

## GENDER EQUALITY & COVID19 IN VICTORIA – JOINT STATEMENT

*"The Coronavirus pandemic is exceptionally difficult for everyone and is having a huge impact on all our lives. So far, a gender analysis of the impact of pandemic has been largely invisible in public debate and planning. Many women are on the frontline, delivering essential services in nursing, disability and mental health care, aged-care, early childhood education, teaching, family violence, housing & homelessness, social support and retail. As public fear, concerns for ill-health, financial strain and mandatory isolation intensify in the community, women at the frontline are at increased risk of gendered violence. Gendered work in caring professions has traditionally been low paid and insecure, yet Victorian women are now finding themselves delivering whole of community solutions that support the entire state economy and public health plans.*

*Now that schools have moved online with limited face to face care and assistance to essential service workers, it will be women who continue to take on most of the unpaid care work, reducing their hours or giving up paid work, turning the clock back on gender equality. Or they will battle on in an unenviable juggle struggle of keeping both care work and remote employment going at the same time. Women will also be more likely to care for older or disabled relatives and neighbours. The Victorian Government's Report into the value of unpaid labour in Victoria assessed women's work at a value of \$205 Billion - half of the state's GDP. The value if this work will only increase during the pandemic.*

*For women in insecure work who have lost employment altogether, they face increasing risk of poverty, building on already concerning statistics about the levels of poverty facing single mothers and single women in their senior years.*

*We are also concerned that Victorian women will be at risk of family and other forms of gendered violence while self-isolating at home. Expert research conducted in Victoria into the connection between Gender and Disaster has found that family violence incidents spike during and after catastrophic events.*

*Governments are investing millions of dollars in survival and stimulus money and it will be important for the specific challenges women are facing to be included in disaster response and recovery. Before Covid19, Victoria was already in state-wide disaster response and recovery after the summer bushfires, with many communities across the state already tired and hurting. Gender equal decision making is critical to achieving gender equality before, during and after disaster. Women, girls and gender diverse people must be seen, have their voices heard and their needs met."*

### Gender Equity in a Time of Pandemic: 10 Things Government Can Do Now

#### 1. Fund Gender & Disaster Workers

Each metropolitan and rural, regional and remote area of the state needs a Gender & Disaster worker who can begin working with community organisations to deliver localised health and wellbeing responses, violence prevention initiatives and building community connectedness and support at a local level. Further state-wide responses should also enable Gender & Disaster workers who can provide expertise relating to an intersectional approach within migrant and refugee communities, for women with disabilities, rural, regional and remote women and Indigenous women.

**2. Protect obstetric, gynaecological, sexual and reproductive health services from Covid19 contamination**

Women need health services for birthing and pre & post natal care that is virus free and safe. Steps need to be taken to ensure that maternity services are protected from Covid19 without risks to mother or child. We know there were higher rates of maternal and infant mortality during the Ebola pandemic as health services became stressed under the weight of the emergency response.

Women also need access to safe terminations, too. Many more women may choose not to remain pregnant during a period of high mental health stress, financial pressure and global uncertainty. Termination services, including telehealth, need to be supported to respond appropriately to any demand and to be virus free. For this reason, terminations need to be assessed as essential, rather than elective health interventions and any contingency arrangements regarding provision of surgery through private hospital beds must ensure that access to surgical termination is not adversely impacted or removed.

**3. Boost family violence prevention and response activities to cope with an increased demand for support in the community**

Gender & Disaster experts know that during and after a significant catastrophic event that the pressure on families becomes enormous. There can be a return to rigid stereotypes which see men assume far more dominant roles in the household. In a pandemic with long periods of quarantine these issues are more acute.

Family violence incidents are anticipated to rise, as is the severity of those incidents as forced isolation during the pandemic puts further stresses on families. The increased risk of family violence across the whole community is high. Specialist services and emergency responders need to be funded to provide skilled responses to the crisis. In some circumstances, it will also be necessary to empower specialist family violence services with remote safety support facilities. There will also need to be increased investment in housing and accommodation.

**4. Ensure all Covid19 Updates & communications and data gathering applies a gender lens.**

We support the production of the Chief Medical Officer's Covid19 daily update, including the inclusion of sex-disaggregated data, however we would like to see multilingual information specifically tailored for women, as well as formatting that is shareable on social media, mobile phones and other digital devices. Multi-lingual delivery needs to include in-language radio, ethnic press, language-specific social media and other strategies.

Further, intersectional analysis of the impact of the virus on marginalised cohorts such as Indigenous women, women with disabilities, women from culturally and linguistically diverse backgrounds and women from rural and regional locations and low-socio-economic backgrounds should also be produced on a fortnightly basis.

**5. Provide a wage subsidy to all workers in hard hit industries.**

Watching people standing in a Centrelink queue during a pandemic is a devastating sign of the failure of pandemic economic plans at a Federal level. People need to be prioritising public health, not worrying about whether they can put food on the table or a roof over their head. Workers in hard hit industries need immediate guarantees of their income. A wage

subsidy should apply to all workers, including those engaged in full time, part time, casual, limited tenure, contractor or gig economy capacity, given that women are the majority of the nation's precariously engaged work force.

Jobseeker wage subsidies should also be available to casual workers with less than 12 months continuous employment – the majority of whom will be women. The industries hardest hit by this are accommodation and food services (54.9% women), retail trade (55% women), health care and social assistance (79% women) and education and training (73.2% women).

We also note that many women workers are being stood down before the JobSeeker wage subsidies comes into effect meaning women in many industries will miss out on support altogether if not addressed in further stimulus packages.

#### 6. Provide recognition and support to carers & educators at home.

In Japan, parents are being paid to stay at home and care for their children. To assist with the additional costs associated with increasing internet access, online educational videos and the purchase of books and other equipment at home, an **in-home education allowance** during the pandemic would address some of the educational disadvantages presented by home-schooling during the pandemic.

Seniors make up 15% of Victoria's population, but not all of them live in supported aged care facilities. Many seniors instead rely on family members and non-kin caregivers – mostly women – to provide care and support to enable them to stay living independently at home. Covid19 makes the support women carers provide to elderly relatives more difficult and risky because of social isolation. **Recognition of the support being provided by carers at this time could be facilitated with a one-off carer recognition payment.**

#### 7. Women essential service workers need urgent Personal Protective Equipment (PPE) and recognition of the risky work they are performing.

It's bad enough that there are insufficient stockpiles for health workers – but for a number of women who find themselves providing essential services in a pandemic there is limited supply (if any at all) to protect Early Childhood educators, teachers, aged-care, disability and mental health workers, frontline family violence case managers and refuge workers from infection while serving the community. The inadequate supply of PPE in gendered professions needs to be rectified immediately and in further pandemic plans.

Further, essential service workers in frontline caring professions should receive an "essential service worker bonus" as part of further stimulus packages.

#### 8. All essential workers should also have childcare funded by the Commonwealth for the duration of the pandemic.

During this crisis, there has been significant emphasis on the contribution of teachers and early childhood educators make to enabling a productive economy. As schools close, essential service workers should not be penalised with additional childcare costs for keeping the rest of the country going. Essential service workers cannot stay home and care for children so the best we can do as a country is cover the fees associated with the care and support their own children need.

9. **Commence gender-based planning for post-pandemic reboot of the Victorian economy. Create a Pandemic Stand Down Taskforce to prioritise investment in services & infrastructure required to ensure Victoria gets back on its feet swiftly. All decision-making regarding pandemic response and recovery should be gender equal.**

Gender responsive budgeting, investment and economic rebuilding after Covid19 will be essential to ensure that the road to economic recovery does not have a fast track for men and a slow lane for women. Women need to be at the centre of economic rebuilding after pandemic stand-down so that there are no gender gaps in income, employment opportunities and infrastructure investment. A Pandemic Stand-Down Taskforce preparing Victoria for a post Corona-virus rebuilding and investment phase should be established with equal representation of women and a commitment to gender equity.

The COVID19 Commission board and further appointments to any commission focussed on response and recovery should have gender equal representation, in accordance with the Federal and State Government commitment to 50/50 representation of men and women on government boards and in accordance with international frameworks for disaster risk reduction.

10. **Get gender equality investment Back on Track. Ensure that all rebuild efforts and investment apply a gender lens so that women and men benefit equally from the long journey towards recovery.**

Before Covid19 there were inequalities in budgeting that mean women, girls and gender diverse people receive less direct investment in projects, programs and initiatives that benefit them. Pandemic risks further derailing attempts to get gender equity investment back on track. Gains made in Victoria through the legislation of a *Gender Equality Act* should not be lost as budgets are geared towards disaster response and recovery without oversight by a thorough gender responsive budgeting process.

### **Endorsed by**

Gender Equity Victoria  
 Women's Health Victoria  
 Multicultural Centre for Women's Health  
 Women with Disabilities Victoria  
 Women's Health East  
 Women's Health West  
 Women's Health in the South East  
 Women's Health in the North  
 Gippsland Women's Health  
 Women's Health Grampians  
 Women's Health Goulburn North East  
 Women's Health Loddon Mallee  
 Women's Health & Wellbeing Barwon South West  
 Women's Property Initiatives  
 Victorian Women's Trust  
 YWCA  
 Australian Women's Donor Network  
 National Foundation of Australian Women

Marie Coleman  
Asteria Services  
United Workers Union (UWU)  
EMILY's List Australia  
Northern District Community Health Service  
Central Victorian Primary Care Partnership  
Women's Information Referral Exchange (WIRE)  
Victorian Local Government Association (VLGA)  
The Accountability Matters Project  
Advancing Women in Business and Sport  
Campaspe Primary Care Partnership  
Jean Hailes Foundation  
Health and Community Sector Union (HACSU)  
Goulburn Valley Primary Care Partnership  
Grampians Communities of Respect and Equality (CoRE) Alliance  
Monash Gender and Family Violence Prevention Centre  
Gippsland Free From Violence Coalition  
Her Place Women's Museum  
African Family Services  
Djirra  
Birth for Humankind  
Gippsland Family Violence Alliance  
Family Planning Victoria  
Council for Single Mothers and their Children  
Gippsland Homelessness Network Co-ordinator  
Together for Equality & Respect Partnership  
Media, Entertainment and Arts Alliance (MEAA)  
Marie Stopes Australia  
Heathcote Health  
Lower Hume Primary Care Partnerships  
Centre Against Violence  
Shakti Migrant & Refugee Women's Support Group Melbourne Inc  
Koorie Women Mean Business