GENVIC

GENDER EQUITY VICTORIA

BUDGET SUBMISSION 2023 - 2024

Gender Equity Victoria (2023), Victorian State Budget Submission 2023 - 2024

Gender Equity Victoria

Gender Equity Victoria (GEN VIC) is the peak body for gender equity in Victoria. GEN VIC represents over 50 organisations and 100+ individuals across Victoria who are dedicated to achieving intersectional gender equality. Our members are deeply committed to the vision, purpose and focus areas of the work that is needed to achieve gender equity.

GEN VIC has prepared this submission on behalf of member organisations who have a vested interest in increasing gender equality but have limited resources to prepare their own budget submissions. As the peak body for gender equity, we have a role in collegiality with and support for our members to bring a broad range of budget asks to government. What these member organisations have in common is a deep commitment to working alongside some of the most marginalised women in Victoria. It is important that their voices are heard and acted upon to create a gender equal society.

Acknowledgement of Traditional Owners

Gender Equity Victoria acknowledges the traditional custodians of country across Australia and we pay our respect to Elders past and present.

We recognise and apologise for the human suffering and injustice that Aboriginal and Torres Strait Islander people have experienced as a result of colonisation and generations of discrimination and marginalisation that has resulted from that.

We express shame and horror at the actions and atrocities that have been perpetrated against Aboriginal and Torres Strait Islander people.

We acknowledge that the removal of children has and continues to devastate individuals, families and entire communities and that the intention of those policies has been to assimilate Aboriginal and Torres Strait Islander children. We recognise this as a policy of genocide.

We recognise Aboriginal and Torres Strait Islander people as a sovereign people who have never ceded their sovereignty of this land.

We acknowledge Aboriginal and Torres Strait Islander people's human right to self-determination.

We commit to working in solidarity and partnership with Aboriginal and Torres Strait Islander people to improve women's health, safety and wellbeing outcomes.

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Introduction

In February 2020, the Gender Equality Act passed through Parliament specifically to promote gender equality by:

- Requiring the Victorian public sector, local councils and universities to take positive action towards achieving workplace gender equality.
- Requiring these organisations to consider and promote gender equality in their policies, programs and services.
- Establishing the Commissioner for Gender Equality in the Public Sector (CGEPS) in 2020 to provide education, support implementation of the Gender Equality Act, and enforce compliance among the public sector.

However, the focus of CGEPS is narrow with a focus on the public sector which represents just 11% of the Victorian workforce. Achieving gender equality in Victoria requires much broader action than the public sector alone can undertake or achieve. Broader action is necessary.

The UN Sustainable Development Goal 5: Gender Equity states that the essential pre-requisites for gender equity specifically require:

- Ending all forms of discrimination and violence against women and girls.
- Recognising and valuing unpaid care and domestic work.
- Ensuring women's full participation and equal opportunities for leadership in all parts of public life.
- Ensuring universal access to sexual and reproductive health and rights.
- Implementing reforms to give women equal rights to economic resources.
- Enhancing the use of technologies to promote women's empowerment.
- Adopting policies and laws to promote gender equality that will support gender equal health.

GEN VIC understands that the pillars of gender inequity are interconnected and interdependent. Those areas of action or pillars for building gender equity are reflected in GEN VIC's strategic priority areas:

- Support Gender Equitable Health and Wellbeing
- Champion Gender Economic Justice and Equity
- Strengthening the Gender Equity Movement, and
- Innovate for Safety and Respect.

The Lancet Commission on Gender Equity[1] commented on the need for leadership to achieve the goals of gender equity, and that leadership is essential for the advancement of integrated approaches to gender equity reforms in order to achieve gender equity. This is the mission and vision of GEN VIC.

Gender inequity leads to poor health consequences for all Victorians, but especially women and gender diverse people who face sex and gender discrimination at work, at home and in community. The health and economic consequences of inequity impact on both physical and mental health, and on women's safety.

Women's paid work in public and private sectors and unpaid work in the home, is at the heart of Victoria's economy and community. Never has this been more apparent than during the COVID-19 pandemic, when women were fundamental to keeping their families and communities functioning and working together.

However, the impacts of the COVID-19 pandemic have left too many women behind, exacerbating the existing inequalities in pay poverty, low status work, long-term economic insecurity, precarious housing and homelessness resulting from poverty, fleeing violence, or other social consequences of gender inequality. On many indicators, women are still recovering from the effects of the ongoing COVID-19 pandemic, so it remains necessary to institute measures that will enable a gender equal recovery. That journey is ongoing and will take more than one budget cycle.

This budget submission builds on GEN VIC's submissions from the last two years which made the case for the sustained effort required to create gender equal jobs and a gender equal Victoria. That case for sustained effort has changed very little over time because of the impact of the pandemic on the lives of women, and the families for whom they provide care.

Even prior to COVID-19, persistent gender inequity in the public and private sectors led to gender pay and superannuation gaps which have higher risks for women who fall into poverty more quickly than men due to caring responsibilities for children and other family members. Women face lifelong economic barriers because of unequal, gendered beliefs and attitudes towards womens' paid and unpaid work and the unequal sharing of caring and parental responsibilities. Gender inequity drains the wealth and productivity of women and, in turn, the wealth and productivity of our nation.

Victorian government actions to tackle gender inequities are world-leading, but while Victoria is leading the way and also leading the nation in economic growth, too many women are being left behind. This budget submission is focused on the needs of the most marginalised women who are on the fringes of the economy and social life. Integrated approaches to supporting them are necessary because they face the greatest barriers to participation and are the most likely to require ongoing support because they have insufficient networks and opportunities to uplift their lives.

GEN VIC has received budget asks from member organisations which reinforce the key themes of this submission. We recognise that some of our members will be making their own budget submissions directly to government, while others have included their budget asks exclusively in this budget submission.

PRIORITY INVESTMENTS

Sexual and Reproductive Health Care for Women

GEN VIC welcomes the launch of Victoria's Sexual and Reproductive Health Strategy. The Strategy highlights the unequal access across the State to abortion care. That unequal access is exacerbated by a shortage of trained GPs, nurse practitioners and prohibitive costs. Services are not provided by publicly funded religious affiliated services and many publicly funded public health services have not developed comprehensive reproductive care. Universal access to reproductive health care, including medical termination of pregnancy, is a critical right for women that has not yet been realised in Victoria.

We call on the Victorian Government to follow the Federal Government's actions to remove any restriction by pharma and the TGA on who can prescribe MS-2 Step, allowing States and Territories to deem who can prescribe. This should include certified nurses and midwives in a range of health care services including ACCHOs. The greatest barrier to prescribing has been the requirement for pharmacists to be registered to dispense MS-2 Step, especially as registration sits with the individual pharmacist and not the pharmacy. The risks with this approach are obvious – a pharmacist can conscientiously or vexatiously refuse the provision of MS-2 Step to women, and in rural areas where there is often only one pharmacy in a town, the risks to women are obvious when a provider is permitted the right to object.

Women experiencing social disadvantage experience high levels of sexual and reproductive health disadvantage and frequently require a greater level of social and emotional support than women who have networks of social support. Nurses with their specialised skills have enormous potential to support SRH for women, but are undervalued and underutilised in the provision of care for women whose access is limited by cost, culture, the barriers of marginality due to social or racial discrimination among other barriers.

GEN VIC congratulates the Victorian Governments' election pledge to provide free sanitary products at up to 700 public sites across the state. This will alleviate period poverty for thousands of women and girls.

Recommendation

Fund a short-medium term evaluation of the free sanitary product service to understand the enablers, barriers to and experiences of women, especially young women, using this service.

Stop the side-lining of nurse practitioners in the provision of sexual and reproductive health care particularly in the new Women's Health Clinics that the Victorian Government has announced. Nurse practitioners must be granted more autonomy in women's sexual and reproductive health care in order that women can access affordable and appropriate services and care particularly in the context of GP shortages and the decline of bulk-billing.

Affordable solutions to pregnancy and birthing support

For many marginalised women, additional support is needed during pregnancy and birthing. Many women who experience intersectional disadvantage face further structural discrimination within the public maternity system. With the shortage of midwives and GPs, the system's capacity to provide equitable access to continuity of care and culturally appropriate and respectful care is diminishing.

People experiencing intersectional disadvantage, especially those from culturally diverse backgrounds, face the greatest barriers to accessing this support, which perpetuates maternal-child health inequality, social isolation and limited access to needed birth, postnatal and community support services.

With the acute shortages of registered midwives, the programs of support provided by Birth for Humankind will increase the capacity of the maternal health system and reduce the ongoing burden of complex care, because of:

- Reduced likelihood of medical intervention at birth.
- Reduced likelihood of the newborn spending time in neonatal intensive care.
- Reduced likelihood of birth trauma.
- Reduced risk of postnatal depression and anxiety.

It is proposed by **Birth for Humankind** that over a five-year period the Victorian Government provide one-to-one support from a professional birth support worker (doula) to the people most vulnerable to social isolation and disadvantage during pregnancy, birth, and early parenting (7,000 Victorians per year, by year five).

This program expansion builds on the current successful delivery of free doula support services to clients experiencing social and financial disadvantage during pregnancy, birth, and early parenting. The model brings together the lived experience of women and evidence of best practice for caregivers. It will contribute to ongoing improved maternal and child health outcomes for those most vulnerable to poorer outcomes, as a result of:

- Improved birth experiences for the most vulnerable and disadvantaged birthing women
- Improved birth outcomes
- Providing the most vulnerable birthing women with one-to-one, continuity of support throughout the antenatal period.

Recommendation

Support **Birth for Humankind** to expand integrated non-clinical birth support for pregnant women experiencing social and financial disadvantage.

Access to Affordable Health Care

Women who are on living on chronically low incomes because of their low status work, as well as the prevalence of the pay gap means that many women, especially those lone parents supporting children, experience a lack of money for essential health care. Their lack of money is prohibiting women from being able to afford healthcare services even in Community Health Services, which is increasingly charging co-payments to ensure their services are sustainable. This is exacerbated by the decline in bulk billing by medical practitioners as well as the shortage of GPs.

Women from marginalised cultures frequently experience social and economic disadvantage, rely on Community Health Services for culturally safe and affordable health care and are being left behind from receiving adequate and needed services.

Women's pay poverty affects women's access to services including those for their children. Our members tell us that women cannot afford to pay for private Allied Health care or GPs, for example, a young child with developmental delay may be unable to access services because their mother cannot afford the co-payments necessary for repeated visits. In turn, this can have an impact on that child's capacity to be school-ready, requiring a primary school to work with a child for whom early intervention in the pre-school years could have made a huge difference.

GEN VIC supports the Victorian Health Care Association's submission for Community Health Services[2] to be better funded to ensure that they can retain their workforce, upgrade facilities and infrastructure, and provide funding models that ensure women are not being left behind with co-payments for basic, needed health care for themselves and their children.

Recommendation

Provide vouchers for women on very low incomes to assist them with health care co-payments for themselves and their children.

Build the capacity of Community Health Services to ensure they can meet the financial costs of health care needed by low-income Victorians.

Support for Women With Disabilities

GEN VIC supports the Budget Submission from **Women with Disabilities Victoria (WDV)** for an increase in recurrent increased and recurrent funding. For too long, WDV has been provided with inequitable funding compared to other women's health services. Yet, women with disabilities experience significant health inequities and problems accessing tailored health information, and tailored disability-inclusive health and sexual and reproductive health services. It is critical that Victoria invests in sustainable health care that will improve the health and equality of women with disabilities in Victoria.

Funding the work that WDV seeks to undertake in relation to tracking violence responses to women with disabilities is critical for gender equality. Women with disabilities are underrepresented in prevention and response services yet they experience higher rates of violence than other women. They seek to influence high level change which is long overdue. It requires funding to enable state-wide action with a range of agencies both within government and in the NGO sector to understand and respond to violence against women with a disability.

WDV is a state-wide service that requires recurrent, sustainable funding to enable them to provide statewide leadership to ensure that women with disabilities receive equal levels of health and support services to meet their needs and allow their full participation in society. The recurrent funding they seek will allow WDV to:

- Engage with statewide and regional women's health services for the promotion and delivery of agreed priorities as they impact on women with disabilities
- Provide consultation and advice to selected women's health projects and programs to ensure they are disability-inclusive
- Represent WDV on statewide committees and consultations regarding the health and wellbeing of women with disabilities
- Develop partnerships and collaboration that further the health and wellbeing of diverse communities of women with disabilities

The investments that WDV seek will have significant economic, health and social benefits to Victoria, and lead the way in disability inclusion.

Recommendation

Provide increased recurrent and special purpose funding to **Women with Disabilities Victoria** to drive essential improvements in knowledge and practice, that increases access to quality, disability-informed health and sexual and reproductive health services for women who live with disabilities.

Housing for older and marginalised women and their children

Too many women are not able to access housing – older women and single mothers are the most common group of homeless people who cannot find affordable, safe housing. Low incomes, parenting costs and unpaid care work, gender pay and superannuation gaps, family and domestic violence, coupled with the unaffordable cost of housing, make women especially vulnerable to significant housing stress and homelessness.

Secure, safe housing is a core social determinant of health. It is critical for children's and women's sense of security. Public housing lists remain extensive and will be not addressed with the current social housing budget allocation. Women who are living on chronically low incomes and often in poverty, and women leaving prison, need safe, secure housing and many also need wrap around support services to ensure their recovery and re-integration into the community. Housing and social support must be funded together.

Women who require residential Drug and Alcohol treatment services and have children in their care are excluded from those treatment services because there is no funding for childcare. Women need wrap-around services to allow them to get on their feet but the lack of care available to them and the cycle of short-term and insufficient service delivery means that they often relapse, and their children go into care. Early and sufficient intervention is critical to assist women to reclaim their children and to give them a better life.

We support a demonstration project of pilot housing with the provision of support for 100 women exiting the Criminal Justice System. Current options for people exiting the Criminal Justice System are designed for violent men and fail to meet the needs of women exiting prison. Often women are given a 1bedroom apartment which inhibits their capacity to get their children back. There are very limited social housing options available for women leaving prison. This is a situation that can be changed. Women need a safe house to live in, before they can address other issues in their lives. We support the very modest budget ask of our member organisation Flat Out for funding to support additional staff to work with women exiting the prison system.

The rising numbers of older women finding themselves homeless requires urgent interventions. Older women are the fastest growing group to experience homelessness in Australia. The drivers of homelessness for older women include a life of caring and too often, violence in the home that has become persistent and unbearable. Older women have had insufficient years of earning to accumulate savings to purchase a home, and increasingly an unaffordable private rental market and lack of money to pay rent on the private market is pushing them into homelessness.

Older women have suffered lifelong discrimination, either forced to resign from paid work when they married or became pregnant denying them the opportunity to gain financial independence. Age dis-

crimination means that older people find it difficult to find employment. Major life events such as the death of a spouse, serious illness, divorce or no-grounds eviction can push an older woman into homelessness. No woman should be living with the fear of homelessness but for older women, that fear is increasingly becoming a reality. Women's health needs generally increase as they age and can be exacerbated by insecure housing or homelessness.

Housing solutions for older women need to be appropriate, long term, and affordable. Stable housing for older women is necessary for health and well-being and is tied to the pillars of safety and respect which underpins gender equity.

We support the bid by the **Women's Housing Alliance** and our members - **Women's Property Initiative** and **Women's Health Victoria**, for a gender and intersectional lens on social housing.For example, older women are not eligible for social housing through some of the current initiatives with Housing Victoria. In Victoria in 2019 only 2% of those needing transitional housing properties were able to access one[3] – this is a situation that can be changed.

Recommendation

Fund a demonstration project of pilot housing with the provision of support for 100 women exiting the Criminal Justice System with evaluation to identify the critical factors that keep women safe and in secure housing.

Fund **Flat Out** for funding of $350,000 for additional staff to work with women exiting the prison system.

Continue to build social housing that is suitable for women and children fleeing violence and/or living in poverty.

Fund the building of affordable, appropriate, long-term housing as a priority for older women who are already, or at risk of, becoming homeless.

Focus on women who are being left behind in the economy

A gendered lens on employment pathways and sustainable employment are critical to ensuring that women who have been left behind in the economy because of early school leaving, or COVID-19 for example, are provided with the support they need to find secure employment. There is strong evidence that young people who disengage from school and become early school leavers also become disengaged in the labour market and are at risk of long term unemployment, and this is particularly the case for young women.

As those young female early school leavers have children and then want to enter or re-enter the workforce, they are at high risk of being left behind in the economy. They need training and support to enable them to find sustainable employment that allows them to become financially secure. Building a care economy not only means providing childcare and carer support, it also means caring for women whose lives have been disrupted by lack of opportunity, gender stereotypes, gender segregation of learning and skills and interpersonal violence.

Over decades, the VET system and its structures have perpetuated and reflected those stereotypes and assumptions around gender, and intersectional experience which, has resulted in:

- Inequity in access and participation in education and training by women – our VET system reinforces and encourages gender stereotypes in the labour market but fails to address the gender segregation of learning and skills programs
- A gender-blind approach to forecasting and measurement that does not present the real lived experience for women, or people with intersectional experience in the Australian VET system
- A gendered experience of completion whereby women leave training for "personal reasons" overwhelmingly more than men, who tend to leave for either work, or other education reasons
- Gendered funding whereby skills and programs that are feminized are funded significantly less than programs that are dominated by males – based often on the unchallenged assumption that the male dominated skills need more "resources".
- A failure of the quality system to measure and evaluate performance of RTO's across Australia to be gender equitable perpetuating gender inequity within the training system itself (WGEA Data of Education and Training Industry)[4].

Now that Gender Responsive Budgeting is enacted in Victoria, there is a need to embed it more deeply across public and private sectors, and to use social procurement via job placements as a lever to drive change.

Fitted for Work provides employment pathways for women who have long-term experience of unemployment. Fitted for Work operates from principles of inclusion and empowerment to help women experiencing disadvantage to get work, keep work and navigate into a working life. With the establishment of Working Women's Centres in other States, we support the establishment of Victorian WWC with the integration of the Fitted for Work community hub

Recommendation

Continue to build a Gender Equal Job Creation Strategy and continue to invest in work as a keystone for building a care economy, and measure outcomes over the short-medium-long term (ie 1-10 years) to develop knowledge and understanding of the factors that keep women in work and those factors that mitigate their employment status.

Provide funding for **Fitted for Work** to expand their work to regional areas and build their capacity to support women into the workforce.

SUMMARY

Gender equity is an essential human right. Indeed, the Victorian Government has developed the first Gender Equality Act (2020) in Australia. However, it is relatively narrow in its goals and implementation focus. This submission highlights the need for implementation of gender equity actions for women whose basic needs require cross cutting measures that will assist to redress their poverty, discrimination and experiences of inequalities, which are all necessary to achieve a degree of gender equity for them.

The United Nations SDG5 highlights the issues arising from social, economic and political inequalities that are attributed to gender discrimination, and which are deeply rooted and persistent in many developing and developed economies including Victoria. They are related to access to decent work and equal pay, education, healthcare, resources, decision-making, unpaid work, sexual and reproductive rights, and the elimination of gender-based violence. Implementation gaps in Australia and Victoria make clear that achieving gender equity requires implementation across cross cutting government portfolios.

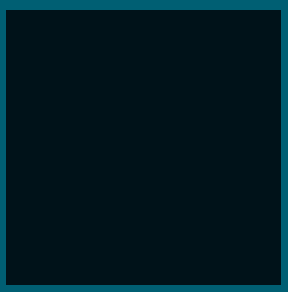
This submission puts forward very modest budget asks to tackle issues for some of the most marginalised women in Victoria whose rights are so often overlooked. The work proposed by the NGOs which are member organisations of GEN VIC is essential and necessary to ensure that women who are being left behind have opportunities to lift themselves into a more secure and healthy future.

[1] Horton, Richard, 2019, The Lancet, Offline: Gender and Global Health - an Inexcusable Global Failure, Source: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30311-3/fulltext

[2] Victorian Healthcare Association, VHA State Election Platform 2022 - Supporting Care in the Community, Source: https://vha.org.au/wp-content/uploads/2022/09/Election-position-paper-Supporting-care-in-the-community.pdf

[3] Women's Housing Alliance. 2019. https://womenshousingalliance.wordpress.com

[4] Gender Equity Victoria. August 2022. Submission to the Senate Standing Committees on Education and Employment Inquiry into Jos and Skills Australia Bill 2022 (Provisions) and the Jobs and Skills Australia (National Skills Commissioner Repeal Bill 2022 (Provisions).



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