



value in the delivery system.

As an example of these issues, the greatest recent expansion of applications in aged care is in the social domain, seeking to reduce social isolation. Robots such as Matilda are being used to engage people with dementia, through play, dancing, and making Skype calls to family members. Some of these robots

4	What is left unproblematic in this problem representation? Where are the silences? Can the problem be thought about differently?	To raise reflection and consideration about issues and perspectives silenced
5	What effects are produced by this representation of the 'problem'?	To identify the effects of specific problem representations so that they can be critically assessed
6	How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced?	To pay attention both to the means through which some problem representations become dominant, and to the possibility of challenging problem representations that are judged to be harmful

An illustrative example of the application of Bacchi's work that showcases some of the strengths of the approach is Carson and Edwards exploration of prostitution/ sex work policy in relation to sex trafficking. The issue is arguably one of the most vexed and contentious areas of policy, particularly among feminists. The type of terminology used is political and can automatically signal different sides of the debate. The different problematisations of the issue has implications for how governments and policy makers respond to the issue of sex trafficking and vice versa. There is a significant amount of scholarship on how to combat sex trafficking, but there are vastly different and often polarising perspectives on what the most

Talking about gender equality also means sharing stories about what works. We heard many positive stories – about male employees who used the carer's room to work, while looking after sick children, SES officers who publicly shared personal highlights with their teams, and middle managers who left work early to spend time with their family in the afternoon, logging on later in the evening. We also heard about many initiatives and innovations to enable women to progress their careers. Reports of formal and informal mentoring were widespread, and training opportunities and leadership courses were ample. Secondments to other agencies were also widely utilised and considered to be valuable to career progression.

In one notable example, one agency facilitated a job sharing arrangement between two employees of different classification levels, an EL2 and an EL1. This arrangement provided greater flexibility for the more senior employee, an EL2 who converted from full-time to part-time employment, whilst providing supervisory experience for the more junior employee, an EL1 who assumed the responsibilities of the EL2 two days per week.

Part-Time Bias Still Part Of The Culture

We also found, however, that while great strides have been made, that some women have fewer opportunities than others. Many female part-time staff we spoke with perceived a lower level of opportunity, mobility, and career development. Some of the barriers included a strong organisational attitude that full-

Strong organisational leadership can change workplace culture by embracing the use of soft power: relying on persuasion and attraction to encourage behaviour change, rather than compliance. Soft power also sits well with notions of inclusive leadership, which, as we talk to employees and employers in both private and public sectors, is becoming firmly embedded in organisations.

So, this International Women's Day, public sector leaders might consider ways they can use their soft power to role model healthier work behaviours. Let's celebrate by doing 'one simple thing' and leaving loudly, to the benefit of us all.

WITHDRAWING FUNDING FOR HOSPITALS' MISTAKES PROBABLY WON'T LEAD TO BETTER PATIENT CARE

Published online March 9, 2018

The Commonwealth Government announced late last year that they are changing the way they fund hospitals. While the initiative aims to improve the quality of hospital care and reduce overall costs, the new policy may result in some negative impacts. Helen Dickinson, Associate Professor of UNSW Canberra's Public Service Research Group explains why the pay-for-performance scheme may lead to unintended consequences. This article was originally published in *The Conversation* November 29, 2017.

The Commonwealth government has just announced a change in the way they fund hospitals, effectively withholding part payment where patients have avoidable complications. The initiative aims to improve the quality of hospital care and reduce overall costs, but without other measures, this probably won't do much to stop hospital-acquired complications from occurring.

[The New Plan For Hospital Funding](#)

PROBATION:

THE COMPLEXITY OF CITIZEN EXPERIENCE: 'SYSTEM EFFECTS' MAPPING FOR INTERVENTION DESIGN

Published online May 30, 2018

System Effects is a methodology developed by UNSW Canberra Researcher Dr. Luke Craven to explore the 'user' or citizen experience of complex phenomena, such as climate resilience, poor health, or job market access. The method is proving to be useful for citizen and user engagement worldwide, and Luke details its varied applications and processes for us here.

The System Effects methodology emphasises the varied nature of social phenomena, their causes and consequences, while at the same time giving policymakers tools to understand the complex nature of how those varied factors manifest at the community- or population- level. System Effects can be used to support the design, implementation and evaluation of interventions aimed at changing the structure of complex adaptive systems to drive particular outcomes. By beginning from the 'user' understanding of complex systems, the methodology helps to re-centre lived experience in social science and policymaking practice.

Developed as part of Dr. Craven's thesis which focused on developing new tools to understand and address food insecurity from a systems-based perspective, System Effects is increasingly being applied to a whole range of issues by national, state, and local governments across the world. For example it is being used to:

- understand the barriers to job market entry in Oslo, in partnership with the Norwegian Labour and Welfare Administration (NAV);
- understand the systemic impact of disaster events in Sydney, in partnership with Resilient Sydney and the NSW Office of Emergency Management;
- support social workers to deliver systemic care to persons facing homelessness in Newcastle, UK, in partnership with Newcastle City Council;
- support the development of policy to prevent food borne disease in Cambodia, in partnership with the International Livestock Research Institute (ILRI) and USAID, and;
- support effective environmental stewardship in New York, in partnership with the US Forest Service.

But what exactly is System Effects and how does it work? The methodology draws on soft systems methodology, fuzzy cognitive mapping, and graph theoretical analysis. Its objective is to aggregate and quantify participant-generated system models of a given problem (e.g. poor health or malnutrition) and its determinants to inform intervention design. The participant-led approach begins by asking research participants to visually map or depict the range of variables they perceive be causes of vironm (f)19 ste88 8D28T10 o25

WHAT ARE NDIS SCHEME ACTUARIES MEASURING AND WHAT ARE THEY MISSING?

Published online July 31, 2018

In this post, Gemma Carey (@gemcarey), Helen Dickinson (@drhdickinson), Michael Fletcher and Daniel Reeders (@engagedpractx) examine the role of National Disability Insurance Scheme (NDIS) actuaries, describing their purpose in the scheme, the limitations in the ways they are used and the implications.

Most of us are familiar with actuarial approaches, though we may not be aware of them. If you have house insurance, insure your car or have a job (where you are covered by work cover) the premiums you pay are based on actuarial modelling.

Actuaries and actuarial modelling are central to the operation of the National Disability Insurance Scheme (NDIS). Internationally, the way that actuaries are used within the NDIS is very unusual although it is something that has not been written about extensively. If you have heard about actuaries and the NDIS it is probably because the outsourcing of this function made the news, largely due to \$2.3 million that is being paid out on this over 5 years.

In this piece we unpack this role, describing the function of actuaries in the scheme and the limitations in the ways in which we are using them.

Where do actuaries fit in the scheme?

Actuarial analyses are central to insurance principles, allowing the calculation of the expected future funding liability and targeting of investment in areas that create the largest reduction in risk.

WHAT DOES THE FUTURE OF CARE LOOK LIKE?

Published online August 6, 2018

Will it soon be possible to outsource our caring responsibilities for ourselves, our children and our parents to robots? Catherine Smith and Helen Dickinson ask what the human rights, privacy, equity and practical implications for care would be in a tech-dominated future.

This is the era of the so called 'sandwich generation' with busy professionals caring for children and ageing parents. Imagine being able to more effectively manage both sets of care relationships via a series of new technologies - and better look after yourself in the process. That's the future being promoted by a number of startup tech firms at a recent showcase.

Here we saw tech that allows you to monitor your children via smart devices. Through this you can check out where they are, how they are performing in school, how much screen time they are consuming (and remotely cease this if you think it is too much). The next big consumer boom in the med tech space is predicted to be in genomic testing. So you will know just what to feed your children given your knowledge of their predispositions to certain conditions and intolerances. Your smart kitchen ensures that you are always fully stocked on necessities, by automatically ordering products you run out of.

When you have a few minutes in your day, you check in with your robot life coach to view your own vitals and see how you are tracking in relation to a number of your life goals. Maybe you even do this while moving around in your autonomous vehicle, which is safer than you personally driving the vehicle and frees you up to work on the move. Your home personal assistants even monitor your speech patterns to check for symptoms of depression or Parkinson's.

All of this you can do safe in the knowledge that your parents are well and being constantly monitored via wearables or in-home robots. These will tell you if they should suffer a fall or if one of a number of pulse, blood oxygen or other readings indicate something of concern. If anything should cause worry you can be immediately connected to a healthcare professional who can also access your parent's personal data and advise on courses of action - all supported by artificial intelligence.

Sounds pretty cool, right? There are huge number of companies emerging that are keen to support you to more effectively "manage" your personal and collective caring responsibilities. But what costs does this come at and are there aspects of this we should be concerned about?

"If your DNA is being profiled who are you happy being able to access this? Maybe you want your GP to see this, but what about your insurance company?"

These potential applications raise a number of important questions, many of which have ethical and moral dilemmas. How safe is this data that is being shared and who owns it? Blockchain is widely employed as a way of ensuring that this is kept and transmitted safely, but is this infallible? If your DNA is being profiled

BACK-TO-BACK MOGS INDUCE 'DYSFUNCTION', WARNS APS REVIEW SUBMISSION

Published online September 17, 2018

Professor Deborah Blackman, Associate Professor Helen Dickinson, Dr Karen Gardner, Dr Fiona Buick, Dr Samantha Johnson and Dr Sue Olney from UNSW Canberra's Public Service Research Group believe that machinery of government changes are often poorly planned, disruptive and costly. Their APS review submission outlines five priority areas for reform. This article was originally published on *The Mandarin*.

The machinery of government (MoG) reshuffle has become a standard part of a change in government in Australia. It demonstrates that the minister has different priorities to their predecessor and is a nice announceable to show you're doing something. But MoG changes are also "disruptive" and "undermine the capacity and capability of the APS to meet core responsibilities and deliver functions in an efficient and effective manner", argues a submission to the Australian Public Service Review.

"Our research into machinery of government changes suggests that they are frequently enacted but poorly implemented and are, therefore, unlikely to deliver on anticipated gains," say a group of academics from UNSW Canberra's Public Service Research Group.

Fair Outcomes For Citizens

The widespread use of markets has led to a significant shift in how social services are delivered. “Yet research shows that while some citizens benefit from these approaches, others are marginalised,” the authors argue. “Factors that drive inequalities, such as age, gender, level of education, disability, health,

those who are seen to be successful, confident, charismatic and highly visible. Training these people in the preferred or new behaviors, and supporting them to explicitly portray these behaviors regularly and

FLEXIBLE WORKING: INNOVATIONS AND ISSUES

Published online September 21, 2018

Australia's Fair Work Act 2009 provides employees in the national workplace relations system with a legal right to request flexible working arrangements. And while this practice is welcomed by employers, it may be more difficult to implement in practice. UNSW Canberra's Public Service Research Group academics Dr Sue Williamson and Dr Meraiah Foley, as well as Central Queensland University's Dr Linda Colley, explain some of the policy's innovations and challenges experienced by employers when they assist employees in achieving balance between work and their personal lives. This article was originally published in *The Mandarin*. 26/07/2018

It is increasingly recognised that flexible workers are happier, healthier and more productive. Yet many employees still have trouble accessing flexible work arrangements, or progressing in their careers whilst working flexibly.

Over the past year, we have held conversations with almost 300 public service managers in four states about how they enable employees to work flexibly, when it works, and why sometimes it doesn't. Building on our previous research, we found many leading practices, but also a need for more support and guidance.

"Most managers expressed a need for more guidance around how to motivate and monitor employees working flexibly, particularly those working from home."

Public service managers proved to be an innovative group. For example, when faced with a cyclical, regular increase in workload, some managers negotiated with their part-time staff to work full-time for the busiest periods of the year. Team members were happy to do this within a relationship of reciprocity.

Others had managed to turn a difficult situation into a positive. One of the recurring issues in the 40 focus groups we conducted was that when full-time staff became part-time, managers lost the 'left-over' part of the position. Some managers had taken the 0.4 or 0.2 remainders and created a new position, which was used to provide another staff member with an acting opportunity, or to float across the Workgroup and undertake work as needed.

Many managers were also strategic. When developing workplans, they considered those working flexibly to forecast resource needs and deadlines. There was general agreement, however, that senior managers also needed to recognise that not all staff could undertake the workload of a full-time employee, and higher level workplans needed to reflect this.

LEARNING FROM FEMINIST APPROACHES TO EVIDENCE BASED POLICY: THE CASE OF THE CONFLICT TACTICS SCALE

Published online September 25, 2018

The Women's Policy Action Tank was established to place a gender lens over policies, many of which purport to be gender-neutral, because many policies are never subject to such a specific interrogation of gender blindness and effects. In today's insightful piece, Lisa Carson (@LisaC_Research) of the Public Service Research Group at UNSW Canberra provides an overview of her co-authored piece (with Eleanor Malbon (@Ellie_Malbon) of the Public Service Research Group at UNSW Canberra & Sophie Yates (@MsSophieRae) of ANZSOG and UNSW), which provides a practical example of why analysing data and forming policy must be approached from the vantage point of those who are disenfranchised. Specifically, they argue that framing data, interpretation and application within the context of robust feminist theory allows for a more nuanced and complex analysis of policy impacts by taking on the flawed data analysis employed by men's rights groups.

In most established democracies, there is a desire to combine policymaking with evidence, earning a notch of legitimacy for policy and research alike. The use of evidence in policymaking is a good idea, but like many good ideas, it is more complicated in practice than it is in theory. Depictions of a 'clean' or objective relationship between evidence, researchers and policymakers leave little space for the realities of advocacy and normative arguments in politics.

In a recent paper we posed the question "What can policymakers learn from feminist strategies to combine contextualised evidence with advocacy?" Our answer is: a lot. In particular, we show the importance of using evidence that is sensitive to gendered contexts and the significant role that normative arguments play. We suggest a different approach to evidence and policy, informed by political science and philosophy, which emphasises a theoretically driven approach to evidence production and advocacy.

Our approach is informed by feminist standpoint theory and we argue that the political tussle over what evidence is considered to be relevant for policy formation should be informed by knowledge relevant to those in subordinate positions of power (who form the focus of and are impacted by particular policies). When it comes to policy, feminist theorists and practitioners draw attention to the importance of anticipating and applying a feminist understanding to both policy formation and its outcomes by using multiple levels of analysis, such as individual, collective and structural, as well as analysing differential impacts across intersecting axis including gender, race, sexuality, ability, and religion among others. Using different levels of analysis is necessary to ensure that we achieve better politically informed and context-specific

'domestic violence' a social issue requiring legislative and policy responses. Research at this period came from a feminist perspective, aimed at agenda setting and consciousness raising. It was mainly qualitative and based on clinical and refuge samples - i.e., participants had by definition experienced significant partner abuse. Unsurprisingly, results supported the feminist viewpoint that domestic and family violence was mainly perpetrated by men in order to control women and their children.

When researchers began using quantitative tools to measure domestic and family violence in the general population (e.g., the US National Family Violence Surveys of 1975 and 1985), the figures appeared to tell a different story. In the late 1970s, a team of researchers in the US developed and began using a tool known as the Conflict Tactics Scale (updated to CTS2 in 1996). The CTS is based on conflict theory, which sees conflict as an inevitable part of human relationships, and violence as a tactic used to deal with conflict. The CTS has now been in use for four decades, and results derived from this measure are used to support claims that women and men are equally violent in intimate relationships, that a focus on gender inequality as a driver of this violence is misplaced, and that policy and practice responses should focus on individualised interventions rather than those based on the way that gender and power shape our society.

For as long as the CTS has been in use, feminist activist researchers have been criticising its validity. The main criticism is that it misses—and in fact is not intended to measure—contextual factors that are crucial to establishing patterns of coercive control. According to Dawn Currie, researchers from the family conflict tradition consistently “obscure the importance of gender” and its implications for existing power dynamics in intimate relationships, assuming that violence stems from conflict and that parties in conflict are equally powerful. The CTS asks participants to report the use or experience of 39 verbally/ emotionally or physically violent behaviours in response to a conflict or anger situation during the previous 12 months. Critics note that it counts the number of incidents but does not record the substantive issue that led to the violence, or any other pertinent context. The instruction to consider only conflict or argument-instigated violence reveals the assumption that all violence is used expressively, i.e. in anger, which potentially misses instrumental violence used to control individuals, and violence that doesn't stem from an identifiable cause. Researchers who combine the CTS with other measures that collect information about context have found that the CTS encourages over-reporting of violence, produces findings of gender symmetry in perpetration that are thrown into doubt by other contextual information, and can even lead to miscategorisation of victims as perpetrators.

The difference between feminist and mainstream domestic and family violence researchers is not that they advocate for one particular research method or that feminists dismiss the value of quantitative measurement tools. Rather, it is that they strive to be sensitive to power and context, do not pretend that their research is (or could be) objective or value free, and produce work that is theory driven rather than the “abstracted empiricism” common to many studies on domestic and family violence.

Senate Inquiry Into Domestic Violence In Australia (2014-2015)

and has better explanatory power in accounting for the gender dynamics at play. The success of this strategy that combines contextualised evidence and normative arguments allows for the recognition that the people most vulnerable to domestic and family violence in Australia are women, especially Indigenous women, women with disability and women from culturally and linguistically diverse backgrounds.

The final Inquiry report did acknowledge the need to give support to male victims of domestic and family violence, but it also accepted ANROWS' analysis that women are most likely to experience violence in the home by a current or former partner, but men outside the home by strangers, acquaintances or neighbours. It also featured ANROWS' argument that the contributors to violence are complex and include “attitudes to women and gender roles within relationships, family and peer support for these attitudes and social and economic gender inequality in the broader societal context.”

Whilst all violence is wrong, regardless of the sex of the perpetrator, there are distinct gendered patterns in the perpetration and impact of violence. Work by critical feminists, practitioners, and some men and masculinities scholars has shown that there may be similarities between male- and female-perpetrated violence, but they are not the same, because the causes, dynamics and outcomes of violence against women are different from those of violence against men. For example, men may fear and suffer violence from predominantly other men and some individual women, whereas women tend to face more widespread violence, both individually and structurally.

Insights For Policymakers

This case illustrates that the combination of normative arguments and the gendered politicisation of evidence can be used to convince policymakers that certain quantitative measures are not reliable, and that resources to care for victims and survivors of domestic and family violence should be focussed on the women, and particularly the most vulnerable populations of women in Australia.

The case of feminist engagement with the CTS provides an example of a gender politically- and contextually-informed approach to evidence-based policy. Evidence cannot 'speak for itself' in a vacuum of objectivity, rather it needs political actors to give it voice and meaning. By examining feminist approaches to this case study, we can learn from feminist advocate researchers about the importance of context, normative arguments, and the politicisation of evidence in policymaking and implementation.

Our case study provides just one example that is informed by feminist theory and grass roots activism and advocacy. We argue that policymakers can greatly benefit from engaging with feminist approaches to policy and evidence, and especially committed feminist advocate researchers who refuse to accept that evidence can or should be decontextualised or depoliticised.

This post was part of the Women's Policy Action Tank initiative to analyse government policy using a gendered lens.

This was seen as an opportunity to remove a potential stressor from the relationship between the primary carer and those being cared for, and as an augmentation of their care relationship, not a replacement. It was identified as an opportunity to provide the carer with the additional time to address other activities.

Robots are identified as a way to combat loneliness and isolation but with a caveat of concern that they could also generate further isolation if their 'company' is used to replace human contact. In most cases, the robot is conceptualised as facilitating relationships. Some participants saw that they provided a conversation piece and relational bridge for the cared for and other people in their wider community, such as peers or family members from other generations.

Care is therefore seen as something that is defined in terms of a relationship, and where responsiveness to the needs of the cared-for is elemental to success. An element which arises in much of the care literature is one of reciprocity, where there is a synergy that develops in such a relationship. The role of the cared-for and the carer can be fluid, with the cared-for strengthened by the value they can bring to the relationship, and the reward that is felt in the giving of care.

Concerns of this nature arose particularly in discussions of 'Paro' - a robotic seal that responds with sound and movement to the touch of another. The robot is soft to touch and invites actions of nurture. This was identified as particularly useful for people with conditions such as dementia and autism, where its primary use was settling erratic behaviour. The opportunity to provide for responsiveness and reciprocity was otherwise largely unexplored beyond general discussions around the importance of empathy and the need for human carers to achieve it.

Ethics Of Care And Implications For Policy And Practice

Describing care as a responsive, relational activity is very much in-line with a way of conceptualising this practice as consistent with an 'ethics of care' perspective. In care ethics, care involves bestowing value on the cared for and activity that provides for their needs. Tronto identified that good care comes about when both of these dimensions - caring about and caring for - are present. Care is oriented toward particular beliefs, including concern and the ability to discern the risks of interference over the risks of inaction; interpretation of the responsibilities in each situation as opposed to aligning to a rigid set of rights; and responsiveness aligned with the setting and the individual. Privacy, dignity and agency are all of particular concern in the provision of care in services as a result of these orientations.

If we define care practice in terms of ethics, then accountability of the relationships of care goes beyond the cared for and the carer. It also includes those who have determined the ethical systems that guide robot behaviour, and therefore expands the care relationship into opaque and impersonal elements that require consideration. This has important implications in terms of policy and practice. If we replace some or part of a care process with a robot, it may have far-reaching implications. We therefore need to carefully consider how robot technologies fit within models of care. Without this there is a danger that we will not use these tools to their full effect, or will create unanticipated consequences.

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