PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Gender Responsive Budgeting

Melbourne—Monday, 11 October 2021

MEMBERS

Ms Lizzie Blandthorn—Chair
Mr Danny O'Brien—Deputy Chair
Mr Sam Hibbins
Mr David Limbrick
Mr Gary Maas
Mrs Beverley McArthur
Mr James Newbury
Ms Pauline Richards
Mr Tim Richardson
Ms Nina Taylor

WITNESSES *(via videoconference)*

Ms Dianne Hill, Chief Executive Officer, and

Ms Mischa Barr, Policy and Health Promotion Manager, Women's Health Victoria.

The CHAIR: I declare back open this hearing of the Public Accounts and Estimates Committee. We welcome you to the public hearings of this committee for our gender responsive budgeting inquiry.

We note that members may remove their masks when speaking to the committee but must replace them afterwards.

All evidence taken by this committee is protected by parliamentary privilege. Witnesses are protected against any action for what you say here today, but if you repeat the same things outside this forum, including on social media, those comments may not be protected by this privilege.

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We welcome Women's Health Victoria and invite you to make an 8-minute presentation. This will be followed by questions from the committee. Thank you for joining us today.

Visual presentation.

Ms BARR: Thank you very much. I will hand over to Dianne.

Ms HILL: Thanks, Mischa. I would just like to say thank you very much to the committee for inviting us today to present on this really important topic. Obviously we have had a few postponements due to COVID, but I think also the COVID context has demonstrated even more importantly why gender responsive budgeting is so vital going forward.

Firstly, I would just like to acknowledge the traditional custodians of the land on which we are meeting today, the people of the Kulin nation, and pay my respects to their elders past and present and to any Aboriginal and Torres Strait Islander people here today. I am on Boon Wurrung country. I recognise we are all on different places across the state. We recognise that sovereignty was never ceded and we are the beneficiaries of stolen land and dispossession which began over 200 years ago and continues today. I would just like to highlight the beautiful RAP artwork by local Yorta Yorta and Dja Dja Wurrung and Gamilaroi woman Madison Connors that is a feature of a lot of the work at Women's Health Victoria.

So just a very, very quick slide about us, because we have only got 8 minutes. We are a statewide women's health promotion, advocacy and support service. We work collaboratively with women and health professionals, policymakers and community organisations to influence systems, policies and services to be more gender equitable to support better outcomes for women. Our priorities include sexual and reproductive health, prevention of violence against women, women's equality, mental health and cancer, and as you can see, our services include 1800 My Options and Counterpart. We also have a number of other projects and resources, including gender equity training, the *Women's Health Atlas*, the Women's Mental Health Alliance and shEqual, which is our gender equality in advertising project. So quite clearly gender is a major feature of all of the work that we are doing.

As a statewide body we also work with the nine regional and two other statewide women's health services that make up the Victorian women's health program. We are also a member of Gender Equity Victoria, the Victorian peak body for gender equity, women's health and the prevention of violence against women. Between all of us we have a long, long history of gender equality and women's health, so we are very pleased to see this issue on the agenda. Gender analysis and gender impact assessment has been our core business for a long time. I am now going to hand over to Mischa to continue the presentation.

Ms BARR: Thank you, Di. Now, we know that you have heard from many other witnesses and received lots of submissions, so we will not spend too much time talking about what gender responsive budgeting is, because I am sure that you have a good understanding of that by now. We have been using largely this Council of

Europe definition, which is really about gender mainstreaming across the budgetary process. And we are really pleased that the Victorian government has recognised the importance of gender responsive budgeting as an essential part of a comprehensive approach to promoting gender equality across government by including that in the original *Safe and Strong* gender equality strategy and of course in the most recent budget committing to establish a gender responsive budgeting unit within the Department of Treasury and Finance. Really our key point here is to reiterate that gender responsive budgeting is about mainstreaming gender equality across government. It is implicit, really, in the *Gender Equality Act* for defined entities to undertake a gender impact assessment across their policies, programs and services, but it is not explicit that that actually applies to their budgets as well. So we do see that as a potential gap and an area for improvement in the future, actually making that explicit within the *Gender Equality Act*. Of course beyond the equity and human rights argument, the IMF describes gender responsive budgeting as an economic imperative and a way of ensuring that the economy is serving and benefiting everyone.

We wanted to just give you a couple of examples of why gender responsive budgeting is important, and these screenshots come from our Victorian *Women's Health Atlas* and really demonstrate some of the gendered health inequalities that women experience. On this first slide—and you do not need to be able to see the maps in detail to get the traffic light picture—we have on the left women who have ever been diagnosed with anxiety or depression; on the right you have men. I think it is really clear just looking at those maps the significant discrepancies in mental health diagnoses between women and men. And I certainly encourage you to visit the Victorian *Women's Health Atlas* to see some more data that looks at gendered health inequality.

This is another one which people find very striking—between women feeling safe walking alone at night, on the left, and men walking alone at night. And you can really see how this might be relevant to an agency like the Level Crossing Removal Authority, for example, in planning a new train station or upgrades around train stations and community infrastructure associated with the removal of those level crossings, thinking about what this means for women's perceptions of safety. Again, another example: transport is an area where we may not be always thinking about gender or thinking about that as a gendered issue, but we have really chosen this one to demonstrate how even with issues or portfolios that we might not instinctively think of as being gendered issues there are gendered elements to those. And I think this example also shows how intersecting inequalities come into play. Here you can see the impact of rural and regional disadvantage and also socio-economic disadvantage, particularly if you home in on some of the different regions and the metropolitan areas where there is perhaps lower socio-economic status population.

And finally, this is obviously an example that you would have heard quite a lot about throughout these hearings, the disproportionate share of unpaid domestic labour undertaken by women. There are very few maps on the atlas that are quite as stark as this one, but we certainly know that this reduces women's potential participation in paid employment and significantly impacts the gender pay gap. It means women earn less, are more likely to live in poverty and accrue less superannuation. So we think this is just a really important picture for you to see as part of the atlas.

Of course we know that COVID-19 saw a spike in the amount of unpaid care being provided by both women and men, but particularly women. And this obviously provides a really useful case study for gender responsive budgeting, as Di has suggested. We know you are very familiar with this story, but of course we can see here some headlines about the particular impacts of COVID on gender inequality and the impact on women in particular, including significant rates of increase in unpaid care and women being more likely to lose employment. One in 10 women during the pandemic experienced intimate partner violence, with half of those reporting that the abuse had increased in severity. And going back to that very first slide from the atlas that showed the discrepancies in anxiety and depression, we also saw that amplify during COVID, with 22 per cent of women experiencing clinically significant symptoms of anxiety, compared with 14 per cent of men.

So looking at this data from a gender responsive budgeting perspective, a policymaker might invest in stimulating employment in female-dominated industries—for example, social services—which has the double benefit of expanding service access to meet increased demand as well as increasing employment for women. But we know of course that the budgets that we have seen at federal and state levels since COVID—certainly the first budget did not necessarily take that gender responsive approach and received significant criticism for that. We have seen some more gender responsive approaches in the May budgets this year at both federal and state levels, although we are still really seeing what we would describe as a collection—the gender budget

statements are still really a collection of initiatives that are seen to benefit women as opposed to applying a gender lens across all budget initiatives, both expenditure and revenue measures.

So these best practice principles for gender responsive budgeting come from our submission. We are not going to go through them in detail. You can read more about it in our submission, but really I wanted to touch on a few key issues. We have talked already about the importance of mainstreaming a gender perspective throughout the budget cycle, so starting with a needs analysis to understand the different needs of men, women and gender-diverse people, looking at what that means in terms of resource allocation and then, when we have allocated those resources in a particular way, assessing whether that has impacted on gender equality or not. We have talked also about—and we know this has been a focus of some of your other witnesses—the importance of applying a gender lens to savings and revenue initiatives as well as output and asset investment and of course mainstreaming it across all policy portfolios. We would certainly argue that there is no policy portfolio that is gender neutral. Everything has a gendered impact, so we would certainly advocate for gender responsive budgeting to be applied across all portfolios.

One thing we wanted to focus on is what we would describe as thinking about what is a gender-sensitive versus a gender-transformative approach to gender responsive budgeting, because we think this might be something perhaps other witnesses have not spoken about. So we have given a really basic example here to illustrate the difference between a gender-sensitive and a gender-transformative approach. So whereas a gender-sensitive, or sometimes it is called a gender responsive approach, takes the specific needs of women and girls into account, it does not necessarily challenge the social norms and structures that have created that inequality. So in this basic example here, a gender-sensitive approach would mean ensuring that there was equal funding for sports like netball, which have higher rates of female participation. A gender-transformative approach on the other hand aims to break down the social norms and other barriers that limit equal participation in all sports by women and men—for example, ensuring that there are female teams at a senior level in football or cricket in local communities so that girls can continue to play and build their skills as they get older. It is important, however, to emphasise that even as we work towards transforming the gender norms and structures that create gender inequality, we still need gender-sensitive approaches, because until we achieve equality, investment will still be needed in women-specific programs and services. So it is not either-or. We potentially need both, but we definitely want to be working towards a more gender-transformative approach, not just a gender-sensitive approach.

And certainly this year's state budget included some gender-transformative measures like funding for programs to support women in male-dominated fields like construction, transport and surveying. I also wanted to just give a very quick case study in relation to what a gender-transformative approach might look like in the mental health context. Obviously the Victorian government has made a huge investment in rebuilding the mental health system—a $3.8 billion investment in this year's budget. So it is really critical to ensure that that investment is spent in a way that benefits people of all genders. Now, although we know women experience mental illness at around twice the rate of men, the mental health system has been built around men's needs—for example, medical research has excluded women, leading to training and treatment approaches that are ineffective and sometimes harmful to women. We also know women continue to experience violence and abuse in inpatient units.

So a gender-sensitive approach to this might involve the establishment of women-only mental health services, and certainly we are very pleased to see that the Victorian government has funded a new dedicated 35-bed women's mental health service via a public-private partnership as part of its mental health reforms. But while this is certainly an important part of the picture, it is not a realistic solution for all women to access standalone services, given they make up around half of the population and around 60 per cent of mental health service users. So ultimately we need to take what we would describe as a gender-transformative approach, targeting our investment in research, workforce development and redesign of mainstream services to ensure all mental health services better meet the needs of women and girls.

I am going to hand over now to Di to speak briefly about an intersectional approach to gender responsive budgeting.

Ms HILL: Thanks, Mischa. One of the other things that is really, really important is that we think about taking an intersectional approach that really makes sure that we are looking at the other forms of inequality and disadvantage that intersect with gender inequality. That is things such as racism, ableism and homophobia.

We also need to be thinking about how we have investment in universal programs that achieve equitable outcomes among women, that there is investment in targeted initiatives to improve outcomes in equity for disadvantaged or priority population groups of women and that allocation of resources does not inadvertently increase disadvantage. What this will do is make sure that we are really aware of and thinking about that 'women' is not just a homogenous group and that within that group there are priority populations that we really do need to be thinking about when we are doing this work.

One of our examples is thinking about applying the Canadian approach to gender responsive budgeting. If we look at sexual and reproductive health in Victoria, we have a lot of experience running 1800 My Options, which is the statewide service for contraception, abortion and other sexual and reproductive health needs. We have been running that service for over three years now. One of the things that we would see is that a very good example is that women who did not have visa status to access Medicare-funded services—so that could be refugees, it could be other migrants, it could be also international students—were unable to access really vital sexual and reproductive health services during the COVID-19 pandemic. They were also unable to necessarily get back home to their own countries, so faced with an unplanned pregnancy we had women coming to us who also could not access the new telehealth that was available, because they did not have Medicare status. One of the things that we did was we worked with another not-for-profit organisation to basically create a pathway and fund services for those women. That is pretty much a gendered issue and a bit of a policy failure. We really do actually need to be taking a gendered approach and an intersectional approach to understand which of the groups of women in Victoria during COVID could or could not access sexual and reproductive health services and what policies and investment are required to make sure that every woman during this period and beyond can access those really critical and vital services. That is just a very short, quick example of having an intersectional gendered approach to accessing services—particularly during COVID, which we really saw as being a terrible situation for a number of women.

Our final principle in relation to gender responsive budgeting is infrastructure. One of the things that I think Mischa has highlighted is about being able to actually mainstream gender responsive budgeting and in actual fact to make sure that it really does have significant influence and impact. It is very important that we think about what the infrastructure is that needs to be provided on an ongoing basis. One of the things is that we really think about making sure that we are embedding gendered expertise within all government agencies, including DTF, so that it is sustained over time and so that regardless of changes in government and government program priorities it is still there. We also think that a dedicated unit in DTF—and it is great to see that that has been funded, although we thought it was a very small budget allocation and we really do think that it is very important that that has some highly skilled people to support that work. We also recommend that it is explicit in the *Gender Equality Act* for defined entities as part of the gender impact assessment work that they need to do with departments and that there are very clear outcomes and clear impact statements required.

The other thing is in relation to just that expertise and also thinking about what the role is of the Office for Women in Fairer Victoria for both gender equality and the intersectional piece around gender responsive budgeting, noting the opportunity for the Office for Women to play a really significant whole-of-government policy advisory role in relation to gender responsive budgeting and really recognising that the Office for Women budget was actually quite small in the most recent 2021 budget, so thinking about how that could be scaled up to provide that policy expertise across government to make sure we do get gender responsive budgeting embedded. We all know how important data is for evidence. Data is showing impact, data is showing outcomes and it is making sure that we are getting some intersectional gender-related data, because we know a lot of the datasets really lack that intersectional granularity that is really needed to show us who is benefiting and who is not benefiting and who is missing out.

I think the other things that we would really support are tools and training and the need for an independent body to monitor gender responsive budgeting—that could be the Victorian Parliamentary Budget Office or the commissioner for gender equality in the public service—and the incorporation of external expertise to build that internal capability of governments and to hold them to account—something similar to the Women's Budget Group in the United Kingdom. We have been involved in supporting the defined entities to meet their obligations under the Act. We can report that the understanding of gender and gender equality is fairly low, and we would absolutely support training in gender responsive budgeting across government.

And finally it is making sure that there is some really good monitoring and evaluation built in so we can actually all really see what the benefits of gender responsive budgeting are over the years, not just in terms of

the inputs but in terms of the outputs and also in terms of economic productivity benefits and those things as well. So monitoring and evaluation should not only show the investment and the outcomes but it should also show what the benefits are across the broader economy as well.

That is the end of our very quick presentation. We have talked fairly quickly, hopefully, and have not gone too far over the 8 minutes. We are very happy to respond to any questions that you may have.

The CHAIR: Thank you very much for a very thorough presentation. You have probably done your 8 minutes twice over.

Ms BARR: Oh, apologies.

The CHAIR: That is okay. It was worthwhile information to hear. Ms Taylor.

Ms TAYLOR: Good morning to you both, and thank you for your presentation. Picking up on the issue of data and really being able to measure outcomes, so to speak: noting that our government is introducing measures to publicly monitor, assess and progress against gender equality indicators with the rationale 'You can't change what you don't measure'—for instance, we have got the gender equality strategy, the *Gender Equality Act* and gender responsive budgeting, which we are all focusing on here today—can you outline to what extent you think that public reporting on gender equality measures through things like gender responsive budgeting actually drives reform? That was a big question, wasn't it?

Ms BARR: Did you want to have a crack, Di? Look, I think data is incredibly important and having outcomes that we are working towards is critically important. It means everyone is on the same page in terms of what we are actually aiming to achieve. Sometimes it might be that in the first instance we need to look at process indicators because we know that the kind of change that we are looking for is long term, so we are not likely to see the outcomes or the impact necessarily overnight—but making sure that we have those processes in place, that we are collecting the right data, that we are building that picture and building the evidence base so that over time we can actually measure that change.

I think what is really important also is that we are measuring changes in attitudes and behaviours. In thinking about gender equality we talk about the need to be addressing gendered norms, gendered practices and gendered structures, and gender responsive budgeting is a big part of that, particularly looking at gendered structures and structural inequality. But we need to really make sure that we are also addressing the cultural change, we are addressing the attitudes and behaviours that go alongside that, because you can have as many structural changes as you like, but if you are not actually changing the way that people value men, women and gender-diverse people and the different perceptions that we have of particular industries and roles, for example, of men and women and gender-diverse people in society, then you are not actually going to see the change that we want to see. So we really need to be measuring attitudinal change through things like the national community attitudes survey that measures attitudes towards violence against women, for example. That is a critical dataset for actually showing the cultural change we are wanting to see alongside that kind of structural change.

The CHAIR: Thank you. Committee members, would someone like to—Sam Hibbins?

Mr HIBBINS: Thanks, Chair. Thank you for your presentation today. I just wanted to ask: you mentioned the importance of assessing the gender impact of savings and revenue initiatives on top of assets and other investments and what have you; are you able to provide maybe some specific examples or case studies of savings and revenue initiatives and how that might apply?

Ms BARR: So a lot of them are possibly at the federal level as opposed to at the state level in terms of the examples that I have to hand. But thinking, for example—

Mr HIBBINS: But they could be applied at a state level.

Ms BARR: Yes, potentially. So I think it is thinking about—when we make changes to taxation, for example—what the differential impacts might be on women. The clear example is in the childcare space, for example, when the particular childcare policies that we have in place at the moment result in a very high marginal tax rate for women—meaning that because women tend to be, often, the secondary earner, it makes

more sense for them to continue to stay at home and look after children than to re-enter the workforce. So addressing that high marginal tax rate is a really critical part of making sure that women can actually re-enter employment and address that division of unpaid care in the home as well.

Similarly—and I guess this is perhaps both a spending and a revenue measure—in the context of paid parental leave a classic example is the way that in the Nordic countries, for example, they have introduced what is described as a mandatory 'daddy or co-parent' quota, which means that men, fathers, are required to take part of the paid parental leave, or they actually lose that part of it. So it is really rebalancing the role of the primary and secondary carer. And what that has actually shown is that over time, not just during the period when a father is looking after children in those early years but then throughout the period of their children growing up, they are much more involved in parenting and much more involved in household work—perhaps because they have been exposed in those early days to what that actually means. So you actually see impacts beyond just that paid parental leave period as well. Those are a couple of examples, I guess, in the sort of economic space of where you can apply gender responsive budgeting.

Mr HIBBINS: Terrific. Thank you.

The CHAIR: Thank you, Mr Hibbins. Danny O'Brien.

Mr D O'BRIEN: Thanks, Chair, and thanks, Dianne and Mischa. You have answered most of the questions I had. But I will perhaps throw you what might be a tough one. What do you see as the worst outcome of our current budget process where we do not have gender responsive budgeting? Is there a particularly egregious outcome across the whole budget? I am not talking about specific programs or departments but across the board.

Ms BARR: That is a really interesting question, one that I cannot say I prepared for. But I mean, I guess ultimately what we would say is that you really need to be applying a gender lens across all portfolios. There is no policy portfolio that is gender neutral. There are some where the gender impacts might be more obvious, but there are always gendered impacts. From our perspective, for example, we work in health. We have given what is perhaps a very gendered example in sexual and reproductive health. We know that that is going to have particular impacts for women. But actually you can see health impacts across all of our health portfolios—the way that the lack of investment in medical research in terms of including women in clinical trials, for example, means we do not actually understand the impacts of particular diseases on women, we do not know the impacts of particular treatments on women. We see this in examples like cardiovascular disease, where women's symptoms are not picked up because we have never invested in the research or the training for our health practitioners to be able to identify those symptoms. We have never invested in health literacy for women to identify the different symptoms of a heart attack. And so you are actually seeing there that women die from heart attack at twice the rate of men. Although men tend to have more heart attacks overall, in terms of the actual morbidity rate women die at higher rates because we are just not identifying the symptoms. So there are some really quite significant impacts in terms of morbidity, where we are not actually seeing that.

Another example: we think, for example, of mental health often as a men's issue. The public discourse probably suggests that mental health is a men's issue. We talk often about high suicide rates, for example, but if you actually dig into the data and you take an intersectional approach and look at different cohorts of men and women, for example, the group that actually has the highest increasing rate of suicide at the moment and over the last decade is actually young women. When you have that data and when you are able to actually dig down and do a more detailed, sophisticated gender analysis, you are actually looking at some really critical issues in terms of morbidity rates for different population groups. So if you are not picking up that data, you are not actually able to then create the kind of policy initiatives to address some of those issues.

Mr D O'BRIEN: Thank you.

The CHAIR: Thank you. Tim Richardson.

Mr RICHARDSON: Thank you, Chair, and thank you, Mischa and Dianne, for joining us today for a really informative and great presentation. I have just got one question around the mental health and wellbeing slide that you had up as well and am really just interested in how viewing that massive policy reform through the gender responsive budgeting lens is so critical. Obviously this is a massive piece—the disproportionate impact

it has had on women during the pandemic. How does that add to the really effective implementation of that important policy?

Ms BARR: Well, absolutely we would say that is critical, and that is the reason why Women's Health Victoria two years ago established the Women's Mental Health Alliance—this is an alliance now of about 35 organisations advocating for a gender responsive approach to the reforms—because we definitely see that there are massive discrepancies in terms of mental health outcomes between women and men. That is something that unfortunately did not really get picked up in the royal commission's report, but we have had a pretty good reception from colleagues in the Department of Health, for example, recognising that particularly with the *Gender Equality Act* now public mental health services actually have an obligation to consider gender, and of course as they are now rolling out these reforms they need to be thinking about that. We are also increasingly seeing in the private health space increasing consideration of gender as well, because the reality is mental health services are seeing this increase in demand; they are seeing massive increases in presentations by women. Our colleagues at Eating Disorders Victoria, for example, have seen significant increases. We are seeing massive increases in self-harm, for example, among young people in presentations to EDs, with self-harm and suicidal behaviours among young women. So the reality is our services are actually seeing this on the ground. They are recognising the need to take a more gender responsive approach and to actually hopefully turn off the tap much earlier on so we do not see people present at that stage.

The other critical thing I think in terms of the mental health reforms is making the connection between gendered violence and mental health. We know that gendered violence is a massive driver for mental health outcomes for women, but what we seem to have seen is a bit of a gap between the fantastic work that the Royal Commission into Family Violence did and the fantastic work that the Royal Commission into Victoria's Mental Health System did. Unfortunately they have not really talked to each other. We have seen recently in the news again some cases of women who have experienced family violence presenting with mental health issues to mental health services and being misdiagnosed as having a mental illness when in fact they have experienced trauma as a result of family violence. So there is a huge need there for capacity building within the mental health system to better understand the impacts of family violence and gendered violence on mental health.

Workforce is a big part of that and building the capability of the workforce. We were pleased to see in the consultation paper for the new Mental Health and Wellbeing Act that there is a proposal for mental health services to apply a gender responsive approach. We think that is a really critical element as well. The other key part of that picture is of course prevention, and we know that gender inequality and we know that gendered violence are significant contributors to poor mental health among women. So if we are not actually addressing that as a social determinant of mental health, we are never going to decrease those emergency department presentations. We need to be going right back to primary prevention and making sure that we are applying a gender lens at the front end as well as applying it once women actually get into the mental health service system.

Mr RICHARDSON: Thank you. I think that is really critical evidence for our committee. Thanks so much.

The CHAIR: Thank you, Mr Richardson. Bev McArthur.

Mrs McARTHUR: Thank you, Chair. Going back to what Ms Taylor asked about in terms of data collection and outcomes, I notice on your website that you have a proud history of over 25 years, so I am assuming you would be able to produce evidence of outcomes in the areas of advocacy. I am just wondering if you can comment, given that in the 2020 budget you received over $3 million in various government grants and the latest statistics on domestic violence, especially exacerbated by lockdowns, have suggested a very large increase in domestic violence. Can you point to your delivery of outcomes in the area of domestic violence over this 25-year period? How has your advocacy improved the outcomes, especially for women in homes, given that the statistics show a large increase?

Ms BARR: That is a great question, and I guess there are a couple of different parts to the answer to that question. One is of course in terms of increased rates of family violence that we definitely know there has been a real increase as a result of COVID. But we also know that as a result of greater public awareness of family violence, for example off the back of the Royal Commission into Family Violence here in Victoria, we were expecting in fact to see increased reporting rates, because we want women to actually feel more confident to be able to report. And we know that many women, for example, because of fear of police or fear of consequences

et cetera, may not have been reporting in the past. A lot of the work that has gone in as part of the implementation of reforms in family violence has actually wanted to increase the rate of reporting family violence, so that is not necessarily always a bad outcome.

I think one of the things that COVID has really demonstrated is the intersection between gendered, social and economic inequalities. The fact that women were more likely to lose their jobs, meaning they have less financial independence, for example, is one of the drivers of violence against women, women being obviously more likely to be stuck at home, isolated, potentially with an abusive partner. There have been a range of different factors—taking on that unpaid care burden as well—that have potentially contributed to higher rates of family violence, and a lot of the work Women's Health Victoria and the other women's health services have done over many years is about addressing those gendered drivers of violence. We know that violence against women is driven by a culture of gender inequality, so a lot of the work that we have done over the last 25 years has really been what we would call primary prevention and addressing those gendered drivers, addressing that culture of gender inequality to be able to see in the long term—as I mentioned earlier in the presentation, changing these gendered attitudes and behaviours is not something that we see overnight. It is a long-term initiative. But we are already actually seeing a lot of these things come to fruition.

A lot of the initiatives that the Victorian government, for example, has introduced in recent years, like the first gender equality strategy, *Safe and Strong*, like the *Gender Equality Act*, are actually things that the women's health services and many other women's organisations have been advocating for for many years. So in terms of policy impacts, we are actually seeing that, because the government is picking up the agenda that women's organisations have been pushing for decades. Actually I would say that we really are seeing the impact of the advocacy work that we have been doing. I do not know whether you would want to add anything to that, Di.

Ms HILL: Thanks, Mischa. I think that is a really good summation of the last 25 years and the fact that prior to the last few years it was women's health services and other women's organisations who were really actually talking to issues around the need for investment in gender equality and investment in women. And that has now, if you like, culminated in having a really strong policy context within the current government over the last few years. I think that is part of the advocacy.

I think the other thing I would also point to is that, in real terms, over 25 years the women's health services budgets have not increased in relation to the population of women across the states in any way, and so we know that in actual fact there is still significant underinvestment in large parts of prevention. That response is very important. We cannot have women in crisis. We need to be preventing more and more women ending up in crisis, and we need to increase the prevention budget. We need to increase the funding that is going out to women's health services and organisations that are doing this upstream prevention work and this work to address the drivers of gender inequality and prevention of violence against women so that it is more commensurate with the population of women and we can actually really build on what has happened to date, build on the fantastic policy context that we now have and really build back through COVID in the recovery period to make sure that we are actually able to really move all of this forward from here, because we are in a very strong position. But we need to, I think, use the opportunity of COVID to go, 'It's highlighted gender inequality, it's highlighted all of the issues, and we really need to make sure that we're using this period of time to have this gender responsive budgeting, but really recognise the impact of COVID and how we need to make sure in future budgets, now and in the next little while, that we're investing in better outcomes for gender equality and better outcomes for women'.

Mrs McARTHUR: Just a follow-up question to that. I am glad you mentioned COVID, because the predictions from organisations, family violence services such as Safe Steps, suggested in April that there would be an unprecedented spike in incidents due to the state's lockdown measures. Can you tell us: did you advocate for an end to lockdowns, given the exacerbated problem of domestic violence due to people being locked in their homes?

The CHAIR: I will just remind the member—and I was generously allowing an extra question despite the fact that we are over time—that this is an inquiry into gender responsive budgeting, so I would ask if the witness could keep their response to the confines of the terms of reference of this inquiry, if indeed they have one.

Ms BARR: I will leave that to you, Di, if you like.

Ms HILL: Thanks, Mischa. Thank you for the question. During COVID, Women's Health Victoria, being a health promotion, advocacy and support service, our focus has been on making sure that women have had access to the services that we have provided. It has been on making sure that we have brought to the government's attention issues that we could see that were impacting women. So our Women's Mental Health Alliance has provided a lot of work around the impacts of COVID on women. Our sexual reproductive health phone line took a really key role in making sure that women could find pathways to sexual and reproductive health services. Our women and cancer support service made sure that women could continue to get emotional and practical support on the phone, particularly if they were isolated. In relation to commenting on actual public health measures, we made sure we advocated to and provided government with any new information that we were seeing across our areas of expertise. We did not comment on whether lockdowns should continue or not continue, but we did talk to government about both the impact of any of the COVID measures and also how we could be supported in our work to continue to support women.

The CHAIR: Thank you very much. And as the time we have available for consideration with Women's Health Victoria has concluded, we thank you for your evidence here today. In case the discussion has raised any issues for anyone, I will just read out the Lifeline number, which is 13 11 14 and the Beyond Blue number, which is 1300 224 636. The committee will now take a short 15-minute break before beginning consideration with the next witnesses.

Witnesses withdrew.