

Key actions and work to improve women's health & wellbeing

Keeping the momentum going: Building upon the last 30 years of equity and health reform

Evidence from research on gender shows that the foundations of inequity are found in the systems and structures that embed discrimination and negative gender stereotypes. These structures and systems are pervasive and impact all aspects of our community and economy, from the high-risk behaviours displayed by young men, the persistent high rates of violence against women, an entrenched segregated workforce (horizontally and vertically), a higher burden of care and unpaid domestic duties on women, and a higher cost penalty for women to increase their skills so that they can move into higher remunerated positions. This inequity is increased because of the compounding layers of disadvantage that people experience because of their migrant experience, ability, language, economic level, as well as gender.

Who are we?

The Victorian Women's Health Services (WHS) have been at the forefront of gender equality, women's health and primary prevention for over 30 years. With a Statewide footprint and close connections to community at the local level, WHS's:

- Are a conduit between all women in our community and their health system
- Advocate to our health and social system on how to improve the way they deliver services to community
- Work in collaboration and partnership with community, identifying opportunities to act
- Deliver timely evidence based programming to work with the health system and structures to apply intersectional gender lens to prevent future pressures on the health system
- Partner with local government, community organisations, and other not for profit agencies to develop and deliver health promotion messages and build capacity on specific health and wellbeing topics
- Translate research into evidence based policy and practice to inform systems and structures
- Provide intersectional, gendered advice to government to inform public and social policy that advances women's health and gender equity

We are at a unique moment in our history for women's wellbeing and gender equity

The Women's Health Services are calling upon all parties at this Victorian State Election to take action on three key pillars of policy. From our position in Victoria as health promoters, primary prevention practitioners and specialists in intersectional gender equity, these are vital points of action if all Victorians are going to reap the rewards of an equitable society and economy.

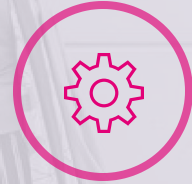
Call to Action



Sustain and embed the Gender Equality Act



Make healthcare equitable for all



Address stigma and stereotypes in our gender segregated labour market

Victoria has the key foundations already in place

Victoria has:

- Implemented almost all the reforms of the Family Violence Royal Commission including establishing Respect Victoria, the Orange Door network and an industry plan for the Family Violence Workforce
- Legislated and implemented Australia's first Gender Equality Act and appointed a Commissioner for Gender Equality in the Public Sector
- Established Australia's first unit within Treasury and Finance on Gender Equitable Budgeting
- Passed Affirmative Consent Laws
- Established policies for Government procurement of building and construction that drive gender equity in construction and trades
- Delivered the state's first Gender Equality Strategy
- Implemented the first Women's Sexual and Reproductive Health Strategy
- Emerged from the COVID-19 Pandemic, wiser and more conscious of the value and role of an equitable health system

We support our colleagues call to action

Women's Health Services recognise and support the following election platforms that have been released by our peers who share a common vision for our community and economy:

- **VCOSS** – Victorian Election Platform 2022
- **Safe and Equal** State Election Platform 2022

Did you know

We know from the Commission for Gender Equality in the Public Sectors first Base Line report of Workplace gender audit data from defined entities that:

+65%

Of those taking carer's leave in Victoria's public sector are women

+80%

Of all parental leave takers across the Victorian public sector are women, with their leave lasting an average of 8 times longer than men's.

+66%

Of the workforce is women but there are only 46% of women in leadership and 3 in 5 CEO's are men

+75%

Of workers using flexible work arrangements were women.

+15.6%

The pay gap in the public service - men earn on average \$19,000 more than women. The pay gap is most significant for older women (55-64 years)

Sustain Embed & Expand the work of the Gender Equality Act

The Gender Equality Act 2020 ('GE Act') is transformational for the Victorian economy and community. As organisations that have contributed to the development of the Act, celebrated its passing into law, and assisted many defined entities to implement its requirements, we have witnessed the powerful impact that this key area of policy has had on workers, organisations and the community.

The work must continue to ensure that all Victorian's receive the benefits of a gender equitable community and economy.

The Women's Health Services recommend that the government:

- Invest in and facilitate the **development of gender equity workforce** for Victoria. This is required to ensure that the skills and knowledge are available in the short, medium and long term to sustain intersectional gender equity.
- Expand and **extend the reach of the Gender Equality Act beyond the public sector**. Provide the opportunity for Victorian based organisations to align their work to the requirements and principles in the Act and be recognised for doing so. Continue to use the Act as the basis of encouraging gender equality through the Victorian economy and community through procurement policy and funding.
- Build the capacity of the public sector workforce, its leaders, and suppliers of services to the Victorian Government by **sharing, communicating and distributing information about gender equitable budgeting policy and practice**. This should include building capacity and capability across the Victorian Government on Gender Equitable Budgeting and Gender Impact Assessment, and, sustaining funding to the Gender Responsive Budgeting Unit.
- Increase the **resources available to the Commission for Gender Equality in the Public Sector** to enable their ongoing work in support of the Act.
- Ensure that **smaller and rural and remote public sector entities are well resourced** to meet GE Act requirements recognising the specific challenges they face.

The Women's Health Services can support the achievement of this by:

- Providing our expertise and experience to build capacity and capability across the Victorian Government, and, in the community on intersectional gender equality
- Enabling the work of the Commission for Gender Equity in the Public Sector by supporting the dissemination, translation and brokering across Victoria of its policies, processes, successful strategies and resources
- Partnering with local and regional public sector organisations on how to implement policies, programs and services that are gender equitable and address the intersecting factors of disadvantage and discrimination in our economy and society
- Developing the Victorian Gender Equity Workforce

Make healthcare inclusive and equitable for all

We can never assume that our health services and policies are equitable or, that they are accessible to all. If we have learnt anything from the pandemic, it is that our health system is best when it recognises the intersecting reality of disadvantage and discrimination.

By learning and growing from the lessons of the pandemic our health system can address the barriers to access, inequity in service design and provision. From our perspective and experience we do not have a health system that enables gender equity in our community. We need to continue to invest in primary prevention and health promotion – without it our community gets sicker, and hospitals feel more strain. Health promotion and primary prevention with an intersectional gender lens prevents crisis, saves lives and keeps Victorian women healthy.

The Women's Health Services recommend that the government:

- Invest in building the capacity and capability of our health system to understand and practice intersectional gender equity – **develop the public health workforce to understand and implement gender impact assessments** to address health inequity
- Fully **fund the next Victorian Sexual and Reproductive Health Plan including resourcing strategies to increase access to contraception and abortion services** and trialling innovative pilots such as telehealth and nurse led models
- Require **all hospitals in receipt of public funds to provide Medical Termination of Pregnancy (MTO) or Surgical Termination of Pregnancy (STOP)** and **all faith based hospitals in receipt of public funds to provide evidence based information and referral** pathways to abortion services
- Ensure that all **reforms to Victoria's mental health system reflect the evidence on the gendered nature of mental health** including the disproportionately high rates of depression, anxiety and suicidality in women.
- Ensure that as part of the Mental Health reforms, the infrastructure and workforce is **resourced to apply an intersectional gender lens to all services and programs**
- Continue to **sustainably fund the women's health infrastructure**, a vital part of Victoria's public health system and expand the services by including **specific health promotion and primary prevention health service for Aboriginal and Torres Strait Islander women, and LGBTIQ+.**

Did you know there is more work to be done?

+65%

Of self-harm related hospital admissions were for females

+38%

Of women in Victoria report ever being diagnosed with anxiety or depression

+27%

Increase in women's dementia diagnosis since 2015 and in 2019, an estimated 60,380 women living in Victoria had dementia, compared with 34,553 men

+6.2%

Of Victorian women reported having ever been diagnosed with heart disease in 2020 - compared with 4.6% of women in 2015.

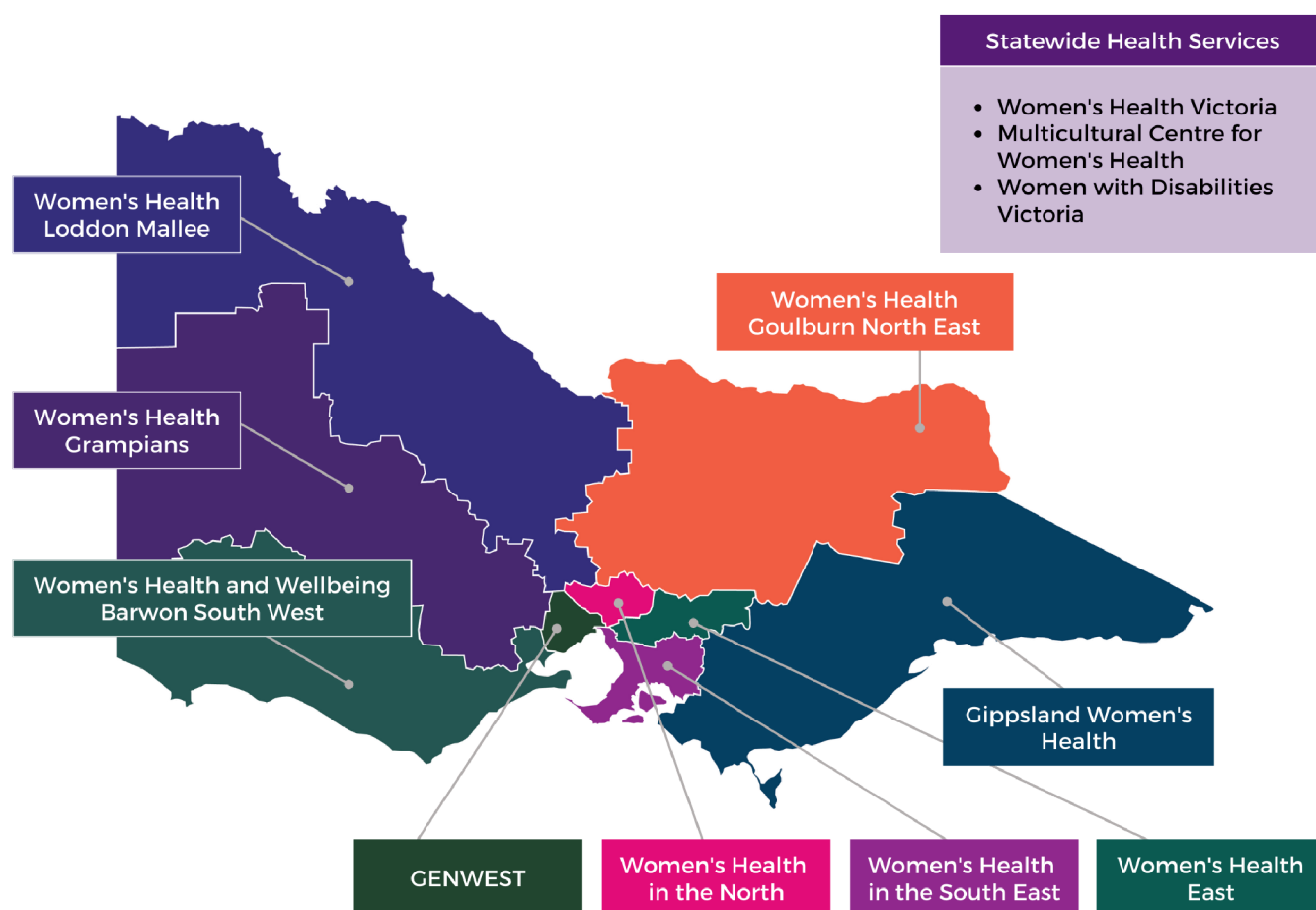
13%

Of local government areas in Victoria (11 out of 79) have no provision whatsoever for Medical Termination of Pregnancy (MTO) or Surgical Termination of Pregnancy (STOP)

Keeping the momentum going: Improve women's health and wellbeing

The Women's Health Services can support the achievement of this by:

- Supporting the capacity building of the Victorian health workforce to develop skills and knowledge in gender impact assessments and application of gender lens
- Partnering with key public health infrastructure, Boards and facilities to apply a gender lens to health policy, services and programs – particularly those under reform as part of the Mental Health Royal Commission recommendations
- Translating and building understanding of the social determinants of health impacting women, and the evidence of the gendered nature of health and wellbeing across Victoria
- Provide the evidence to enable best practice access to contraception and abortion services which are legal, safe and common across Victoria.
- Reporting on the state of women's health and wellbeing across Victoria including the intersectional aspects of women's lives that expose them to health inequity, discrimination, disadvantage and systemic barriers to their health and wellbeing.



Prevention of Violence against Women

Addressing violence against women requires changing our attitudes that allow or condone violence, and shifting cultural and work practices to proactively support gender equality. This universal work needs to be grounded in every home, club and office.

The Women's Health Services support and endorse the call to action on primary prevention of family violence as articulated by our colleagues at Safe and Equal.

We agree that “Ending family violence and violence against women requires an enduring approach to challenging the deeply entrenched social norms, attitudes and behaviours that drive it.”

We also endorse the call from Safe and Equal for a “coordinated action across all settings and levels of society ...with the recognition that this will take time”

We add our voice to the requirements put forward by Safe and Equal and, in addition advocate that the primary prevention infrastructure that has been in place through the Women's Health Services for over 30 years is looked to as a model on how to engage multiple organisations in coordinated partnerships.

Partnerships are a model of collective action that have been used globally for primary prevention and health promotion for decades. They are tested with a strong evidence base on their positive impact to promote health, wellbeing and save lives.

The WHS partnerships have produced a set of coordinated strategies unique to each region in rural, regional and metro Victoria. They are evidence based, and bring together leads from over 500 organisations, governments, schools, media, sports and recreation clubs, arts and cultural group on a shared mission to prevent violence against women in all its forms. Our work was most recently recognised in Respect Victoria's Three Year Report on Progress in Prevention.

These partnerships are supported and enabled by the leadership evidence and practice of three statewide women's health services – Multicultural Centre for Women's Health, Women's Health Victoria and Women with Disabilities who support best practice approach to intersectionality and capacity building.

Address the stigma and stereotypes that are perpetrated in our gender segregated labour market

Our care workforces are facing a crises – low pay and conditions, high turnover, burnout. Our care workforces are also exposed to poor recognition and status in our economy and society compounding the crisis.

The crisis is founded in gender inequity.

Because our society views care, social services, education and health work as “feminine” the structural and systemic reality of low pay, burnout, lack of secure work and funding, as well as low status of the work will continue.

Until we confront this gendered view of work we will not be able to care for the workforce that cares and supports all of us.

The good news is that we can do something about this. In Victoria we have some key foundations and models available to us to confront this reality. In addition to the Gender Equality Act, Victoria also now has:

- *A skills plan with a deliberate action item on addressing gender equity in the Victorian skills system*
- *A Women in Construction Strategy which is a model for how to deliberately call out and address gender segregated labour markets*
- *A Building Equality Policy to drive the creation of training and employment opportunities for women in the construction industry through Government procurement practice.*

Women’s over-representation in care and community work is partly driven by traditional gender stereotypes that depict men as primary breadwinners and women as caregivers.

Similarly, the low pay associated with this work reflects gendered assumptions that ‘caring’ is an innate ability for women rather than a profession requiring learned skills.

(Final Report Inquiry into Economic Equity for Victorian Women Jan 2022)

Keeping the momentum going: Improve women's health and wellbeing

The Women's Health Services can support the achievement of this by:

- Building the capacity and capability of the Victorian skills system to apply intersectional gender equity practice and process through its policies, plans and programs
- Partner with the Victorian Government to put in place the policies systems and structures to ensure that publicly funded infrastructure and events are equitable and benefit all Victorians

Did you know there is more work to be done?

Australian women are the best educated than at any point in our history and, globally Australian women consistently rank amongst the highest educated. However, this education has consistently failed to translate to equal success in Australian workforces. The final report into the Victorian State Government's Inquiry into economic equity for Victorian women has outlined this clearly. It found that:

- Women were **paid less**
- Took on **more unpaid caregiving responsibilities**
- Were **less able to fulfil their potential in the paid workforce** and in senior leadership positions due to structural barriers
- **Faced higher rates of gendered violence at work and in the community**, including harassment and discrimination.

Since **2017, governments have known** that **majority-women industries pay the lowest proportion of superannuation and bonus's compared with other industries.**

In Victoria, "over one third of all women are employed in health & care and social assistance, and education and training and both these industries have higher rates of part time jobs, higher rates of employees working multiple jobs (with) over representation of women in both those categories" (Final Report Inquiry into Economic Equity for Victorian Women Jan 2022 p141)

We also know that:

- **Employment to Population ratios consistently show a consistent variation in workforce participation for men and women, across all age groups** – specifically that women's participation in work is markedly impacted at the time when they are more likely to have children, whereas men's participation during that time is not impacted at all.
- In Victoria, **a gap remains in the skills, occupation and labour market outcomes for women compared to men.** Women typically occupy more casual and at-risk roles than men and earn less money. For example, the Australian Bureau of Statistics estimates for Victoria that on average men earn 42 per cent more than women.



WOMEN'S HEALTH SERVICES

Examples of our work include:



9 Regional Collective Impact Strategies

to Prevent Violence Against Women and Improve Sexual and Reproductive Health – involving in excess of 500 partner organisations



Consultancy and capacity building services

to implement the Gender Equality Act as part of the Action for Gender Equality Partnership – delivering training on Gender Equality Action Plans, Gender Impact Assessments workforce development and gender equitable leadership



Individual health promotion, system reform and service navigation interventions

including direct education of women and gender diverse people on key areas of gendered health management, practice and policy at a statewide and regional level. Examples include abortion law reform, mental health reform, 1800 My Options, the Victorian Women's Health Atlas, the Workforce of Multilingual Health Educators (WOMHEN) project, WDV "Building the Evidence" report

