley and Professor Rae Cooper) and I have examined managers' and employees' understanding of gender equality and have often been told "gender is not an issue here".

It is as if they are tired of hearing about it and want it to be "done".

While we have found many organisations which are well advanced in their gender equity journey, we have yet to find one in which it is actually done.

What's worth aiming for

Sometimes women are told that the remaining gender inequality is their own fault. #Metoo has been blamed for men being afraid to mentor women. Women are told to "lean in" – to focus on empowering individuals rather than women in general.

British researchers Hazel Conley and Margaret Page say real change will only be achieved when there is *an understanding of gendered power and its intersections with other forms of inequality, individual commitment to act on this knowledge and the collective organisation to approach gender equality.*

That understanding might lead to non-hierarchical organisational structures with different concepts of power. It might subvert the concept of work so that it is no longer regarded as the guiding force of lives. It might mean working to live, not living to work. It might mean that there isn't paid work and other work, just "work".

It might make future backlash unnecessary, and gender fatigue redundant.

PRIMARY HEALTH NETWORKS AS COMMISSIONERS:
CAUGHT BETWEEN A ROCK AND A HARD PLACE

Published online March 7, 2019 by The Power To Persuade

In the wake of recent allegations of lack of accountability in the commissioning of mental health services by Primary Health Networks, Dr Karen Gardner from the Public Service Research Group at UNSW Canberra argues that PHNs are in the invidious position of having significant responsibility for health system improvement but few of the levers required to do it.

A recent Sydney Morning Herald (SMH) article, Headspace turf war prompts review of $1.45b in mental health funding, raises interesting questions about the government's policy of devolved purchasing arrangements in primary healthcare and more specifically the extent to which PHNs, as Commonwealth funded commissioning bodies, have the independence they need to procure appropriate services that match the health needs of their local populations.

The controversy, reported in the SMH, was prompted by events following the unsuccessful tender to the North Western Melbourne PHN by the mental youth health organisation Orygen to run a centre in Melton Victoria. Professor Patrick McGorry, Executive Director of Orygen, Professor of Youth Mental Health at The University of Melbourne, a Director of the Board of the National Youth Mental Health Foundation (headspace), and Former Australian of the Year, has accused PHNs of a "lack of accountability in the commissioning of services". He said the Melton Headspace tender highlighted a weakness in the system under which PHNs are funded, saying the local bodies should not be given free rein over how to spend taxpayer funds.

But history and the events that followed perhaps suggest the opposite, that PHNs have far from free rein in commissioning services and may in fact be in the invidious position of having significant responsibility for health system improvement but few of the levers required to do it. A review of the rationale for their establishment and a look at recent discussions of their implementation and performance can help to throw light on this situation.

The Primary Health Networks (PHN) program commenced on 1 July 2015 with the establishment of 31 PHNs across Australia, in response to findings from the Horvath review that a greater emphasis on increased purchasing power and a focus on achieving integrated care pathways and local solutions to service gaps, would better serve the health needs of the Australian community[1]. Accordingly, the key PHN program objectives are to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

The key means by which these objectives are realised is through strategic planning for the commissioning of services to address gaps at the local level. Commissioning encompasses the processes of analysing local health needs and available services; procuring services on the basis of the needs analysis and in line with national priorities for PHNs; and monitoring the efficiency and effectiveness of those services over time.

Under the program arrangement, federal funds are placed in the hands of the PHNs to purchase services in accordance with local community needs and national priorities. Devolved or third party purchasing, as such arrangements are known, are well described internationally[2] and used to improve the quality and appropriateness of services for specific populations such as those with chronic disease who require better coordination. The rationale behind the rhetoric is that organisations which are closer to the populations they serve, are better able than central government to understand the health care needs of their communities and purchase services on their behalf.

To that end, successful commissioning requires a clear policy framework of national and regional priorities which define agreed roles, responsibilities and targets for commissioning[3]. High-quality, nationally standardised performance measures and data requirements need to be built into contracts, with ongoing monitoring and evaluation mechanisms. Commissioners need autonomy and the time to develop relationships.[4] Competition can be a problem and most countries appear to be moving away from competitive models as they can undercut the collaboration that is required for integration[5]. Achieving the balance between competition associated with contracting and the collaboration required for service development and participatory design is a major challenge for all funders, perhaps more so for PHNs who must operate in sometimes small geographical areas.

Nevertheless, the commissioning process is tightly prescribed by the Department of Health under its service agreements with PHNs. PHNs have scope to develop their needs assessments and to purchase services under priority plans but each must establish Clinical and Consumer Councils that report to PHN boards and are required to play a significant role in commissioning services. This is designed to facilitate expert input and to introduce an element of consumer centredness.

That the North Western Melbourne PHN was found by an independently commissioned review (Deloitte) to have followed the rules related to commissioning and to have dealt with all matters appropriately, while at the same time having been subjected to ministerial interference in the process, does not auger well for the PHN program. The SMH article reported that Minister Hunt has ordered the taxpayer-funded contract, awarded last year to a consortium led by drug and alcohol treatment provider Odyssey House Victoria, be torn up and a new tender process launched. It seems the Federal government cannot live by the rules of the third party purchasing game, instead preferring to retain control of the funding agenda, in the face of powerful advocacy. Ultimately this can only limit potential for PHNs to address deficiencies in service delivery by purchasing on the basis of local need.

Whatever the merits or otherwise of this situation, it cannot be seen as an unexpected consequence of a policy initiative of this kind. As far back as the late 1990s, evaluation of third party purchasing arrangements in the English primary care system found the experiment did not succeed, in large part because it was never implemented; the government found it impossible to let go of the reins of central control.[6]

There may very well be good reasons for that. Establishment costs and entry rules mean service development is a necessary feature of investment which neither governments nor communities can afford to waste. How services can be kept accountable for delivering quality care that meets community needs is an ongoing challenge that requires collaborative effort on the part of governments, providers, purchasers, clinicians and communities. Tensions, conflicts and differences in approach are part of healthy debate in determining investment and achieving outcomes, but the transaction costs and unintended consequences associated with competition for contracts have long been known.

While PHNs are widely regarded as having significant potential to improve services at the local level[7] [8] they have also been seen as "a tool for implementing a political ideology about contestability and competition and as a means to shunt off hard decisions about priorities in the face of growing needs and diminishing resources."[9] The costs associated with re-running a procurement process for the North Western Melbourne PHN can only be expected to eat into funds that policy requires be spent on service delivery. Under current rules no more than 6% of commissioning funding can be used on administrative costs. The upshot of the requirement to rerun the tender process may put the government in a position of contravening its own policy, thereby reinforcing the view that political ideology, not evidence informed policy is the basis for decision making. Under such circumstances, the community will be no closer to having its need for mental health services met.

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MAINTAINING THE PUBLIC SERVICE'S MOMENTUM
FOR GENDER EQUALITY

With International Women's Day 2019 occurring on Friday, Dr Sue Williamson comments on the importance of sustaining the momentum to ensure gender equality is practiced in Australian workplaces.

The theme for this year's International Women's Day is "#BalanceforBetter", to create a "gender balanced" world. The European Institute for Gender Equality defines gender balance as "equal participation of women and men in all areas of work, projects or programmes". This is a laudable goal, and one which many public services are striving to achieve within their own workforces.

The proportion of women in the leadership positions in the Australian Public Service (APS) continues to increase. Women now make up 45% of those in the senior executive service. Most state public sectors and all the large APS agencies have gender equality strategies. These detail initiatives that aim to further increase the number of women in leadership positions. They also include a range of other important gender equality initiatives, such as enabling both men and women to work flexibly.

However, research conducted by me and my colleagues (Associate Professor Linda Colley, Dr Meraiah Foley and Professor Rae Cooper) shows that while progress is being made, it is being hindered by "gender fatigue". Gender fatigue includes denying gender inequality is an issue in an organisation.

We have examined managers' understanding of gender equality. Many told us "gender has been done" or "gender is not an issue here". This is a simple form of gender fatigue, which is similar to diversity fatigue. It occurs when people are tired of hearing about gender equality (or diversity), of feeling they are required to constantly be "politically correct", and tired of having to attend ineffective training sessions on gender and diversity.

"It is easy to assume that gender has been 'done'. But the statistics show that a gender pay gap still exists, even in the public service…"

It is understandable that people are getting a little tired of talking about gender equality—after all, this conversation has been going on for decades. It is easy to assume that gender has been 'done'. But the statistics show that a gender pay gap still exists, even in the public service, women still do not hold 50% of leadership positions, and women are still clustered in the lower paying, female-dominated occupations such as corporate affairs and human resources.

So, how can organisations overcome gender fatigue? This ennui can be addressed through reinvigorating conversations about gender equality. Many public sector agencies are doing this, as our research has shown. Other initiatives to progress workplace gender equality include sharing stories, leadership and role modelling, and explaining the business case for equality and diversity. There is no shortage of solutions for practitioners.

It is necessary, however, to be mindful that for lasting change, gender-equality policies need to be continually monitored and evaluated against discrete targets, and include initiatives that build on and reinforce each other over an extended period of time.

Conversations about gender equality need to be continually refreshed. We have seen this occurring in public sector jurisdictions, where organisations are now talking about White Ribbon and applying for accreditation. The New Zealand public sector is also focusing on pay equity, as a way of focusing on gender equality more broadly. These are good approaches. They not only serve as a lever to progress gender equality, but will have long-lasting benefits for both men and women, thereby contributing to "gender balance".

Note: This article has been adapted from a recent address given by Dr Williamson, as President of the Association of Industrial Relations Academics of Australia and New Zealand.

Family violence may not discriminate, but the impacts are unequally felt: Why an intersectional approach matters

Published online February 26, 2019 by The Power To Persuade

In the lead-up to International Women's Day on March 8th, today's post explores how both the rates and the impacts of family violence are unequally experienced due to the overlap of multiple oppressive structures, including race, immigration status, socio-economic status, experience of a disability, and homophobia/transphobia. Sophie Yates (@MsSophieRae) of the Public Service Research Group (@PSResearchG) at UNSW Canberra provides an overview of intersecting structures can have profound impacts on how violence is experienced, perpetrated, and responded to, and argues that such experiences must be acknowledged and understood by policymakers and support services in order to right these inequities.

These days, most people know that it's good to have an intersectional approach to social problems. Most people probably also know that intersectionality is about recognising that some groups of people have a harder time than other groups, and that not all problems affect everyone with equal severity. But there's so much more to intersectionality than that, and it's a useful concept to get to grips with when thinking about family violence.

I recently submitted my PhD on family violence in Victoria. Family violence is mainly perpetrated by men against women, but includes violence between all family members and also harms to children.

One of the most common things we hear about this problem in Victoria is that "family violence doesn't discriminate". What people mean when they say this is that family violence happens in families from many different types of backgrounds - rich and poor, white and non-white, queer and straight. But that's also a bit misleading, because although it can happen everywhere and to anyone, family violence *is* more severe in some sections of society. For example, Indigenous women and their children in Australia and beyond experience extremely high rates of family violence, from both Indigenous and non-Indigenous men. Women with disability, trans and gender non-conforming people, and people from disadvantaged socioeconomic backgrounds also face higher rates of violence.

An intersectional approach to family violence affecting these groups of people recognises that oppressive structures such as gender, colonialism and racism interact with each other to set the social context for disadvantage and inequality. This affects how people experience violence, and also the circumstances that surround perpetration. Structures also interact to throw up unique barriers to help-seeking among people affected by violence (see here, p. 281-2).

This doesn't just mean that they experience 'double' disadvantage by virtue of being (for example) both Indigenous and female, or being a trans person with disability. This isn't about looking at the characteristics of individual people and calculating how likely they are to experience or perpetrate violence based on those characteristics. Instead, intersectionality is about understanding how oppressive structures such as gender, race, disability stigma and homophobia/transphobia work *together* to uniquely disempower certain groups of people and empower others. Gender alone can't explain the experiences of people at the intersections (although it's often important), nor can disability alone or racism alone (see Crenshaw 1993 for a foundational discussion of intersectionality).

For example, gender structures and homophobia work together to influence how women in same-sex relationships experience violence. This is important to understand because research suggests that violence in same-sex relationships is at least as high as in heterosexual relationships. Women in same-sex relationships are more likely than men to have custody of children from previous relationships, because of gender structures that position women as primary caregivers to children. This caregiving norm interacts

with homophobia, meaning women risk losing their children if they are 'outed' to a hostile community. This means that violent partners can use children as part of a system of abuse, to control mothers who fear what will happen to the children if their sexuality is revealed. In other words, women face this particular risk not just because they are mothers or because they are queer, but because they are *queer mothers*.

For Indigenous women, racism and gender can intersect to mean that these women don't look like the mainstream view of the 'ideal' victim. Indigenous women often grow up surrounded by more violence than non-Indigenous women, fighting back against perpetrators because there is little expectation of government help, and expressing anger more openly. Women who have been in abusive relationships may be expected to appear helpless, passive and subdued. Indigenous women can be judged against white, middle class standards of appropriately feminine behaviour. This means that police and courts can misidentify Indigenous women as primary perpetrators because they are angry and have fought back, or have prior records of criminal offending, even when they have actually endured severe and prolonged violence at the hands of partners or other family members (see here, here and here).

These are two brief examples of how intersectionality can work to uniquely influence the way that family violence plays out for different groups of people. This doesn't mean that gender is irrelevant: other forms of marginalisation are important, but insights about gender still apply to multiply marginalised groups of people. But it does mean that we can't use white, middle class women as our default for understanding family violence. It means that researchers and policymakers need to work with the relevant groups and communities to understand what is different about their experiences of violence, and how services and prevention programs might need to be tailored as a result. A one-size-fits all approach to family violence will miss important opportunities to help the groups of people who are most in need.

Note: I have tried to provide open access links where possible, but for paywalled resources please contact s.yates@unsw.edu.au.

This post is part of the Women's Policy Action Tank initiative to analyse government policy using a gendered lens. View our other policy analysis pieces here and follow us on Twitter @PolicyforWomen

Further reading:

We can't dismantle systems of violence unless we centre Aboriginal women

More than ticking along: Why Rainbow Tick Accreditation matters for faith-based and family violence organisations

Forced marriage in Australia: Looking beyond the law

For women and children fleeing violence, timely and effective social security support is vital

Co-production and innovation - creating better solutions for future public service implementation

The Public Service Research Group at UNSW Canberra (PSRG) recently launched a timely Issues Paper on co-production and innovation by Dr Linda Dewey, Professor Deborah Blackman and Professor Helen Dickinson. The paper is the third in a series produced by PSRG offering contemporary research-based thinking about topical themes for public services and the public administration community. In today's post, Dewey, Blackman and Dickinson call for more diverse approaches to evaluate whether co-production is either capable of, or actually delivering, anticipated innovation results.

Co-production is about government, experts and users coming together as a service system to improve the practical public service delivery. It requires interrelationships between the public service, service providers and service users and is considered an essential element in the successful design and delivery of contemporary public services because it can offer opportunities for users to gain empowerment. It also offers increased innovation as we suggest the capacity of an organisation and the users of the service to co-produce and the levels of innovation it creates is linked.

Co-production is a process that requires collaboration but how it looks differs depending in part upon when the co-production takes place and whether it is linked to management, service or systems theory. This is important because a lack of understanding of the theoretical framing of co-production results in challenges to co-production management that means the opportunity for innovation is lost.

There are three alternative theoretical perspectives of co-production.

- First, a public administration approach where the focus is upon on the creation of the ideal service design and delivery by experts.
- Second, an approach to the delivery of public services with a focus on "services" to be delivered with the user within a service management system, rather than "manufactured goods" delivered to them. Thus, the importance of context in which the service is delivered is recognised, and it is accepted that there is no one best way of delivering services.
- Third, is the systems approach where the focus shifts from participation in a single service to value gained from the interactions across the system as a whole. Each organisation is a sub-system within a complex public service system where interactions between citizens or service users are dynamic. Every participant has a unique personal pathway through the systems and sub-systems which is influenced by their individual lived experiences. This both enables them to make sense of their world and, inevitably, impacts upon the experiences of other users.

The interactions between multiple stakeholders give rise to the emergent properties, or unexpected outcomes, within the system that facilitate evolution and innovation. Thus, we suggest that for innovation to be really supported, organisations should adopt a service integration approach to co-production where the user is central to the service design and delivery.

In an integrated service system view of co-production value is embedded in the service and is "pulled" from the service by the service users for what they want rather than being "pushed" by the organisation. Public value emerges through the integration of organisations, people, skills and knowledge rather than through the decisions of an expert. Some possible elements are indicated in the figure below.
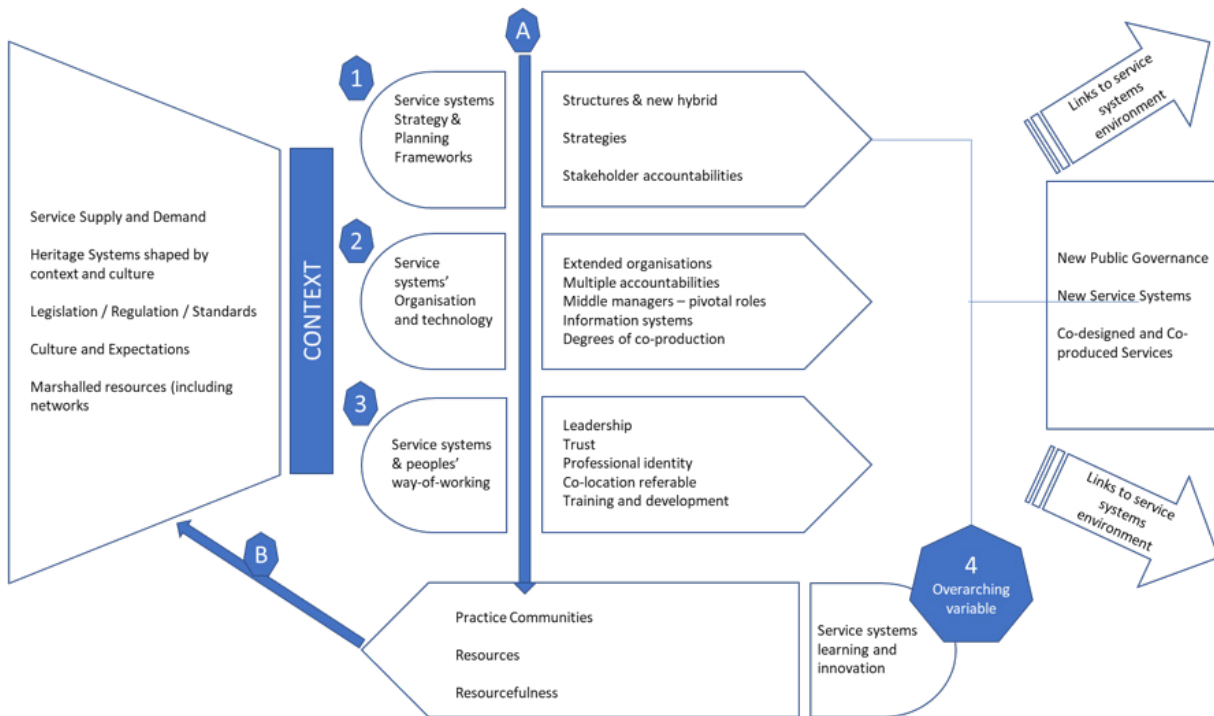
Service integration and new governances (Laitinen, Kinder and Stenvall, 2018, p 865)

Adopting a service integrated systems strategy changes the roles of the different actors in the co-production system and has three implications:

1. Who benefits from co-production changes with a move from product focused, where the most likely beneficiary was the service provider, to service integrated where most users would benefit. However, this could be a major change for those undertaking this as it requires the capacity to work in an effective, systems focused, joined-up way.

2. Different skills are required within government so that public servants are able to support this model. The ability of public servants to lead expert groups, steward service-wide programs of work and span boundaries within, and external to, the public service would be significant in affecting innovation success.

3. The focus of how to create and sustain innovation moves away from stand-alone innovation processes, towards using service integrated co-production as the mechanism that will enable innovation to emerge. We submit that when there is the call for collaboration to enable innovation, what is needed, in fact, is the development of service integrated co-production. If this way of working is embedded into government systems and structures, ongoing calls for transparency, accountability, agility and innovation would, inevitably, have to be addressed.

As a result of our analysis we suggest that the way forward for both academics and practitioners if co-production is to be better understood as a trigger for innovation is to consider some new research and practice questions:

• Is the service integrated systems model with its claims of innovation and long-term cost saving legitimate?

• What is the social impact of user centred co-production when the system includes the third sector?

• What is the evidence of the success of co-production as an innovation tool, and how can it be evaluated within the Australian context?

- Does understanding that there are different forms of co-production help clarify the wide range of potential uses that range from a relationship for enduring and voluntary outcomes (such as school participation) to the mundane and at times involuntary or compulsory activities with immediate outcomes (completing a tax return)?

- What is the role of information technology and social media in co-production?

- To answer these new questions we call for more diversity in research and practice approaches using a wider range of methodologies and methods to help evaluate whether co-production is either capable of, or actually delivering, anticipated innovation results.

A full version of this paper can be found on https://www.unsw.adfa.edu.au/public-service-research-group/psrg-paper-series

Reference

Laitinen, I., Kinder, T. and Stenvall, J. (2018). Street-level new public governances in integrated services-as-a-system, *Public Management Review*, 20:6, 845-872, doi:10.1080/14719037.2017.1340506.

BEFORE REPLACING A CARER WITH A ROBOT,
WE NEED TO ASSESS THE PROS AND CONS

Published online November 9, 2018 by The Conversation

Associate Professor Helen Dickinson from the Public Service Research Group, UNSW Canberra and Catherine Smith from the University of Melbourne highlight their new research published by the Australia and New Zealand School of Government.

If you have seen science fiction television series such as Humans or Westworld, you might be imagining a near future where intelligent, humanoid robots play an important role in meeting the needs of people, including caring for children or older relatives.

The reality is that current technologies in this sector are not yet very humanoid, but nonetheless, a range of robots are being used in our care services including disability, aged care, education, and health.

Our new research, published today by the Australia and New Zealand School of Government, finds that governments need to carefully plan for the inevitable expansion of these technologies to safeguard vulnerable people.

Care crisis and the rise of robots

Australia, like a number of other advanced liberal democracies, is anticipating a future with an older population, with a more complex mix of chronic illness and disease. A number of care organisations already operate under tight fiscal constraints and report challenges recruiting enough qualified staff.

In the future, fewer numbers in the working-age population and increased numbers of retirees will compound this problem. If we then add to this equation the fact consumer expectations are increasing, it starts to look like future care services are facing a somewhat perfect storm.

Robots are increasingly becoming a feature of our care services, capable of fulfilling a number of roles from manual tasks through to social interaction. Their wider use has been heralded as an important tool in dealing with our impending care crisis. Countries such as Japan see robots playing a key role in filling their workforce gaps in care services.

A number of Australian residential aged care facilities are using Paro, a therapeutic robot that looks and sounds like a baby harp seal. Paro interacts by moving its head, heavily-lashed wide eyes and flippers, making sounds and responding to particular forms of touch on its furry coat.

Paro has been used extensively in aged care in the United States, Europe and parts of Asia, typically among people living with dementia.

Nao is an interactive companion robot developed in a humanoid form but standing just 58cm tall in height.

Nao has gone through a number of different iterations and has been used for a variety of different applications worldwide, including to help children engaged in paediatric rehabilitation and in various educational and research institutes.

The double-edged sword of technology

Robots are capable of enhancing productivity and improving quality and safety. But there is a potential for misuse or unintended consequences.

Concerns have been expressed about the use of robots potentially reducing privacy, exposing people

to data hacking, or even inflicting physical harm.

We also lack evidence about the potential long-term implications of human-machine interactions.

Our research explored the roles robots should and, even more critically, should *not* play in care delivery. We also investigated the role of government as a steward in shaping this framework through interviews with 35 policy, health care and academic experts from across Australia and New Zealand.

We found that despite these technologies already being in use in aged care facilities, schools and hospitals, government agencies don't typically think strategically about their use and often aren't aware of the risks and potential unintended consequences.

This means the sector is largely being driven by the interests of technology suppliers. Providers in some cases are purchasing these technologies to differentiate them in the market, but are also not always engaging in critical analysis.

Our study participants identified that robots were "leveraged" as something new and attractive to keep young people interested in learning, or as "a conversation starter" with prospective families exploring aged care providers.

But there are significant risks as the technologies become more developed. Drawing on research in other emerging technologies, our participants raised concerns about addiction and reliance on the robot. What would happen if the robot broke or became obsolete, and who would be responsible if a robot caused harm?

As artificial intelligence develops, robots will develop different levels of capabilities for "knowing" the human they are caring for. This raises concerns about potential hacking and security issues. On the flip side, it raises questions of inequity if different levels of care available at different price points.

Participants were also concerned about the unintended consequences of robot relationships on human relationships. Families may feel that the robot proxy is sufficient companionship, for instance, and leave their aged relative socially isolated.

What should governments do?

Government has an important role to play by regulating the rapidly developing market.

We suggest a responsive regulatory approach, which relies on the sector to self- and peer-regulate, and to escalate issues as they arise for subsequent regulation. Such engagement will require education, behaviour change, and a variety of regulatory measures that go beyond formal rules.

Government has an important role in helping providers understand the different technologies available and their evidence base. Care providers often struggle to access good evidence about technologies and their effectiveness. As such, they're largely being informed by the market, rather than high quality evidence.

Many of the stakeholders we spoke to for our research also see a role for government in helping generate an evidence base that's accessible to providers. This is particularly important where technologies may have been tested, but in a different national context.

Many respondents called for establishment of industry standards to protect against data and privacy threats, and the loss of jobs.

Finally, governments have a responsibility to ensure vulnerable people aren't exploited or harmed by technologies. And they must also ensure robots don't replace human care and lead to greater social isolation.

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For More Information

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