

11 October 2021

QWS Consultation
Office for Women and Violence Prevention
Department of Justice and Attorney-General
GPO Box 149
Brisbane QLD 4001
By e-mail: women@qld.gov.au

Dear Colleagues,

Response to the Queensland Government's consultation for a new Queensland Women's Strategy

Thank you for the opportunity to make a submission in response to your consultation related to the Queensland Women's Strategy ('the Strategy').

The Queensland Council of Social Service (QCOSS) is the peak body for the social service sector in Queensland. Our vision is for equality, opportunity, and wellbeing for every person, in every community. We envisage a future where gender inequality is a historic relic.

The Strategy should respond to the needs and aspirations of all women in Queensland.¹ It should be based on direct consultation with women experiencing disadvantage and those who live in poverty. It should reflect consultation with First Nations women, women from culturally and linguistically diverse backgrounds, women with disability, older and younger women, LGBTIQ+ women, women who are carers and those who live in rural, regional, and remote areas of Queensland.

Endorsement of QCOSS member submissions

While we have not had the opportunity to review submissions that may have been made by our over 500 members, QCOSS endorses the submissions made by Good Shepherd Australia and Ending Violence Against Women Queensland and notes that they reinforce our responses to your discussion paper related to addressing basic needs for women experiencing disadvantage, using an intersectional lens, and applying gender-lensing to government policies, procurement, and investment.

We support Women's Health Queensland's position that the Queensland Government should introduce a Queensland Women's Health Strategy concurrently with the new Women's Strategy to deliver on outcomes from the National Women's Health Strategy 2020-2030.

Women's Rights are Human Rights

Queensland's Women's Strategy should be developed using the human rights framework provided by the *Human Rights Act 2019*. This framework recognises that rights to equality, life, property, privacy, reputation, liberty and security of person, participation in public life, education and health services and freedom from inhumane and degrading treatment and forced work are entitlements.

¹ In our submission the term "women" includes girls.

Initiatives and goals within the strategy should be directed toward achieving a society where women and girls are more able to exercise these rights.

In Australia, human rights legislation exists in Queensland, Victoria, and the ACT. In Victoria, human rights legislation has been referenced as a precondition for social justice in the Victorian Government's gender equality strategy.² In the ACT's Women's Plan 2016-26, removing barriers to the full and equal participation of women and girls has been recognised as a human rights issue and is embedded within the strategic purpose of that plan.³

To ensure the Strategy is effective in respecting, protecting, and fulfilling rights to equality and non-discrimination, the Strategy should be accompanied by an evaluation framework that measures progress across the life of the document using an intersectional lens.⁴

Responses to the discussion paper

Our response to your discussion paper is based on consultation with our members via our Women's Equality Network, member town hall meetings and individual engagement with a limited number of relevant members.

While our members work with women experiencing disadvantage in Queensland, we have not consulted directly with service users. While we advocate for the needs of these women to be at the center of the Strategy, our submission does not necessarily reflect their voice or views.

We have not responded to every question in your discussion paper.

What are the top three issues that need to be addressed to achieve gender equality in Queensland, and what are the most important actions to respond to?

In no order, the following issues have been identified as being critical to achieving gender equality:

1. Empowering women experiencing economic disadvantage

- Women who experience economic disadvantage are often not able to access sufficient quality food, affordable housing, and health care. Focusing on women's economic empowerment in the Strategy is welcome. This focus should reflect that an estimated 577,944 women, or nearly one in five women in Queensland are reliant on income support payments.⁵

These payments are often inadequate to meet costs of living, which results in increasing vulnerability for women and children. As the QCOSS research on Living Affordability shows, single parents and older women on income support payments are some of the most financially vulnerable households in Queensland.⁶ For older women, low wages,

² Safe and strong: A Victorian Gender Equality Strategy. Accessed 1/10/2021, <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>.

³ ACT WOMEN'S PLAN 2016-26. Accessed 1/10/2021. https://www.communityservices.act.gov.au/_data/assets/pdf_file/0019/1108306/ACT-Womens-Plan_Report_2016_2026.pdf.

⁴ This would require data collected and reported in relation to progress for First Nations Women, women from culturally and linguistically diverse communities, women with disability, older and younger women, women from LGBTIQ+ communities, women in rural, regional, and remote communities, and carers.

⁵ Estimate is based on [DSS Demographic data](#) as at June 2021 and [Queensland's Estimated Resident Population](#) of females as of March 2021.

⁶ The 2021 QCOSS Living Affordability report is due to be published in October 2021.



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low superannuation balances and low asset ownership have increased financial vulnerability and risk of homelessness.⁷

- The housing crisis acutely impacts women. In June 2021 alone, 8,249 women were homeless or at risk of homelessness in Queensland compared to 5,680 men.⁸ One in eight women on low and low to moderate incomes have been homeless in regional Queensland in the last five years.⁹ Domestic and family violence, which is a gendered issue, is also the leading cause of homelessness for women and children.¹⁰ Economic inequality and gender discrimination have resulted in an emerging population of older women experiencing homelessness.¹¹ Anecdotal insights from member feedback also provides instances of housing shortages in urban areas driving people to rural areas, where service provision is limited. The Strategy should acknowledge housing as a basic entitlement that must be secured to enable women to access their other human rights. The Strategy should measure progress made via the Queensland Government's investment in social housing and use a gendered lens to measure progress against housing security for women.
- Lack of affordable childcare was identified by QCOSS members as a significant barrier to women's workforce participation, especially for women experiencing disadvantage, including those having to work multiple low paying jobs to make ends meet. Recent research on childcare affordability in Australia demonstrates that those who are on lower incomes have some of the highest rates of unaffordable childcare, further negatively impacting labour force participation rates for women from low-income households.^{12 13}

2. Women's health

There are intersecting barriers faced by women in accessing healthcare in Queensland. Inequities in access to healthcare faced by women include geographic barriers, economic hurdles, inability to access Medicare and Medical Benefits Schedule rebates, available services not being appropriate for patient's needs, long waitlists, and unclear

⁷ Australian Institute of Health and Welfare. *Older Australia at a glance*. 2018. Accessed 29/05/2021 <https://www.aihw.gov.au/getmedia/7f3b1c98-c308-45c6-956b-b599893bdf33/Older-Australia-at-a-glance.pdf.aspx?inline=true>.

⁸ Specialist Homelessness Services Monthly Data. Accessed 08/10/2021, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>.

⁹ Women in regional Queensland face homelessness crisis. 2020. https://www.ywcahousing.org.au/wp-content/uploads/2020/05/202005_MEDIA-RELEASE-Regional-women-in-Queensland-face-homelessness-crisis.pdf.

¹⁰ Equity Economics. *Nowhere to go- The benefits of providing long term social housing to women that have experienced domestic and family violence*. Accessed 08/10/2021 <http://www.equityeconomics.com.au/nowhere-to-go>.

¹¹ Older Women's Network NSW. *Older Women in Australia: Housing Insecurity and Homelessness*. 2020. Accessed 01/10/2020. <https://www.aph.gov.au/DocumentStore.ashx?id=5efd35d7-060e-4844-9968-9e314ef6c74a&subId=690523>.

¹² Nearly 40% of Australian families can't 'afford' childcare. Accessed 08/10/2021, <https://theconversation.com/nearly-40-of-australian-families-cant-afford-childcare-163497>.

¹³ Wood D, Griffiths, K., Emslie, O., *Cheaper childcare- A practical plan to boost female workforce participation*. 2020. Accessed 08/10/2021, <https://grattan.edu.au/wp-content/uploads/2020/08/Cheaper-Childcare-Grattan-Institute-Report.pdf>.

referral pathways. First Nations women and women living in regional and remote areas are particularly impacted by these inequities.

We support action on the priority areas identified by Women’s Health Queensland, including access to appropriate healthcare for rural and remote Queensland, trauma-informed care across all health services, person centred care, mental health care, prevention focused care and health literacy.

3. Women’s safety

As highlighted in your discussion paper, safety remains a significant issue for women in Queensland. We support the view put forward by Ending Violence Against Women Queensland in their submission that government should focus on primary prevention to reduce violence against women and their children.

4. Valuing women’s work

- The most significant barrier to women’s economic security is the systemic undervaluing of care work or more broadly ‘women’s work’.¹⁴ As pointed out in your discussion paper, the gender pay gap in Queensland is at 13.4 per cent and lagging all jurisdictions except Western Australia. Underlying this inequity is the gender-patterned segregation of occupations in the Queensland workforce. Women make up three out of four workers in the healthcare and social assistance industry, which is Queensland’s largest industry of employment for women. Construction is the largest industry of employment for men, where men comprise almost nine out of 10 workers. Differentials in earnings show that while male-heavy industries like construction are at the upper half of the earning spectrum, women’s jobs are found in the lower half of the earnings spectrum.¹⁵

5. Improving the lives of women in rural, regional, and remote Queensland

Almost one-third of women in Queensland live in rural, regional, and remote communities.¹⁶ Women in these locations have less employment opportunities and also face greater barriers in accessing services that improve their health and wellbeing.^{17 18} As a QCOSS member from a regional area reflected “...these locations are characterised by less access to health, education, reduced paid employment opportunities... and norms and discourses that strongly ascribe gendering of roles and services. If a women’s strategy does not consider geographic location, it is less helpful for nearly one-third of the women who live in these locations.”

What learnings from the COVID-19 pandemic are critical to inform a new Queensland Women’s Strategy?

¹⁴ Ferrant G, Pesando L.M., Nowacka, K., *Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes*. 2014. Accessed 01/10/2021 https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf.

¹⁵ Risse. L. Gender Responsive Budgeting for Queensland: A gender impact analysis of the State Budget 2021-22. 2021. Accessed 01/10/2021. <https://www.qcoSS.org.au/publication/report-gender-impact-analysis-of-the-qld-budget-2021-2022/>.

¹⁶ Advancing women in rural, regional, and remote enterprises. Accessed 08/10/2021, <https://www.usq.edu.au/research/regional-community-economic-development/wire>.

¹⁷ *ibid.*

¹⁸ Queensland Government. Health and Wellbeing. Accessed 08/10/2021, <https://www.justice.qld.gov.au/about-us/services/women-violence-prevention/women/queensland-womens-strategy/community-implementation-plan/priority-areas/health-and-wellbeing>.



- The economic impacts of the COVID-19 pandemic amplified existing gender differences in the workforce, including as follows:
 - In Queensland, women comprise around 93 per cent of social workers, 88 per cent of registered nurses, 77 per cent of aged and disability carers, 71 per cent of nursing support and personal care workers and 65 per cent of welfare support workers, as examples of occupations whose work pressures particularly intensified during the pandemic.
 - Women comprise around 90 per cent of Queensland’s tourism and travel advisers, 65 per cent of travel attendants, 88 per cent of café workers, and 58 per cent of the tertiary education workforce, as examples of occupations whose job opportunities and employment security were acutely reduced by the border closures and other containment measures implemented to manage the pandemic.
 - At the quarter of June 2020, Queensland women’s labour force participation rate of 58.1 per cent was lower than that of men’s at 67.3 per cent. Queensland women’s under-employment rate of 13.8 per cent was higher than men’s rate of 10.7 per cent. This meant that women absorbed a weakening of job opportunities by accepting fewer hours, or by stepping out of the workforce completely, rather than becoming unemployed. Reductions in women’s hours of work also reflects their higher incidence of part-time and casual employment arrangements, as the lack of permanency in working arrangements can be used by employers as a cushion to absorb fluctuations in their need for labour.¹⁹
- The pandemic has had detrimental impacts to women’s health and wellbeing, including escalation of domestic and family violence and providing opportunities for abusers to use the pandemic to enhance their coercive controlling behaviours.²⁰ The COVID-19 health response resulted in instances where women delayed seeking help for cancer screening, mental health, and other health conditions.²¹

The submission made by the Australian Longitudinal Study on Women’s Health to the Queensland Government’s social isolation and loneliness inquiry highlights how pregnant women and new mothers experienced acute social isolation during the pandemic.²²

- Women who perform care work for others have been under even more pressure because of the COVID-19 pandemic. This is especially the case for women attempting to home school young people with disability or those who are caring for someone with disability

¹⁹ Risse. L. Gender Responsive Budgeting for Queensland: A gender impact analysis of the State Budget 2021-22. 2021. Accessed 01/10/2021 <https://www.qcoSS.org.au/publication/report-gender-impact-analysis-of-the-qld-budget-2021-2022/>.

²⁰ Carrington K, Morley C, Warren S, et al. The impact of COVID-19 pandemic on Australian domestic and family violence services and their clients. *Australian Journal of Social Issues*. n/a(n/a) doi: <https://doi.org/10.1002/ajs4.183>.

²¹ White J, Cavenagh D, Byles J, Mishra G, Tooth L, Loxton D. The experience of delayed health care access during the COVID 19 pandemic in Australian women: A mixed methods exploration. *Health & Social Care in the Community*. n/a(n/a) doi: <https://doi.org/10.1111/hsc.13546>.

²² ALSWH Submission to the Inquiry into Social Isolation and Loneliness in Queensland Accessed 08/10/2021, <https://documents.parliament.qld.gov.au/com/CSSC-0A12/IQ-DD31/submissions/00000131.pdf>.



who is unable to access support services. There has been limited recognition of the impact the pandemic on these women.

What do you consider to be the key role of the Queensland Government in addressing the needs of women and girls and driving gender equality?

We support the discussion paper's view that gender-lensing is an effective tool and practice to assist in identifying and addressing inequalities.

Through applying a gender-lens to the state budget, procurement and policies, the Queensland Government can dismantle systemic, structural, and cultural factors that contribute to gender inequality and poor socio-economic outcomes for women.

Gender responsive budgeting (GRB)

Queensland Government should formalise GRB as part of routine policy making. GRB involves analysing all policy initiatives proposed in the budget to identify ways in which a policy can either advantage, or potentially disadvantage different cohorts of the population based on gender. GRB can ensure the government makes continued investments in initiatives that achieve gender balance in the composition of all industries, occupations, and societal roles. GRB is also crucial to ensuring policies and actions are aligned with and drive gender equality outcomes identified in the Strategy. Opportunities for the Queensland Government to take action are outlined in the [QCROSS Gender Responsive Budgeting for Queensland](#) report.

Gender equitable procurement

Through procurement practices, the Queensland Government can support women's job security, good wages, and career progression.

Gender equitable public procurement measures have been used as instruments to achieve gender equality outcomes in supply chains around the world, including resulting in increased female labour force participation, reduced occupational gender segregation, reducing the wage gap as well as increased diversity and representation in positions of leadership.²³

Examples of using public procurement to drive gender equity can be found in the procurement principles outlined by the Workplace Gender Equality Agency and in the Victorian State Government's Social Procurement Framework that influences the adoption of family violence leave by suppliers.^{24 25}

Gender equitable procurement practices can be extended to agency specific procurement as well. For example, the community services sector is a highly feminised workforce with nearly 80 per cent of employees in the sector identifying as female. Current Queensland Government procurement practices often include contract lengths that are too short, funding that does not cover operating costs or the full cost of service delivery, and uncertainty with continuity of funding. These practices result in poor labour market outcomes for women who are employed in this sector. With the health care and social assistance industry forecast to grow more than any other industry in Queensland,

²³ Workplace Gender Equality Agency. *Gender equitable procurement and supply chains- Insight paper and guide*. 2020. Accessed 01/10/2021

https://www.wgea.gov.au/sites/default/files/documents/WGEA_Gender_procurement_Insights_0.pdf.

²⁴ *ibid.*

²⁵ Workplace Gender Equality Procurement Principles. Accessed 01/10/2021, <https://www.wgea.gov.au/what-we-do/compliance-reporting/wgea-procurement-principles>.



improving the procurement of community services to ensure workers have secure, good jobs, is an opportunity to improve the lives of many working women.

How do you think we should celebrate and recognise the achievements of leading Queensland women? Who do you think we should recognise?

Women lead and do extraordinary things in the private sphere. Often, we view and celebrate success and leadership as things that can only be achieved in the public sphere.

To shine the light on how care and women's work keeps businesses, the economy and society functioning, it is important to recognise the heroic efforts of women in the private sphere in public ways. Suggestions from our members include:

- The best way to recognise women who are caring in the private sphere is to raise their visibility, amplify their voices and stories as well as highlight community responsibility to support these women to continue to care.
- Platforms that enable women to tell their stories not only with each other, but with the wider community would increase this visibility and raise community awareness in terms of their role.
- Award ceremonies are a great start. However, there is need for a more consistent platform to raise the profile of caring women. At present we have Carers Week, however, the funding for this is miniscule in terms of real impact and again largely, this group of women (as well as young carers and men) remain unseen.
- Domestic and family violence (DFV) perpetrated towards women who are caring is often missed as either they do not recognise this (or do not want to recognise this) as DFV. Additionally, there is limited training not only for carers around violence, but also for community, service providers and health professionals in identifying and responding to this issue.
- Increased respite funding, training, and development not only for Carers, but also community and service providers would go towards supporting women in caring roles.

How can men and boys, and all genders, be better engaged to support gender equality?

Men and boys should be better engaged to support gender equality.

More needs to be done to ensure that harmful behaviours of men are addressed. In particular the following is required:

- Increased support for programs and specialist support services addressing adolescent-to-parent violence in young boys.
- Investment into specialist and trauma informed support services for young boys experiencing violence in the home.
- Additional healthy and non-violent relationship education and age-appropriate safe and consensual sex education in schools, inclusive of LGBTIQ+ persons and relationships.
- Prioritising Aboriginal and Torres Strait Islander community led initiatives to ensure effective and culturally safe engagement with First Nations Peoples and communities, and acknowledging the ongoing impacts of colonisation on gender inequality



Thank you again for the opportunity to provide our perspectives about the new Queensland Women's Strategy.

Yours faithfully,

A handwritten signature in black ink that reads 'Aimee McVeigh'.

Aimee McVeigh
Chief Executive Officer

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