Women’s Health In the North Submission to Gender Equality Bill Exposure Draft

Introduction

This submission was prepared by Women’s Health In the North (WHIN) to represent WHIN’s work in the northern metropolitan region (NMR) of Melbourne and to reflect the expertise of the organisation in the area of gender equality, in particular how it relates to family violence and all other forms of violence against women. This work is underpinned by a long history of collaboration in the region with a range of organisations and a strong commitment to the safety of women and children.

WHIN would like to congratulate the Victorian Government for highlighting the importance of gender equality for the Victorian community. The Gender Equality Exposure Draft presents an opportunity to provide legislative support for community action on this important issue.

This submission does not respond to all questions included in the submission response document, rather the responses included draw on WHIN’s recognised area of expertise in the application of a gendered lens on health, safety and wellbeing outcomes for women and experience in the development and provision of resources and training that support the work of others to address gender inequity.

About WHIN

WHIN is the regional women’s health service for the NMR. Funded by the Victorian Government, WHIN leads action to address women’s health, safety and wellbeing. WHIN applies a collaborative partnership approach to all of its work in order to achieve the best possible health outcomes for the over 496,194 women who live in WHIN’s catchment. Over 41% of women and girls in the catchment speak a language other than English at home and Aboriginal and Torres Strait Islander people make up .7% of the population.

WHIN’s works with organisations across the NMR of Melbourne (NMR) to promote gender equity, prevent violence against women and improve sexual and reproductive health. WHIN provides expert advice, professional development, community education, consultation services and resources. WHIN provides leadership and resourcing for strategic regional partnerships to prevent violence against women and to promote women’s sexual and reproductive health.
WHIN commits to providing a regional backbone support role for gender equity, prevention of violence against women and sexual and reproductive health through:

- Coordinating action towards common goals and outcomes
- Convening and resourcing regional committees and networks
- Providing leadership and expertise at all levels
- Building and strengthening partnerships
- Providing knowledge translation and developing resources
- Providing training and professional development
- Holding practice forums
- Coordinating evaluation and building the evidence base

Women’s health services in Victoria are well-positioned to lead and coordinate work to address gender inequity due to their expertise, commitment to the safety of women and children, regional focus and established role in capacity building.

WHIN convenes and supports the Building a Respectful Community Partnership to implement the Building a Respectful Community Strategy 2017-2021. This partnership of 26 organisations undertake work to prevent violence against women, aligned with Change the Story and Free From Violence.

**Key Responses to the Gender Equality Bill Exposure Draft Discussion Paper**

**Critical actions necessary for the success of the gender equality legislation**

It is critical that the established and recognised link between gender inequality and violence against women continue to be highlighted to the broader community. Promotion of the legislation articulating this link will be vital to strengthen support for the Gender Equality Bill and to provide a legislative framework for the existing and growing body of work that is being undertaken in Victoria generally, including in WHIN’s catchment in Melbourne’s NMR.

Support for gender equality work is not a blank canvas. Women’s health services have been leading regional action on gender equality for decades. Women’s Health In the North has a long history of resourcing local government, health services, educational institutions, government and community organisations to apply a gender lens to planning and program delivery. WHIN’s approach aligns with state and national frameworks and efforts. We urge that this bill explicitly align with these frameworks and mutually reinforces existing plans and programs that support gender equality.

WHIN’s resourcing takes the form of consultancy, professional development, resource development and communities of practice. Government should build on this existing expertise and provide funding to support this robust work to continue at a local level, so that organisations like WHIN can provide support to regional partner organisations to fulfil the requirements that are prescribed for them as per the legislation.

The Victorian Royal Commission into Family Violence has resulted in significant government investment in the prevention of violence against women and efforts to address this issue clearly identify gender inequality as both a driver and consequence of violence.
against women. A number of mapping exercises have been undertaken by government and their contractors to establish baseline data about the amount and nature of activity in the area of gender equity and prevention of violence against women programs in Victoria. Consideration should be given to this existing work and how to build on its progress and achievements, and also how it can be used to strengthen and support the implementation of the proposed legislation on the ground.

The principles in the legislation align with the Victorian State Government prevention gender ‘Safe and Strong’ and this alignment should be made explicit and embedded in the proposed legislation.

It is critical that there is greater clarification about the action that needs to occur that will link and translate the identified principles that underpin the legislation to outcomes, activity, targets and the achievement of the indicators in the legislation. Consideration must be given to take into account the developmental nature of gender equity work and the level of support that organisations affected by the legislation will require. It is essential that this support is adequately resourced and that this resourcing builds the capacity of organisations like WHIN and other women’s health services who already have expertise in this space.

The language used in the legislation must be stronger, more explicit, and measurable and reflect action. This is essential for the Minister responsible to be able to provide an Annual Report to Parliament that reports against the supporting outcomes framework. An example of strengthened language is the use of the word ‘will’ in the legislation as opposed to ‘should’ or ‘may’. The legislation should also include definitions of equality and equity to reflect that addressing inequity is way that we will achieve equality.

Whilst the proposed legislation targets organisations who employ more than a 100 people consideration should be given to how to support organisations with less than a 100 staff to achieve the same outcomes. This is particularly relevant in light of the fact that many of the proposed defined entities will be entering into procurement relationships with small business suppliers.

**Action plan development, support and reporting**

To assist defined entities to develop and implement Action Plans that comply with the proposed legislation it will be critical that the timing for the development and reporting be aligned with existing prescribed reporting timelines, organisational plans and strategies, for example Municipal Health and Wellbeing Plans (MPHWP), organisational Gender Equality Plans, Reconciliation Action Plans, operational plans, strategic plans and regional prevention of violence against women plans/strategies (in the NMR this is the Building A Respectful Community Strategy 2017-2021). For cultural and structural change to occur it is critical that actions and targets/quotas are embedded in the aforementioned plans and strategies. Linking Action Plans to existing planning and reporting cycles would strike a balance between transparency and accountability whilst minimising regulatory burden

The Action Plans that defined entities are required to develop must all indicate how an intersectional approach will be applied when achieving the required actions and quotas.
Many organisations will require support and training to develop Action plans and this is a role that women’s health services could be fill if they were provided with a clear mandate and adequate funding.

**Ensuring representation of women from diverse backgrounds**

WHIN recommends an intersectional approach is taken to the crafting and implementing of this bill, where gender is recognised as but one of many intersecting dimensions of privilege and oppression. Currently the proposed legislation only refers to diversity/intersectional lens once. Embedding an intersectional approach will reflect the lived reality of women from diverse communities and the intersecting discrimination that they face and better support the achievement of gender equality for all women. Intersectionality should be considered in all gender equity efforts and the legislation provides an opportunity to embed this approach.

WHIN recommends that the wording of the section: “The Victorian Government values and celebrates diversity. We acknowledge the Gender Equality Bill does not seek to address all forms of gender inequality. This Bill primarily focuses on the inequalities that exist between men and women, including people who identify as men and women” be changed to end “...inequalities that exist between people who identify as men and women.”

**Quotas Not Targets**

WHIN recommends the introduction of quotas as opposed to targets to increase the leadership representation of women and gender diverse people, and increase gender equity more broadly. WHIN believes quotas are more efficient than targets in achieving this goal, and provide greater immediate accountability. It should be noted that the establishment of quotas needs to take into account the developmental nature of gender equality work, this could mean modifying required quotas over time.

It is important to beware of potential backlash against quota systems particularly if suitable education and messaging does not accompany rollout. We were heartened, however, to see the Citizen’s Jury show support for the 40/40/20 system, which also, if inadvertently, allows for understandings of gender beyond the female/male binary. Targets are aspirational, quotas are measurable and required.

WHIN also recommends that quotas be applied across the whole organisation not just at an executive level. Quotas should reflect a representation of diverse communities including women who are refugee and migrant, trans and gender diverse and women living with disabilities. Organisations will require support to reach robust and meaningful quotas that indicate this representation, once again this is a role that women’s health services can play in supporting organisations to achieve this.

In order to achieve quotas recognition must also be given to addressing the gendered barriers in career pathways, recruitment and training to proactively notice biases that are
held towards women in the workplace. Consideration should be given to including incremental targets to reflect progress. This would take into account the developmental nature of the work including cultural and systematic changes that need to be embedded. Employers will need clarification about whether the proposed Gender Equality legislation overrides existing Equal Opportunity legislation.

Conclusion

In conclusion WHIN supports the legislation taking into the account the above feedback. We reiterate that there is an existing body of work in this area and regional structures that support this work and WHIN and other women’s health services are uniquely position to support existing and future work.

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