Victorian Primary Care Partnerships

Submission to Victorian Gender Equality Strategy Consultation Paper

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Contents

About Primary Care Partnerships 3
Introduction 4
Address priority issues 5
Address gender inequality in rural Victoria 5
Build on existing structures to prevent violence against women 5
Improve financial security for women and reduce the pay gap 6
Adopt a whole of government and whole of community approach 7
Consider gender in all policy making 9
Promote change at multiple levels 10
Case study – INCEPT Project 11
Challenge gender norms and stereotypes 12
Increase the representation of women in leadership roles 13
Engage with communities and diverse women in strategy development 14
Partner with PCPs to achieve gender equity 15

About Primary Care Partnerships

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations. They collaborate together to find smarter ways of making the health and community sector system work better, so the health and wellbeing of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system.

In the 15 years of operation PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better health and wellbeing outcomes for Victorians. Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role in enhancing the wellbeing of people within our local communities.

There are now 28 PCPs around Victoria that connect more than 800 organisations across many different sectors. These diverse organisations are working together to plan around the needs of the community, to share their skills and expertise, and align their efforts. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learnings, research and information. When it comes to the health and wellbeing needs of the community PCPs also enable more effective integrated planning, and develop the service system through co-ordination and integrated care as well as by making better use of data, evidence-informed interventions and a common planning framework.

PCPs are delivering real results – particularly, better health and social outcomes for community members – at the local level. Indeed, a comprehensive evaluation report[1] found that PCPs have: improved integrated planning, improved service co-ordination, increased organisational capacity and learning for health promotion, delivered economic benefits and resource efficiencies and contributed to healthier communities

The Primary Care Partnership platform is used extensively by the Department of Health and Human Services to roll out new initiatives in the areas of service coordination, integration and chronic disease management. The platform is also pivotal in the delivery of prevention and health promotion work across Victoria.

[1] Department of Health (2011) *Primary Care Partnerships: Achievements 2000-2010.*

Introduction

Victorian Primary Care Partnership (Vic PCP) welcomes the opportunity to provide input to the development of a Gender Equality Strategy in Victoria. Women are entitled to full participation in social, economic and civic life and to live with dignity and freedom from gender-based fear, violence and discrimination. Greater equality between women and men contributes to the development of equitable, prosperous and healthy communities. Empowered women contribute to the health and productivity of whole families and communities.[2]

Gender is a social determinant of health which influences people's physical, mental and emotional wellbeing, access to healthcare, quality of life and knowledge about health and preventative health. It intersects with other social determinants of health, including housing, income and workforce participation, education, geographic location and cultural background.

> *gender can contribute to differences between and among women and men in financial security, paid and unpaid caring work and experiences of violence… resulting in different and sometimes inequitable patterns of exposure to health risk, in unequal access to and use of health information, care and services, different help-seeking behaviour and, ultimately, different health outcomes.*[3]

Achieving gender equity and equal health and wellbeing outcomes for women will require a whole-of-government and community commitment. PCPs are an important partner in achieving gender equity in Victoria. PCPs exist to improve the health and wellbeing of all Victorians, by finding smarter ways to deliver health services. The PCP model acts across all parts of the health system – primary, secondary and tertiary settings. PCPs are a transformation agent across the Victorian health and community services system, addressing challenges such as disparities and inequalities in health outcomes, including gender inequality.

We look forward to working with the Victorian Government to improve outcomes for women and achieve gender equity. We also welcome the important initiatives already introduced by the Victorian Government to support gender equity, including:

- Australia's first Royal Commission into Family Violence, reporting March 2016
- Increasing the number of women in senior leadership positions, including by committing to appointing women to at least 50 percent of government boards and court appointments.

[2] United Nations Population Fund, *Gender Equality,* accessed at http://www.unfpa.org/gender-equality
[3] Department of Health, *National Women's Health Policy,* 2010.

Address priority issues

Women experience poorer outcomes in a range of areas, including greater risk of financial insecurity, homelessness and family violence. Many health issues experienced by women are linked to disadvantage, with obesity, smoking rates and poor nutrition more prevalent among low socio-economic women.[4] Women are more susceptible to poor health literacy, which is integral to women being able to take control of their health, make informed decisions, effectively navigate the system and receive appropriate and timely care.[5]

Address gender inequality in rural Victoria

Rural women experience particular disadvantages. Rurality decreases access to health services and availability of protective factors including access to education, employment housing, transport, wellbeing programs, childcare and other supports. To improve health of rural women, a greater level of funding is required than population based funding models would indicate.

Traditional gender norms in rural communities may also be more narrowly defined than in urban areas. Labour markets in rural areas can be more strongly gendered along historical stereotypical lines and males tend to earn higher wages. Family business structures further advantage men, allowing the transmission of intergenerational wealth at the expense of women.[6] This lack of economic independence increases gender inequity and contributes to an environment in which the male role is privileged, while women's roles are perceived as complementary.

Build on existing structures to prevent violence against women

As a key determinant of violence against women, advancing gender equity increases women's safety, security, health and wellbeing. Violence against women is directly linked to gender inequality. The key drivers of violence against women are:

- Unequal distribution of power and resources
- An adherence to rigidly defined gender roles and stereotypes
- Gender inequality and a masculine sense of entitlement.

Communities that value women's participation and representation and in which there are fewer economic, social and political differences between men and women have significantly lower levels of family and sexual violence.

Violence against women is the leading cause of preventable death for Victorian women aged between 15 and 44 years[7] with estimates that one third of women experience physical violence and one in 10 women experience sexual violence.[8] Family violence is a leading cause of homelessness for women and children, and can contribute to poor physical and mental health, unemployment, poverty and disadvantage.

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[4] Women's Health East, *Gender equity for health outcomes,* January 2014.
[5] Ibid.
[6] N Vaughan, *Economic Participation of Women in the Loddon Mallee Region*, Women's Health Loddon Mallee, 2009.
[7] Women's Health Victoria, *Victorian Women's Health Atlas,* http://victorianwomenshealthatlas.net.au/#!/
[8] The Lookout, *Factsheet 7: statistics,* December 2013.

In its submission to the Royal Commission into Family Violence, Vic PCP highlighted the many existing partnerships and plans aimed at preventing violence against women. These partnerships and plans have significant potential to effect change if adequately resourced. However, current resourcing for prevention programs and plans is inadequate.

Vic PCP recommends that new initiatives build on existing structures and platforms, including the PCP platform, rather than using valuable time and resources creating new partnerships, governance structures and organisations and duplicating effort.

Improve financial security for women and reduce the pay gap

Women experience financial disadvantage throughout their lifetime, while working and in retirement. A range of factors contribute to this disadvantage, including a gender pay gap, caring responsibilities, greater likelihood of part-time work, lower superannuation and less savings in retirement. The gender pay gap between full-time male and female employees is equivalent to men earning an additional $284.20 per week.[9] While Victoria is faring better than the national average, a gap of 13.6 per cent still exists.[10]

Caring responsibilities either for children or relatives with disability or long-term illness can place carers at risk of poverty and financial hardship due to career breaks, reduced hours of paid work and the flow on effect this has on superannuation.

Accessible and affordable childcare remains a significant barrier to women's participation in the workforce. In rural areas in particular, additional investment is needed to ensure childcare is available when and where people need it. Women are more likely to return to work when they are confident the services provided for their children are not just affordable and available, but are of high quality. The state government has a role in advocating for and supporting consistent access to quality early education and care. It can also support the provision of quality early education and care by investing in facilities and infrastructure.

Sweden is an example of a country with a parental leave and childcare policy that encourage successful balancing of work and family responsibilities. The country's family policy is aimed at supporting the dual-earner family model and ensuring the same rights and obligations regarding family and work for both women and men. Generous spending on family benefits, flexible leave and working hours for parents with young children and affordable, high-quality childcare are the main factors for success. As a result, female employment rates are among the highest in the European Union, and child poverty is among the lowest.

Vic PCP supports increased flexibility for all workers, including women, to support caring and family responsibility, as well as personal choices. We also support strategies to reduce the superannuation gap, at a state and federal level, including:

- Paid parental leave that includes employer contributions to superannuation
- Incentives for women to contribute to superannuation
- Retaining the Low Income Super Contribution
- Increasing the Superannuation Guarantee Contribution to at least 12 per cent
- Funding superannuation contributions for women in caring roles.

[9] Workplace Gender Equality Agency, *Gender pay gap analysis statistics*, September 2015.
[10] Workplace Gender Equality Agency, *Gender pay gap analysis statistics*, September 2015.

Adopt a whole of government and whole of community approach

PCPs and their partners emphasise the importance of adopting whole of community and whole of government approaches to gender equality. All levels of government, community sector and the private sector have roles and responsibilities, and should be held accountable to them.

While the Commonwealth and Victorian governments have both developed various policies on specific aspects of gender inequality, most prominently those related to domestic violence and workplace equality, a coordinated approach is lacking.

To be most effective, the gender equality strategy must engage people across the different settings in which they live, work, learn, socialise and play (such as schools, workplaces, sport and recreation settings, and media) and use a range of different levers (for example, legislation, community education, social marketing) to create a number of coordinated, mutually-reinforcing interventions.

Men have an important role in recognising and understanding male privilege as a key requirement of a successful strategy. Men can be leaders and set positive examples for other men, and aim to involve men in gender equality. Achieving gender equity requires men to participate and in some cases lead in articulating and endorsing gender equity reform, including through action that addresses the constraints of rigidly defined gender roles. It is about shifting from both nuances and explicit notions of male entitlement towards gender collaboration.

To achieve meaningful change, the strategy needs to identify, measure and report against a broad range of gender based outcomes and key performance indicators. Ideally this would include a combination of leading and lagging indicators, and be focused on gender equality outcomes, not just outputs.

The strategy should build on existing systems and measures. For example, a range of useful outcomes and indicators already exist which could be adapted for use in Victoria, including the UN Gender Inequality Index[11]. The Family Violence Data Index, commissioned by the Victorian Government and under development by ANROWS could also be used to measure progress.

The strategy needs to be adequately resourced both in regards to appropriate governance structures, as well as long-term investment in projects, programs and initiatives that tackle gender equality. Workers from within PCPs have reported frustrations with the lack of long-term funding allocated to primary prevention activities across the system and the lack of resources that would enable follow through on prevention activities and ideas generated by partnerships. There is a need for a significant increase in funding for long-term primary prevention activity to ensure effective implementation of the strategy.

The strategy development can learn from examples of whole-of-government frameworks developed by other jurisdictions including:

- The *Tasmania Women's plan 2013 – 2018* identifies actions, as well as whole of plan action. A lead government agency is assigned to each of the actions. The strategy is

[11] United Nations Development Programme; Human Development Reports, *Table 5: Gender Inequality Index*, accessed at http://hdr.undp.org/en/composite/GII

accompanied by a baseline report of data on gender equality issues and annual progress reports.

- The parliament of Iceland has passed five action plans on measures to implement gender equality since 1985. The current *Gender Equality Action Programme*[12] outlines a number of specific actions under which timeframes, responsibilities and costs to implement each of the actions are provided.

The UK *Gender Equality Duty* is a particularly robust example. It provides a legislative requirement on all public authorities to promote equality of opportunity between women and men and eliminate unlawful sexual discrimination and harassment. The duty covers all the functions of a public authority, including policy development, service delivery, decision-making and employment. The legislation also required public authorities develop a 'gender equality scheme' setting outs it gender equality objectives and actions. The public authority is then required to report against the scheme every year and review it every three years.

[12]The Centre for Gender Equality, *Gender equality Action Plan*, http://jafnretti.is/jafnretti/?D10cID=Page3&ID=176

Consider gender in all policy making

Public policy and government decision making impacts on women and men in many and varied ways.

> *Because of economic and social differences between men and women, policy consequences, intended and unintended, often vary along gender lines. It is only through a gender analysis of policy that these differences become apparent, and solutions devised*.[13]

For example, women and families are disproportionately affected by funding cuts to universal services, including health, education and welfare. Similarly, women are affected differently by natural disasters and emergencies; for example, they are at higher risk of domestic and family violence, more likely to be in caring roles, and at significantly greater risk of death during a disaster.

Women are more likely than men to use some services, including childcare and early learning and care services, health services, including sexual and reproductive health. They are more likely to be solely reliant on the aged care pension than men, putting older women at heightened risk of poverty. Changes to these systems impact disproportionately on women.

Gender must be a central consideration in the development and implementation of all government policy making. Increasing gender equality requires careful consideration of the differences in men's and women's lives, the potential impacts of policy decisions and the different approaches that may be needed to produce equitable outcomes.

Vic PCP supports further adoption of a gender mainstreaming approach. The United Nations promotes gender mainstreaming as a strategy or approach to achieving gender equality:

> *Mainstreaming involves ensuring that gender perspectives and attention to the goal of gender equality are central to all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects.*[14]

Gender impact assessments are a possible tool for ensuring gender is considered in policy making.

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[13] Elizabeth Broderick, *Applying a gender perspective in public policy: What it means and how we can do it better,* Speech to the International Women's Day Forum APS Human Rights Network, Canberra, 9 March 2012.

[14] United Nations, *Gender Mainstreaming,* http://www.un.org/womenwatch/osagi/gendermainstreaming

Promote change at multiple levels

Multiple, interrelated factors at the individual, community, systemic and social levels combine to affect gender inequality. [15] The strategy should seek to identify and address the various norms, structures, and practices that perpetuate gender inequality at each of these levels.

As articulated in the *Victorian Public Health and Wellbeing Plan* 2015–2019:

> *The differences in health status do not happen by chance, nor, in most cases, are they the result of natural biological variation between individuals. They are socially patterned, and generally follow a social gradient in which a person's overall health tends to improve at each step up the economic and social hierarchy.*

In relation to violence against women, the socio-ecological model proposed by Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, [16] outlines that change is required at four levels:

- Individual and relationship level
- Organisational and community level
- System and institutional level
- Societal level

The ANROWS and VicHealth report identifies the important role of health, family and community services in preventing violence against women, including longstanding relationships with communities, experience in community development and cross-sector initiatives and capacity to reach and influence marginalised and disengaged people and communities.

PCPs adopt place-based approaches that focus on building the capacity of communities and better integrating services systems that are able to reach out to families and people more successfully and respond to their needs in a holistic way. Place-based approaches are an important strategy for addressing complex problems, that focus on the social and physical environment of communities and on better integrated and more accessible service systems, rather than just on the problems faced by individuals. Every community is different and the strategies for change need to vary as well.

[15] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia, 2015, p.24.
[16] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia, 2015, p.24.

Case study – INCEPT Project

The Integrated Health Promotion Alliance is the Inner North West PCP's prevention partnership group, consisting of member organisations from across Inner North West Melbourne. The role of the Alliance is to lead and advise on collaborative approaches to health promotion and prevention across the catchment.

The INCEPT Project is a collaborative evaluation project of the Integrated Health Promotion Alliance. The aim of the project is to strengthen evaluation practice across the INW catchment through a consistent approach to evaluation, and to develop evidence on the effectiveness of local preventing violence against women (PVAW) health promotion initiatives. The project utilises elements of the collective impact framework.

The partnership has been working towards this project since 2011 by establishing a culture of trust through consistent and honest communication, undertaking an intensive priority setting process to establish a common agenda and developing a roles and responsibilities framework to better understand the partners' mutually reinforcing activities in IHP work.

INCEPT seeks to define common progress measures for PVAW work occurring in the Inner North West catchment through a shared evaluation framework. This framework includes shared evaluation indicators and questions that can be applied to a variety of PVAW initiatives.

The framework has been developed by University of Melbourne, through extensive consultation with partners via workshops and working group meetings over 2014-15. It is due for completion by the end of 2015.

All partners appear to have a high level of ownership of INCEPT and view it as being beneficial to their work without being overly taxing on their resources. It has increased levels of trust between partners to enable a higher level of collaboration and sharing of resources in the future.

Challenge gender norms and stereotypes

Funding programs and initiatives will not be enough on its own to address gender inequality. Nor will removing barriers or policies that disadvantage women. A gender equality strategy must also address the gender norms and stereotypes that underlie our culture and systems.

Gender norms include the ideas, values, beliefs or attitudes that are common or dominant in a society or community. Norms are reflected in our institutional or community practices or behaviours, and are supported by social structures, both formal (such as legislation) and informal (such as hierarchies or the division of labour within a family or community). To effectively challenge gender norms within organisations and sectors requires engagement and commitment of management in cultural change initiatives and engagement and empowerment of staff. For example, the inclusion of family violence leave within an EBA will fail to generate sustainable change if the absence of buy-in from management and training of relevant staff means that women trying to access such provisions are met with ignorance or hostility.

Childhood and adolescence is an important time when children are forming their values and understandings of gender and equity. It is important that teachers and educators working with children and families from birth through childhood and adolescence are aware of their role in addressing gender inequality and targeting gender stereotypes. Gender equity must be embedded in curriculum and practice, and supported by ongoing professional development for teachers and educators.

PCPs provide a framework for engagement of the health sector and workforce to contribute to cultural change across the system. The PCP model of facilitating change enables participation of staff from across member organisations to engage in reform projects. Change in local practice is facilitated through the effective and coordinated workforce capacity building role of PCPs, enabling policy to be translated into practice to create sustained change.

Increase the representation of women in leadership roles

Formal leadership positions should be representative of the Victorian population. Yet, there continue to be fewer women is positions of formal leadership and power, across business, the judiciary, the public service and parliament. Even within female dominated industries and occupations, men continue to hold the majority of senior roles. For example, women comprise 70 per cent of the education and training workforce, yet only account for 36 per cent of CEOs. [17]

Improving the representation of women in formal positions of power is critical to changing the underlying power imbalance and ensuring diverse voices are heard.

There are particular challenges in rural and regional areas. Recent research has shown that the greater the distance from urban centres, the fewer women appointed to paid or voluntary leadership positions.[18] Women continue to be significantly under-represented in positions of authority and leadership influence in some regional areas, and, in particular struggle to make the leap from other executive roles or appointments to CEO or Chair.

Supporting and strengthening Aboriginal women's leadership is crucial to improving health and wellbeing of Aboriginal communities. This will involve taking a broader view of leadership, beyond traditional and formal positions. For example, the strategy should recognise Aboriginal women elders as leaders in their communities and the positive role-modelling they provide for other Aboriginal women.

To achieve gender equity, we must address the structural and cultural barriers that prevent women from taking up leadership roles including providing access to flexible work practices and affordable childcare, access to reproductive and other health services; changing cultural norms which favour full-time workers and those who have not taken career breaks for formal positions; and changing gender stereotypes which suggest women should be the primary care-givers and that males are better suited to leadership.

The government needs to consider implementing measures that will further increase the representation of women in parliament, state and local government, and the public sector. This would be supported by introducing quotas and targets for the appointment of women to positions of leadership in politics, the public sector, the broader employment sector and other governing bodies.

[17] ABS, *Gender Indicators, Australia, Aug 2015*, Cat. No. 4125.0,' Democracy, governance and citizenship' ABS, 2015.
[18] C Lehmann, C, *Status of women in gender equity in the Loddon Mallee Region: women in leadership.* Publication 1, Women's Health Loddon Mallee, 2015.

Engage with communities and diverse women in strategy development

A key goal underpinning the entire strategy should be to ensure women are involved in all decision-making processes and have their voices heard and respected across all areas of society. To do this, the strategy itself along with subsequent program and policy development should be directly informed by a broad range of women, with particular attention given to those who are marginalised.

Gender inequality interacts with other forms of disadvantage experienced by women in Victoria, including inequalities related to class, race, sexuality, age and disability. Achieving gender equality involves achieving equal outcomes for all women. This will require targeted strategies to address inequality experienced by women who experience multiple disadvantage, including women with disability, Aboriginal and Torres Strait Islander women, older women, women living in rural areas, and women from culturally diverse backgrounds.

Achieving equality for diverse women will also require a change in community attitudes that foster discrimination or intolerance. For example, many women with disability and Aboriginal women continue to experience discrimination and attitudinal barriers to full participation in the community.

Achieving equity for Aboriginal people will require genuine and targeted strategies to engage with Aboriginal communities, and strengthen the voices of Aboriginal people. It will also require recognition of the ongoing impacts of colonisation and intergenerational trauma that contribute to inequality in Victoria.

Identifying targeted strategies to address inequality requires meaningful engagement and co-design with women in the community. Governments can and should provide avenues for women from diverse backgrounds to actively participate in decision making, planning and system development.

Partner with PCPs to achieve gender equity

Vic PCP advocates for expanded use of the PCP platform to deliver initiatives under this strategy. The release of the strategy provides an opportunity for further strengthening of partnerships between a range of sectors and agencies by utilising the PCP platform. PCPs have experience and knowledge in the development and continuation of partnerships between a range of agencies and sectors. They have significant reach into communities, across regional, rural and metro Victoria.

PCPs have broad reach into the community, connecting more than 800 organisations across many different sectors, including hospitals, GPs, local government, universities, community health, disability, problem gambling, women's health, Aboriginal health, mental health and sports groups. This platform provides an opportunity for government to reach women and diverse communities who might not otherwise engage in such processes.

As a result of PCP efforts, local agencies in 28 catchment areas work more effectively together on the ground to plan, implement and evaluate health promotion, prevention and public health work. PCP member agencies and other stakeholders have better access to local data and research to determine needs and generate solutions to complex heath issues. PCP member agencies work collaboratively thereby avoiding duplication, sharing learnings and seeking collective impact. PCP member agencies participate in capacity building activities which ensure that we have skilled and available workforce to implement public health initiatives.

The PCP model is adaptive, flexible and innovative at doing more with less. The PCP model generates and drives significant system and service reform from a relatively small resource investment, with small staffing requirements. PCPs use and harness the resources of member agencies to leverage outcomes, in this way PCPs are cost effective. They generate outcomes with member agencies that benefit both member agencies and the community.

They already hold a wealth of knowledge and expertise around integrated health promotion. Although every PCP is somewhat different, all PCPs receive some resources to deliver integrated health promotion activities. The value that PCPs are able to add to the resources that they receive directly from DHHS is very significant.

PCPs already strategically embed the consumer voice within the design of services and service system reform. PCPs also support consumers to gain the skills and knowledge to meaningfully engage with the service delivery sector to build a service system that meets the needs of the community. For example, partners' consumer reference groups make sure the voice of consumers, carers and community members are heard loud and clear in all aspects of is partnership work.

Vic PCPs looks forward to working with the government to identify opportunities to utilise the PCP platform to achieve the outcomes in the strategy.

Figure 1: PCP program logic 2013–17