

Public Accounts and Estimates Committee (PAEC)

Public Hearing into Gender Responsive Budgeting

10 December 2019

Kym Peake

Secretary

Department of Health and Human Services

Gender responsive budgeting in DHHS



Why gender responsive budgeting matters in health and human services



Applying a gender lens to the burden of disease and health outcomes in Victoria



Applying a gender lens to addressing the social determinants of wellbeing



Tackling structural barriers to gender equality and building GBR capabilities



Advancing Gender Responsive Budgeting

1. Why gender responsive budgeting matters in health and human services

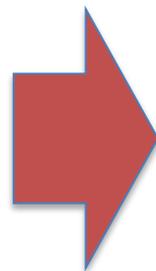
To respond to gendered disparities in service access and experience health and wellbeing outcomes

GRB can improve the design of government initiatives and prioritisation of government investments through:

- Informing advice on how budget choices contribute to gendered outcomes
- Leveraging major government initiatives to advance gender equality
- Targeting investment to tackle gender-related issues and inequalities

2. Burden of disease and health needs of females

- Disease groups with highest fatality
 - Cancer
 - Cardiovascular disease
 - Injuries, with family violence representing 5.1 per cent of burden of disease for women aged 18-44
- Women have the greater share of total burden of neurological conditions (such as dementia) and musculoskeletal conditions
- Specific reproductive and caring needs



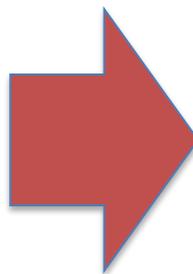
Targeted investments in DHHS outputs have included:

- Screening for breast cancer
- Family Violence Responses
- Women's sexual and reproductive health services
- Maternal and child health program

3. Social determinants of wellbeing

Social determinants of health and wellbeing for women and girls include:

- Socioeconomic position
- Social exclusion and loneliness
- Unemployment
- Family violence
- Caring responsibilities



Targeted investments in DHHS outputs have included:

- Improving access to housing support for women
- Victoria's state disability plan
- Parenting support
- Financial support and economic inclusion

4. Tackling structural barriers – as a system steward

Health service board composition

- At the conclusion of the 2019 board appointment round, females represented 57% of public health service and public hospital director positions across the state

Prevention and management of bullying and harassment (including sexual harassment)

- minimum training standards
- Panel of independent experts to conduct culture reviews
- Independent facilitators to respond to complaints led by Safer Care Victoria

Industry plan for social services sector

- Support for boards
- Leadership programs
- Workforce development

4. Tackling structural barriers within DHHS and building capabilities for Gender Responsive Budgeting

Gender equality within DHHS

- **2016: launch of all jobs flex policy and family violence leave for all staff**
- **2017: commenced tracking key workforce metrics through sub-committees of DHHS' Executive Board**
- **2018: strengthened actions on prevention of sexual harassment including:**
- **2019: Gender equality action plan**

Developing GBR capabilities

- **Upskilling staff in social procurement**
- **Designing for diversity framework for policy and program design**
- **Piloting whole of government Gender Impact Assessment toolkit in two divisions**
- **Continuous improvement of our strategic and investment planning**

Advancing Gender Responsive Budgeting

What

Targeted investments

- Focus on a few priorities for targeted investment to address gendered inequalities

Leverage government actions

- Leverage major initiatives to advance gender equality

How

1. Drive technical and cultural change through practical use of GRB throughout budget lifecycle (planning, analysis, design and implementation)
2. Build foundational tools and capabilities
3. Deliberate approach to scaling so that GRB becomes BAU