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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.

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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

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

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 family4 Td[(par9lralputhev)37 (ention stra)10 (tegy notes an intention to "[a]ddress the)]TJ

TIME FOR A NEW GENERATION OF APS GENDER EQUALITY POLICIES

Published online July 19, 2019 by The Mandarin

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

FEMINIST THEORY AND AUSTRALIA'S CARE AND SUPPORT SECTOR

Published online July 5, 2019 by The Power To Persuade

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.

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

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.

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

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

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

4) Additional services fees

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

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

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).

- 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.

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

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

Published online March 25, 2019 by The Power To Persuade

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 -

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.

You can access the full research findings here. If you require a free copy of the full findings, please contact Laura Davy (l.davy@unsw.edu.au) or Ariella Meltzer (a.meltzer@unsw.edu.au).

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 tSAland.

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 srh revymmenced tho37.th ris116.9 (uaPHN program ivug.4 t1 (view egic)plsn-1.4 (the ra)10 (in)]TJ0 -1.4 a re appropriallo (t)10 (th funded, sa)10 (ew of)-1

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 to hav (oy)7 8 (hiHowes (vices9under prrcutbs)k7 8 (epwelcc9 (lish Clinor all fund)3lif)19.ogra e)21quals be.cutongoe

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MAINTAINING THE PUBLIC SERVICE'S MOMENTUM FOR GENDER EQUALITY

Published online March 6, 2019 by The Mandarin

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

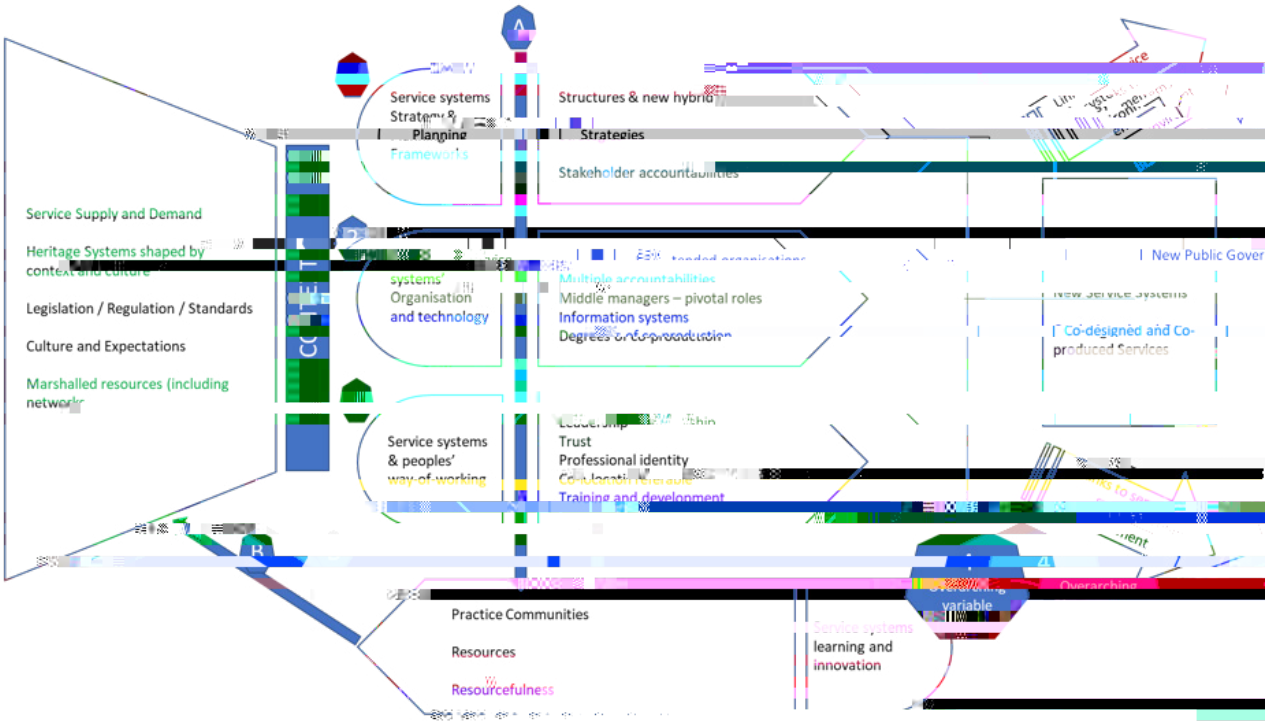
Published online February 26, 2019 by The Power To Persuade

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.



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 -proPrrange of phaphaphaphhodd so immticeaphhodsme f,s using a

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

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