

Gender and diversity lens for health and human services

Victorian Women's Health and Wellbeing Strategy
Stage Two: 2006–2010





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for health and human services**

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- Office for Women in South Australia, which generously shared lessons from the development of the *South Australian Gender Analysis Guide*.
- Victorian Women's Health Services that have developed a number of planning and assessment resources. In particular Women's Health in the South East's – *Gender and Diversity – A workbook for an equity approach to practice*.

Foreword from the Secretary

When it comes to health and wellbeing, gender matters. But in the busy world of program and service delivery, it can be difficult to respond to the particular needs and circumstances of women and men.

We know that gender interacts with other social determinants to influence health and wellbeing, patterns of illness, and behaviours specific to different groups of women and men.

And we know that because of this interaction, gender and diversity considerations should inform our core business. Sometimes it is just hard to know where to start.

The gender and diversity lens has been developed with input from a range of funded organisations, departmental staff and consumers. It is a priority action for the second stage of the Victorian Women's Health and Wellbeing Strategy.

The lens will assist Department of Human Services programs and funded specialist and mainstream services more easily take into account the interaction between gender, diversity and disadvantage during the planning cycle and service delivery.

I encourage the use of the lens to start conversations and inform action, so that programs and services meet the particular needs and circumstances of women and men and deliver better health and wellbeing outcomes for all Victorians.



FRAN THORN
Secretary
Department of Human Services





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Introduction

‘Despite their diversity, all societies are divided along what we can call the ‘fault line’ of gender’¹

A range of biological, behavioural and social factors influence our health and wellbeing. We know that sex and gender interact with other social factors, including socioeconomic status, Aboriginality, age, disability, cultural and linguistic diversity, geographic location, and sexual orientation, to influence health and wellbeing.

This interaction changes our:

- exposure to risks
- access to and understanding of information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes towards the maintenance of one's own health and that of other family members
- the use of available services
- perceptions of quality of care².

In addition, the interaction between sex and gender and other life circumstances can influence decision making, access to resources, economic status, educational background and experiences of violence³.

We know that discrimination such as sexism, racism, ageism and homophobia can have devastating effects on an individual, families and communities⁴.

The gender and diversity lens

In the development of stage two of the *Victorian Women's Health and Wellbeing Strategy*, consultation and research demonstrated the need for a resource to assist department staff and workers in funded organisations make sense of the gender and diversity implications of their work.

The result is this lens, which has been designed as a support toolkit, with a number of related sections that can be considered individually or together.

The lens is essentially a quality improvement resource designed to identify:

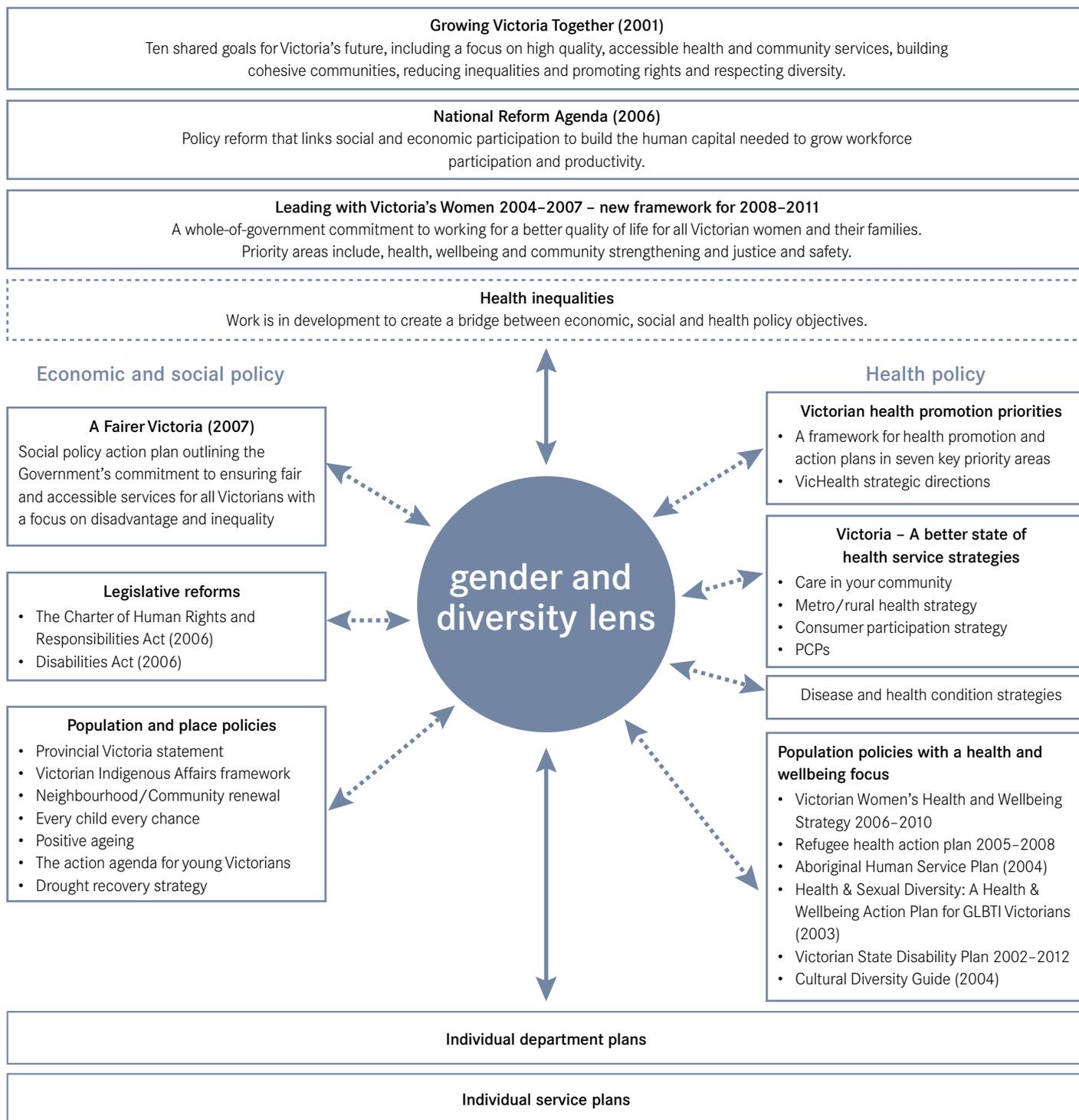
- hidden assumptions and values which may sustain inequality and contribute to discrimination
- the possible consequences and impact of initiatives
- service gaps and research in areas which require further work.

As well as the lens, this resource includes additional information, including:

- prompts on useful resources
- a checklist which summarises key points for consideration
- an extensive bibliography
- a glossary of key concepts
- references including key reports and national and international gender analysis tools.

Government policy context

The development of this gender and diversity lens sits within current government policy directions. Some of the key policies shaping this context are represented below.





A gender and diversity lens: What and why?

‘Gender analysis seeks to recognise the ways in which gender roles, resources and perceptions impact upon women’s and men’s health, and to find ways to address inequities that arise from this’⁵

Gender analysis is simply looking at whether, when and how gender needs to be considered in policy, programs, projects or service delivery. Gender analysis assesses the real or potential impact that a policy, program or service may have on diverse groups of women and men, in order to inform more effective policy, program or service development and delivery.

The gender and diversity lens links gender analysis to an organisation’s planning cycle. This particular resource looks at ‘gender’ as the first filter of analysis and overlays a diversity lens to assess issues for particular groups of women and men.

Importantly, this lens aims to support the systemic consideration of gender and diversity in order to ensure effective responses to health and wellbeing issues over time.

Stages of Gender and Diversity Lens



Embedding gender analysis into everyday practice

*'Gender analysis is most useful when it is applied routinely to all aspects of program and project planning, implementation and review (rather than as an after-thought or 'add-on'); when it is undertaken in a participatory manner; and when it is applied to program and project objectives, so that they are modified in response to the needs and interests of both women and men'*⁶

Gender and diversity analysis may be undertaken at a point in time for a particular project. It also helps organisations become more sensitive to the interaction of gender, diversity and disadvantage over time. As with any broad cultural change process, a number of elements are needed for sustainability^{7,8}.

Individual readiness

- Understanding gender relations and gendered patterns of behaviour, which affect women's and men's health and wellbeing.
- Understanding how personal bias and expectations can influence individual activity.
- Knowing where information and support is available.

Government political context

- Understanding the government's current policy directions and priorities.
- Being familiar with policy settings.
- Considering the timing of policy and program development.

Organisational readiness

- Diversity and equity are part of organisational vision and mission.
- Resources and time are available for gender and diversity analysis across the spectrum of organisational activities.
- Gender and diversity workforce capacity building.
- Governance is cognisant of gender and diversity representation.
- Responsibilities for gender equity objectives are stated in job descriptions, service contracts and performance appraisals.

Building partnerships

- Collaboratively developing skills, networks, resources and strategies to address health and wellbeing outcomes for diverse men and women.
- Developing a shared vision and consensus on objectives with key stakeholders.
- Consulting and ensuring participation of stakeholders – making sure that the voice of women and men as clients, consumers and patients are heard.

Design, implementation and monitoring

- Including gender equity objectives in overall program objectives.
- Using participatory strategies to involve men and women.
- Collecting sex disaggregated data as baseline data to understand key issues for women and men, and to assess change for women and men over time.

Don't be put off by this list of conditions. A number of these factors may already be in place. Achieving and maintaining an environment where gender and diversity is systemically considered may take time and effort.



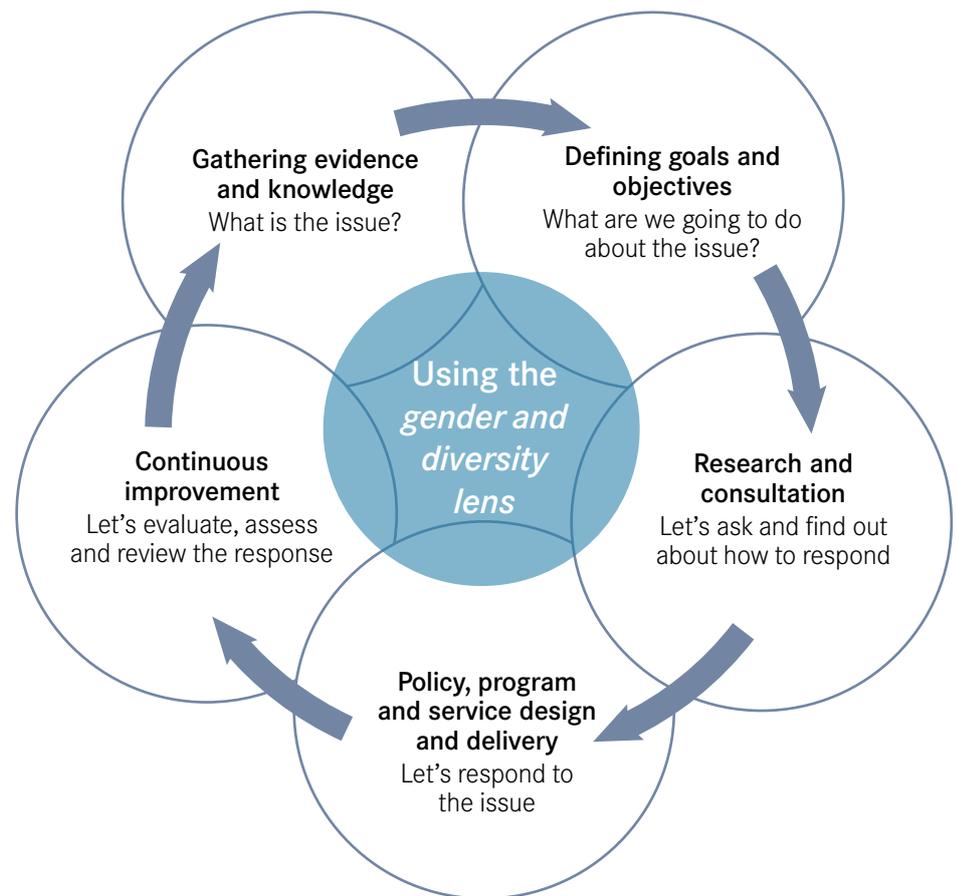
Using the gender and diversity lens

This resource uses a traditional planning cycle, and takes gender as the first lens for analysis, followed by diversity.

The stages outlined are a simplified representation of a planning cycle. In the real world, these stages are not mutually exclusive and may occur in a different order or overlap. However, the cycle provides a useful way of describing steps in the process.

Depending on the size of the initiative or activity being considered, the full cycle may take several years. Organisations can use this lens at any point. It is never too early or too late to think about gender and diversity.

Stages of the gender and diversity lens



Stage one:
Gathering evidence and knowledge



Stage one: Gathering evidence and knowledge

What is the issue?

In order to plan and deliver sustainable responses sensitive to the interaction of gender, diversity and disadvantage, it is necessary to fully understand existing needs and issues. This stage is the broad scoping of the problem or issue to be addressed.

For some organisations with limited resources, stage one and the 'conduct the research' part of stage three may be combined.

First questions

What do we know?

What don't we know?

Where can we find out?

Who can assist?

Key questions and prompts

What to think about

- Who can assist with sourcing the evidence? A place to start might be with statewide or regional specialist population organisations or group-specific services. Organisations such as women's health services, government departments, statistics units, researchers, colleagues, peak bodies, partner organisations, women's groups, men's groups and ethno-specific groups can all help.
- Who has identified the issue? For example, stakeholders, consumers, government policy, researchers or media.
- Local demographics and service user profiles. Who is missing from the data? Why?
- Is data sex-disaggregated and analysed? Does the data assume 'male' or 'female' as norm?
- Source evidence in more than one place to identify recurring or competing themes.
- Is qualitative data given equal consideration?
- Consider the quality of the data—who gathered it, is it accurate, does it cross-reference to other data?

What to do

- Look for relevant government policies relating to diverse populations and communities.
- Where available, collect and analyse sex-disaggregated data and other sub-categories such as ethnicity, language, disability, Aboriginality, sexual orientation, socioeconomic status, location and age. Are different groups facing different issues?
- Assess the adequacy of data collection and plan any necessary adjustments, for example, are studies on 'family roles' inclusive of men and do they reflect different types of families.
- Identify relevant policies, programs and projects and whether gendered outcomes have been evaluated.

Consider crosscutting gender data collection and analysis by:

- socioeconomic status
- Aboriginality
- ability/disability
- cultural and linguistic diversity
- religion and belief
- sexual orientation
- care responsibilities
- geographic location
- age
- housing security
- educational standard
- paid/unpaid work.

Where to go for help

See also *Resources and further information* p.33

- **Australian Bureau of Statistics:** www.abs.gov.au/
- **Andrology Australia:** www.andrologyaustralia.org
The centre of excellence is committed to better educating consumers and health professionals about male reproductive health disorders.
- **Community Indicators Victoria:** www.communityindicators.net.au
Designed to identify and communicate economic, social, environmental, democratic and cultural trends and will be a useful resource for a wide range of people including state and local government, policy and planning staff.
- **Department of Human Services**
 - **Cultural Diversity Guide:** www.dhs.vic.gov.au/multicultural/
 - **Health promotion resources:** www.health.vic.gov.au/healthpromotion
A gateway to health promotion activities and resources
 - **The Health Status of Victorians:** www.health.vic.gov.au/healthstatus
Information about the health and determinants of health of Victorians through population health surveillance and public health system performance evaluation.
 - **Victorian Women's Health and Wellbeing Strategy:**
www.health.vic.gov.au/vwhp
 - **Evaluation Support team** (departmental staff only):
http://intranet_2.csv.au/ahs/esu.htm
Useful resources and toolkits for developing evaluation frameworks for various initiatives and activities.
 - **Service planning** (departmental staff only):
<http://knowledgenet.csv.au/serviceplanning/>
Resources, data and tools to assist planning and service development.

- **Other useful Department of Human Services websites**
 - www.health.vic.gov.au/koori
 - www.health.vic.gov.au/mentalhealth
 - www.health.vic.gov.au/agedcare
 - www.health.vic.gov.au/macglh
 - www.health.vic.gov.au/ruralhealth
 - www.betterhealth.vic.gov.au
 - www.disability.vic.gov.au – has a number of useful links to disability topics, health information, services, research, advocacy and legislation.
- **Department of Planning and Community Development, Office of Women's Policy:** www.women.vic.gov.au
- **Disability Specific**
 - *Centre For Research On Women With Disabilities (CROWD):* www.bcm.edu/crowd
 - *Victorian Women with Disabilities Network:* www.vwdn.org.au
 - *Women with Disabilities Australia:* www.wwda.org.au
- **Diversity Health Institute Clearinghouse:** www.dhi.gov.au/clearinghouse/
Central access point for Australian multicultural health services, resources, research projects, training and events.
- **Family Planning Victoria:** www.fpv.org.au/
- **Gay and Lesbian Health Victoria Clearinghouse:** www.glhv.org.au
 - *Private Lives: A Report on the Health and Wellbeing of GLBTI Australians, 2007*
 - *Sexual Diversity audit tool* – www.glhv.org.au/files/glhv_%20audit_2.pdf
 - *Tranznation: A report on the health and wellbeing of transgendered people in Australia and New Zealand, 2007*
- **Key Centre for Women's Health in Society:** www.kcwh.unimelb.edu.au/research/research_themes_and_projects
- **Melbourne Sexual Health Centre:** www.mshc.org.au
- **Mensline Australia:** www.menslineaus.org.au
Database with useful information about men's lives and relationships.
- **Multicultural Centre for Women's Health:** www.mcwh.com.au
- **Quality Improvement Program Planning System (QIPPS)** www.qipps.com
Web-based library that stores health promotion and community development projects and good practice.
- **Victorian Aboriginal Community Controlled Health Organisation (VACCHO):** www.vaccho.org.au
- **Victorian Council of Social Services (VCOSS):** www.vcoss.org.au

- **Victorian Health Promotion Foundation (VicHealth):** www.vichealth.vic.gov.au
Works in partnership with organisations, communities and individuals to promote good health and prevent ill health.
- **Women's Health Victoria, Clearinghouse:** www.whv.org.au/clearinghouse.htm
Collects English language resources relating to women's health.
- **Women's Health Victoria, Victorian gendered data directory:**
www.whv.org.au/health_policy/directory.htm
A gateway to Victorian data that identifies gender-specific information on a wide variety of health and wellbeing indicators. Although the directory has an emphasis on women's experience, the majority of sources provide sex-disaggregated data list statistics on men. Therefore, allowing comparisons between the experience of men and women.
- **Women's Health Association Victoria (Victorian Women's Health Services)**
details on p.33

Example

Gathering evidence on older women and homelessness

The research paper informing the second stage of the Victorian Women's Health and Wellbeing Strategy identified older women, who are homeless or at risk of homelessness, as an emerging issue of concern.

It is difficult to get an accurate estimate of the extent of homelessness among older women, as this is a group whose needs are often hidden due to a lack of access to or availability of services. The Supported Accommodation Assistance Program (SAAP) does not publish data on older women as a specific category for analysis.

The paper found gendered pathways into homelessness include:

- disruptive life events such as a family, health or housing crisis, for example, a child's marriage breakdown, may result in an inability to support ageing parents
- long-term itinerant or transient lifestyle patterns, for example, due to family violence
- the inability to achieve or retain home ownership (due to unemployment or rising rents) and financial insecurity
- a physical or mental health problem that impairs the ability to function to some degree
- lack of knowledge of where to go for help.

According to the research paper, issues to be addressed include safe and appropriate accommodation as well as other health and wellbeing issues, such as women living with a disability, the availability of carers, the need for financial support, access to information and social and support networks. The paper identified the need for a coordinated approach to providing support to older women experiencing homelessness⁹.

Stage two:
Defining goals and objectives



Stage two: Defining goals and objectives

What are we going to do about the issue?

A plan for action follows problem identification and research.

- What change are we seeking to make?
- Who is most likely to benefit? Who may be excluded from the policy, program, project or service?
- How will different perceptions of the issue influence who the responses are designed for?
- How can we be sure the response will overcome, rather than reinforce, existing gender inequities?

Key questions and prompts

- What has been done in the past to remedy the issue? What worked?
- Is there a shared understanding of the issues and the different responses required for men and women based on the initial evidence or scoping?
- Is a clear purpose identified to guide the response? Does this articulate the intended outcomes for women and men?

Possible actions

- Form an advisory group, with clear terms of reference, which includes gender specific organisations and community representatives.
- Consider what's working well and good practice models to build upon.
- Start to think about a monitoring and evaluation plan that assesses the impact for men and women.

Where to go for help

- Relevant community or specific population organisations.
- Service provider networks, including women's health services.
- Good practice databases and research.
- Victorian Government Health Information Web site: www.health.vic.gov.au
- Relevant Department of Human Services program areas www.dhs.vic.gov.au

Example

Research on gender sensitivity and safety in adult acute mental health inpatient units

A Department of Human Services Mental Health Branch project Gender Sensitivity and Safety in Adult Acute Mental Health Inpatient Units acknowledges that the experience of safety is multidimensional, encompassing physical, environmental and psychological determinants. It was based on the premise that appropriate treatment should be delivered within environments that are experienced as safe by consumers, their families, carers and staff.

The project consists of a literature and policy review and interviews with key stakeholders. Inpatient services were visited and a written report with recommendations is being prepared for the consideration of the Director Mental Health.

In adult acute inpatient services, men and women share limited space when very unwell. How inpatient units chose to use a one-off environmental grant to improve women's sense of security and safety in these wards is also being included in the project findings.

Professor Fiona Judd (Royal Women's Hospital Centre for Women's Mental Health) undertook the International literature review as part of the project. Professor Judd identified the following key issues that also have some relevance in Australia:

- the lack of alternatives to psychiatric hospital admission when problems became overwhelming for women with dependant children
- the risk of sexual harassment for hospitalised women from other patients and staff
- abuse, trauma and violence experienced by many women both in their life experiences and within mental health services
- creating an environment of safety and respect that will minimise the possibility of retraumatising and disempowering women
- the lack of research regarding the frequency and perceptions of sexual assault and harassment of women on psychiatric wards. Studies conducted suggest it is not uncommon.

Stage three:
Research and consultation



Stage three: Research and consultation

Let's find out about how we can respond

Research evidence about what works is essential for developing good policy, programs and services. Community engagement and consultation are also important to ensure that women and men's stories are heard and workable responses are developed. This requires knowledge of particular histories and preferred ways of consulting diverse communities.

- Do personal views, education and experience affect what is being considered as evidence? Are useful sources being overlooked or dismissed?
- Are typically under-represented groups, such as gay, lesbian or Aboriginal people, or people who are disabled or carers, being considered in research and consultation? Is quantitative and qualitative data sex-disaggregated?
- How will women and men from diverse backgrounds be meaningfully consulted about the issue?
- What skills and supports are needed to engage diverse groups?

Key questions and prompts

- What have other departments, organisations or colleagues done in determining relevant research approaches that may be transferable? It is important not to over consult particular groups.
- Are there particular cultural protocols to consider? For example, speaking with respected Aboriginal people and Elders?
- How will people participate in any consultation? Does this cater for different needs? Issues include time of day, catering, appropriateness of venue, access and transport issues, requirements of interpreters, care attendants, provision of childcare and possible payment for input.
- How will expectations and conflicting interests be managed? Is a facilitator needed?

Possible action

- Where available, use reports, studies and resources that have considered gender and diversity impacts.
- Identify and assess the available evidence about effective interventions and good practice.
- Be clear about what are the 'non-negotiables' for consultation, for example existing legislative constraints or service platforms.
- During consultation, ensure that specific questions address men, women and their particular circumstances, for example, income status, care responsibilities, impact and experience of violence.
- With respect to Aboriginal issues, the first port of call for advice is the local Aboriginal community controlled organisation, as the history, culture and needs of each Aboriginal community may differ. Departmental staff can help make connections through the regional Aboriginal planning officer.

Where to go for help

See Stage one and *Resources and further information* p.33

Consumer consultation information

- **Health Issues Centre:** www.healthissuescentre.org.au
An independent, not-for-profit organisation that has promoted consumer perspectives in the Australian health system for over 20 years. It also maintains Participate in Health a resource website specifically on consumer resources, practice examples and participation methodologies. www.participateinhealth.org.au
- **Koori Human Services Unit, Portfolio Services and Strategic Projects**
www.health.vic.gov.au/koori/
Building better partnerships. Working with Aboriginal communities and organisations: a communication guide for the Department of Human Services, Koori Human Services Unit.
- **Quality and Safety Branch, Rural and Regional Health and Aged Care Services**
www.health.vic.gov.au/consumer
Establishing mechanisms which allow consumers in health services to contribute to departmental policy development and advise government on priority issues.
- **Victorian Local Governance Association:** www.vlgaconsultation.org.au
Local government focus, but has useful tools and strategies for consultation, including hard to reach groups.
- **Gay and Lesbian Health Victoria – Sexual diversity health services audit**
www.glhv.org.au/files/glhv_%20audit_2.pdf

Case study

Engaging with women with disabilities to improve their sexual and reproductive health

Central Bayside Community Health (CBCH) recognised that many women with disabilities do not seek or receive adequate health care, in particular sexual and reproductive health care.

Health care facilities may appear threatening or judgemental so women with disabilities do not always feel comfortable accessing mainstream services. This mirrors the findings of a key study funded by *PapScreen Victoria*, undertaken by the Australian Research Centre in Sex, Health and Society in 2002 called *Screened Out! Women with Disabilities and Cervical Screening*.

Given the sensitive nature of the topic, in order to build trust and engage with these women, CBCH conducted a series of consultations with women and service providers to develop the *Women Talk* program. The program targets women with sensory, intellectual, psychiatric and/or physical disabilities, and aims to provide appropriate sexual health information, link women into sensitive service providers and offer Pap tests in a safe and supportive environment.

In order to appropriately consult and conduct the program, women's health nurse Pap test providers:

- made contact with other service providers to find out about the women's needs and programs they had to offer
- purchased appropriate equipment to provide visual aids to assist in delivery of information
- allowed plenty of time and resources to consult and develop rapport and trust
- provided continuity of Pap test providers to ensure familiarity with workers
- ensured two project workers were present to allow for support where women have become distressed given the nature of the topic
- delivered individualised consultation and care to meet the needs of the women and their particular disability
- accommodated service providers or carers in attendance, if requested by the women
- considered the most appropriate and convenient times to access care
- considered transport needs, accessibility of venue, time and length of consultation and program and interpreter needs
- monitored and modified the program based on women's responses.

Stage four:
Policy, program and service delivery and design



Stage four: Policy, program and service delivery and design

Let's respond to the issue

This stage covers design and implementation. Based on research and consultation, options for implementation will have been identified for consideration and action. The gender and diversity lens will help ensure relevant issues and impacts are identified to inform decision-making and design. Using the lens will also help actual implementation be sensitive to the specific needs of different groups of women and men.

- Is there a need to develop or modify a policy, program, project or service as a result of the gender and diversity analysis?
- Who will benefit from the preferred option? Could there be negative impacts for different groups of men and women?
- Have the gender and diversity implications been made clear to decision makers?
- What are the costs, benefits, acceptability, inclusiveness, practicalities and priorities?

Key questions and prompts

- What options does the research and consultation point to?
- How does the option impact positively and negatively on women and men?
- Are separate responses needed to reflect different experiences of men and women? If not, how will mainstream initiatives reflect different experiences of women and men?
- Who will implement the recommendations and what are the resource implications?
- Who will promote the policy, program, project or service? How should decisions be communicated?

Possible actions

- Where relevant, ensure that the impacts on men and women are articulated in key documents, for example, briefings, cabinet submissions, reports for senior management or boards.
- Consider whether the recommendation complies with government statutory Acts and regulations, for example regarding human rights or disability.
- Take into account gender specific factors such as care arrangements, for example, childcare, the need for respite, transport and operating times.
- In communicating the response, use language, pictures, symbols and examples that include diverse men and women, for example, people with disabilities, lesbian and gay parents with their families.
- Use a range of culturally relevant strategies to communicate the response, for example, community print, radio and television, the Internet, presentations in community languages to relevant groups and Aboriginal networks.
- Make sure a clear monitoring and evaluation framework is developed, which includes consideration of impacts across different groups of women and men.

Case study

Introduction to Health Promotion for Ethno-Specific Agencies' workshop and the gender and diversity lens

The Centre for Culture Ethnicity and Health (CEH) used the lens to examine its training and workshop packages, in particular the Introduction to Health Promotion for Ethno-Specific Agencies workshop. In the past CEH developed training using a cultural lens and included exercises around culture and ethnicity. The influence of gender on health and health services was not usually addressed in training, and if so, only minimally.

By using the lens to look at the Introduction to Health Promotion for Ethno-Specific Agencies staff noticed that the content focused on cultural awareness in terms of ethnicity but did not cover cultural differences that exist around gender. They realised that many cultural practices and beliefs can also be discussed in terms of gender differences, roles and responsibilities, which are essential considerations for health promotion.

After using the lens, CEH worked to adapt their training to examine culture in a broader sense and have included examples that consider the issue of gender. CEH will also use the lens when developing new training sessions.

Stage five:
Continuous improvement



Stage five: Continuous improvement

Let's review the response

This stage focuses on determining whether the objectives of a policy, program or service are being achieved and whether changes are needed. As well as a substantial evaluation at the end of a cycle, monitoring should occur throughout the process. Gender and diversity analysis ensures that outcomes for particular groups of men and women are considered as part of monitoring and analysis.

- How will the findings link back into planning and review cycles?
- Who needs to know about the findings from the evaluation?
- Who needs to be involved in evaluation?

Key questions and prompts

- Did the response impact on real needs? Did it bring about positive change for the communities of interest?
- What worked well or not so well?

Possible actions

- Ensure those undertaking any formal evaluation are able to undertake gender analysis.
- Keep monitoring progress.
- Make sure that the evaluation is able to identify unintended outcomes or impacts.
- Use the evaluation to identify where and if change is needed, for example, program, policy, or consultation processes.
- Document and share findings from the evaluation to assist other policy, program, project or service development.

Where to go for help

- **Department of Human Services**
Health promotion evaluation and dissemination resources
www.health.vic.gov.au/healthpromotion/hp_practice/eval_dissem.htm
- **Department of Human Services Evaluation Support team** (departmental staff only) intranet_2.csv.au/ahs/esu.htm

Case study

Improving health and employment outcomes for women in public housing

In 2004, the Public Tenant Employment Program (PTEP) program was established in response to the high level of disadvantage experienced by people living in public housing. Its aim is to create employment and training opportunities for people living in public housing.

The Office of Housing survey of public housing tenants indicates that there are 73,000 working age people in public housing, with only five per cent reliant on paid employment as their main source of income. Employment is one of the strongest sources of health and wellbeing. The number of women in public housing is almost double the number of men.

The initial program brief was to create employment through the contracts generated by the Office of Housing. The nature of the work in this industry (construction, cleaning and maintenance) meant that the majority of positions were being filled by men, despite strong encouragement for women to apply for these roles. Women made up only six per cent of tenants employed through the program at this time.

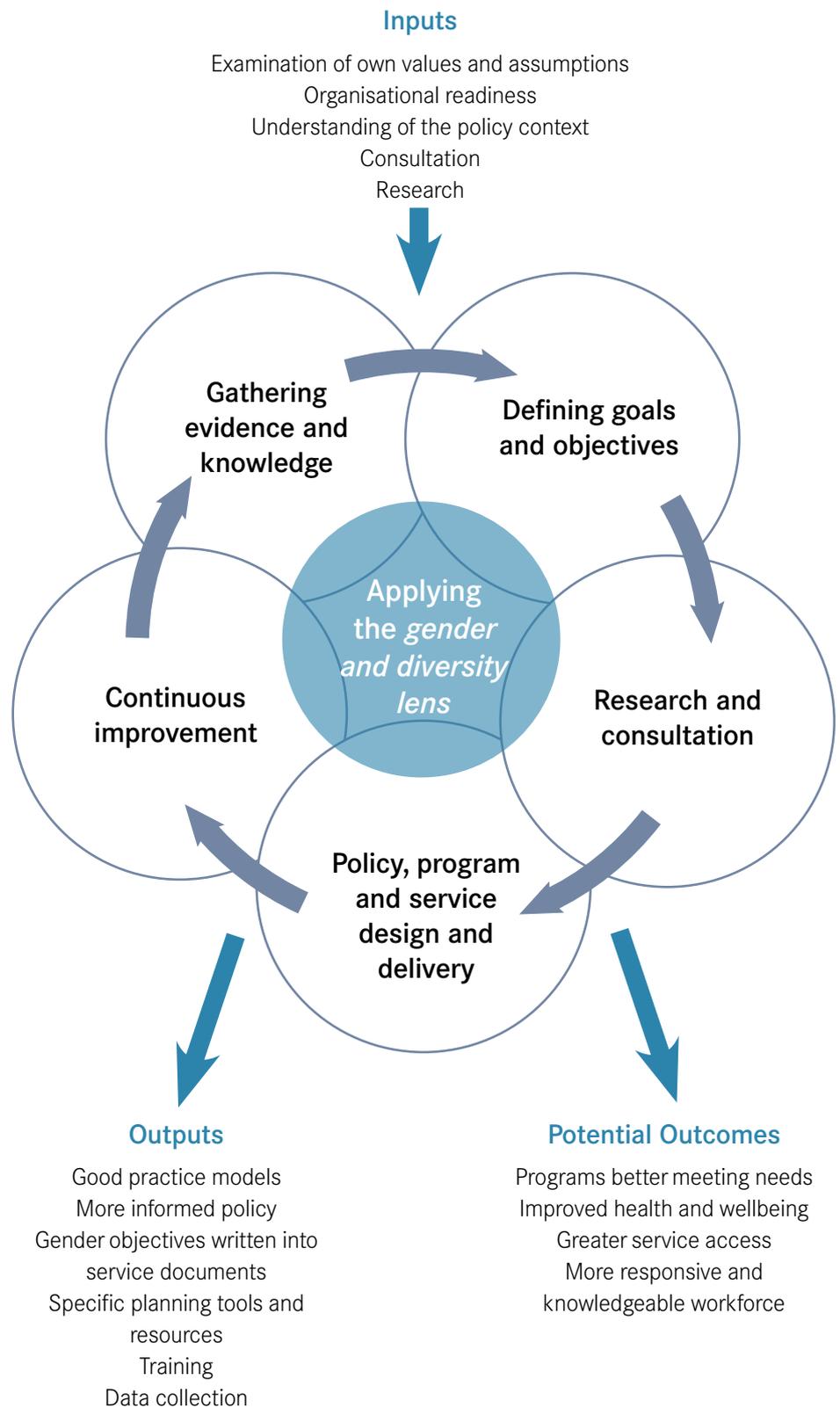
PTEP approached the department's program areas responsible for home and community care, aged care and disability services, which traditionally employ a high proportion of women, to source employment opportunities likely to attract women in public housing to work in these fields.

Early indications are that this is beginning to deliver better opportunities for employment outcomes for women. The proportion of women employed in the program has risen from six per cent to 27 per cent in the last 18 months, and of these women, 32 per cent are from culturally and linguistically diverse backgrounds.

Applying the gender and diversity lens:
A summary



Applying the gender and diversity lens: A summary



Appendices



Appendix 1: Gender and diversity lens summary checklist

1. Gathering evidence and knowledge – What is the issue?

- Are there biases and assumptions about the issue, and how gender affects it?
- Who has identified the issue? Who can assist with sourcing the evidence?
- Use data disaggregated by sex and other categories.
- Compare local demographics with program or service user profiles. Is there a difference?

2. Defining goals and objectives – What are we going to do about the issue?

- Is there a shared understanding of the issues and the 'problem' for men and for women based on the initial evidence and scoping?
- Form an advisory group, with clear terms of reference, which includes gender specific organisations and community representatives.
- What change is required? What are the expected outcomes?
- Think about a monitoring and evaluation plan early.

3. Research and consultation – Let's find out about how to respond to the issue

- Are under-represented groups being considered in the research and actively sought for consultation?
- Be clear about what are the 'non-negotiables' for consultation.
- How will women and men from diverse backgrounds be meaningfully consulted about the issue? Are there particular cultural protocols to consider?
- Use relevant advisory structures to consult with communities.
- How will expectations and conflicting interests be managed? Is a facilitator needed?

4. Policy, program and service design and delivery – Let's respond to the issue

- What options does the research and consultation point to?
- How does the option impact positively and negatively on women and men?
- Ensure that the impacts on men and women are articulated at important stages in the decision making process.
- Take into account factors such as care arrangements, for example, childcare, the need for respite, transport and operating times.
- For communication, use language, symbols and examples that include diverse men and women such as people with disabilities, lesbian and gay families. Also use community media and networks to spread the message.

5. Continuous improvement – Let's evaluate, assess and review the response

- Did the response impact on real needs?
- Ensure those undertaking formal evaluation are able to undertake gender analysis.
- Make sure that the evaluation is able to identify unintended outcomes or impacts.
- Use the evaluation to identify where and if change is needed.
- Document and share findings.



Appendix 2: Gender analysis tools

Australia

Victoria

Bishop, Avega, *A Gender Agenda: Planning for an Inclusive and Diverse Community*, Women's Health West, Footscray, 2002.

Dyson, Sue, *Gender and diversity – A Workbook for an Equity Approach to Practice*, Women's Health in the South East, Frankston, 2001.

Women's Health Goulburn North East, *Checklist for applying and equity lens to planning and evaluation*, 2007, www.whealth.com.au.

Women's Health in the North, *Gender Planning Checklist*, 2003, www.whin.org.au/pdf/Gender_Sensitive_Planning.pdf.

Australian Capital Territory

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South Australia

Office for Women
www.officeforwomen.sa.gov.au/?q=node/18.

Western Australia

Office for Women's Policy
www.community.wa.gov.au/DFC/Communities/Women/Gender_Analysis.htm.

Canada

Health Canada – Bureau of Women's Health and Gender Analysis
www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpb-dgps/pppd-dppp/bwhga-bsfacs/_e.html

Health Canada, *Exploring Concepts of Gender and Health*, 2003, www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor1_e.html#1.

Provincial Health Plans

Donner, L, *Including Gender in Health Planning: A guide for Regional Health Authorities*, Prairie Women's Health Centre of Excellence, Winnipeg, 2003, www.uwinnipeg.ca/admin/vh_external/pwhce/pdf/gba.pdf.

Women's Health Bureau, *Gender Inclusive Health Planning: A Guide for Health Authorities in British Columbia*, Victoria, 2001, www.hlth.gov.bc.ca/whb/publications/gender_inclusive.pdf.

Netherlands

Roggeband, C, *Gender equity and gender mainstreaming techniques: SMART and Gender Impact Assessment, 2003*, Cited Office for Women's Policy Western Australia, www.community.wa.gov.au/DFC/Communities/Women/Gender_Analysis_Netherlands_Model.htm.

New Zealand

Ministry of Women's Affairs, New Zealand, *The Full Picture, Guidelines for Gender Analysis, 1996*, www.mwa.govt.nz/news-and-pubs/publications/full_pict.

Switzerland

Swiss Agency for Development and Cooperation, Gender Tool Kit – instruments for gender mainstreaming, www.sdc.admin.ch/en/Home/Themes/Gender/General_and_thematic_tools/General_tools.

Burke, M & Eichler, M, *The BIAS FREE Framework, A practical tool for eliminating social biases in health research*, Global Forum for Health Research, Geneva, 2006, www.globalforumhealth.org/Site/002__What%20we%20do/005__Publications/010__BIAS%20FREE.php.

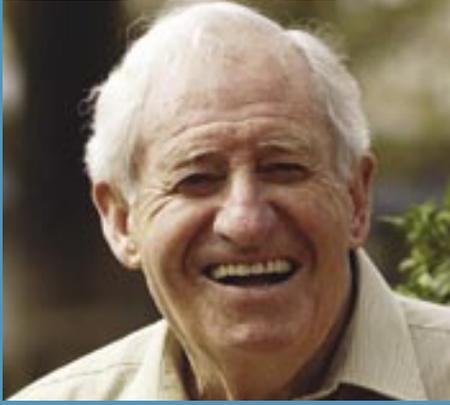
Health and human rights based framework for examining and eliminating biases in health research that derived from social hierarchies. Particularly applicable to policy and service delivery. Developed by the authors of the Canadian Gender Based Analysis initiatives.

United Kingdom

Women and Equality Unit, Department of Trade and Industry, *Gender Impact Assessment*, www.womenandequalityunit.gov.uk/equality/gender_impact_assessment.pdf.

World Health Organization

Department of Gender and Women's Health, World Health Organization, *Gender Analysis in Health, A review of selected tools*, WHO, Geneva, 2002, www.who.int/gender/documents/en/Gender.analysis.pdf.
Includes gender responsive models and key questions for policy making, health, financing, clinical trials, sensitivity of service providers and organisational change.



Appendix 3: Key concepts

Sex

Biological differences between women and men.

Gender

Socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.¹⁰

Gender does not mean 'sex', or 'women'. It refers to the socially and culturally shaped relations between women and men, between women and between men.¹¹

Gender roles change over time and have wide variations within and between cultures. Through biology and gender roles, girls and women have particular experiences that influence health status and outcomes.

Sex and gender is not an either or concept, in some cases, gender may need to be considered outside the traditional concepts of masculinity and femininity. For example some people born intersex may not have a clear biological sex distinction or transgendered people may experience an inner sense of gender that is different to their reproductive or sexual anatomy.

Transgender

An umbrella term used to describe all kinds of people who sit outside the gender binary.¹²

Gender identity

Refers to a persons internal deeply felt sense of being male, female, something other, or, in between.¹³

Gender relations

Refers to economic, social and power relations between men and women. Three structures are central to gender relations:

1. gendered division of labour, for example, women earn less than men, do more unpaid work
2. personal relationships, for example, rules of masculinity and femininity, men as head of the family, care expectations and assumption of heterosexuality as the norm
3. citizenship, for example, assumptions of productivity, independence and autonomy, thereby disregarding unpaid work, vulnerable and dependant members of society.¹⁴
This point is especially critical to older people and people with disabilities.

Gender analysis

A dynamic process that assesses the impact a policy, program or project has on diverse women and men and informs action to address inequalities that arise from the different roles of women and men, or the unequal power relations between them.¹⁵

Gender equity

Gender equity is the 'process' of being fair to women and men. We know women and men, and diverse groups of women and men, have different life experiences and access to resources. Measures must often be made to compensate for historical and social disadvantages that prevent women and men and diverse groups of women and men from otherwise operating on a level playing field. Equity leads to equality.¹⁶

Gender equality

Gender equality is the outcome reached through gender equity. It is the equal valuing by society of the similarities and differences between women and men, and the varying roles that they play.

Diversity

Individuals and groups differ from each other according to a range of factors: gender, ability, Aboriginality, religion and belief, cultural and linguistic diversity, sexual orientation, socio-economic status, geography and age. Identity, circumstances and opportunities can be influenced by a combination of these factors; some are fixed, some can change and may distinctly affect a specific group's health needs, interests and concerns. Issues facing diverse groups are dynamic and the very definition of diversity can change over time. Any person is always part of several different population groups and individuals give priority to different aspects of their identities – this may also change over time.

Health

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity.¹⁷ Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.¹⁸

Aboriginal people perceive health as the social, emotional, spiritual and cultural wellbeing of the whole community. It is a whole of life view and includes the cyclical concept of life-death-life.¹⁹

Social model of health

A conceptual framework within which improvements in health and wellbeing are achieved by directing efforts towards addressing the social and environmental determinants of health, in tandem with biological and medical factors.²⁰

Sex disaggregated data

Counting women and men separately when gathering information on activities and program outcomes. It is a minimum standard for comparative analysis, planning, implementing, monitoring and evaluating activities.²¹

A note on use of terms related to Aboriginal people

The Department of Human Services' preferred term is Aboriginal and Aboriginal and Torres Strait Islander. The term 'indigenous' is not specific and some Aboriginal people feel the term diminishes their Aboriginality.²²



Appendix 4: Resources and further information

Organisations

Carers Victoria www.carersvic.org.au

Centre for Culture, Ethnicity and Health www.ceh.org.au

Council on the Ageing Victoria www.cotavic.org.au

Gay and Lesbian Health Victoria www.glhv.org.au

Key Centre for Women's Health in Society www.kcwh.unimelb.edu.au

Mensline Australia Men's Services database www.menslineaus.org.au

Office for Disability www.officefordisability.vic.gov.au

Office of Women's Policy www.women.vic.gov.au

Psychiatric Disability Services of Victoria (VICSERV) www.vicserv.org.au

VicHealth www.vichealth.vic.gov.au

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
www.vaccho.org.au

Victorian Equal Opportunity and Human Rights Commission
www.humanrightscommission.vic.gov.au

Victorian Women with Disabilities Network www.whv.org.au/vwdn/index.htm

Youth Affairs Council of Victoria www.yacvic.org.au

Women's Health Association Victoria (Victorian Women's Health Services)

Rural services

Barwon-South Western Region www.wholewoman.org.au

Gippsland Women's Health Service www.gwhealth.asn.au

Women's Health Goulburn North East www.whealth.com.au

Women's Health Grampians www.whg.org.au

Women's Health Loddon Mallee www.whlm.org.au

Regional services

Women's Health East www.whe.org.au

Women's Health In the North www.whin.org.au

Women's Health in the South East www.whise.org.au

Women's Health West www.whwest.org.au

Statewide services

Women's Health Victoria www.whv.org.au

Multicultural Centre for Women's Health www.mcwh.com.au

Women's Health Information Centre

Royal Women's Hospital www.thewomens.org.au/

Key reports

Department of Human Services, *Your Health: A Report on the Health of Victorians, 2005*, Department of Human Services, Melbourne, December 2005, www.health.vic.gov.au/healthstatus/vhiss/index.htm.

Family Planning Victoria, Royal Women's Hospital, Centre for Adolescent Health, *The Sexual and Reproductive Health of Young Victorians*, 2004 www.sexlife.net.au/pdfs/HReport2_02Dec2005.pdf.

Gay and Lesbian Health Victoria, *Private Lives: A Report on the Health and Wellbeing of GLBTI Australians*, The Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne, March 2006. www.glhv.org.au/?q=node/215.

NSW Health, *Moving Forward in Men's Health*, NSW Health Department, March 1999. www.health.nsw.gov.au/health-public-affairs/men%27shealth/

University of Newcastle, *Women's Health Australia – the Australian Longitudinal Study on Women's Health*, www.alsw.org.au/project.html.

VicHealth, *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence: A Summary of Findings*, VicHealth, Melbourne, 2004, www.vichealth.vic.gov.au/assets/contentFiles/ipv.pdf.



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Gender and diversity lens feedback form

We are seeking your comments on this resource and on your experiences in implementing the gender and diversity lens. Your feedback will be used to inform any updates.

Please forward any comments to:

Diversity Unit
Portfolio Services and Strategic Projects
Department of Human Services
GPO Box 4057
MELBOURNE, VIC 3001
Phone: 03 9096 8611 Fax: 03 9096 9211

This form can also be submitted online from: www.health.vic.gov.au/vwhp

1. Type of organisation **organisation name optional:** _____

- Community health DHS branch/unit Specific population/purpose organisation
 Other? _____

2. Who did you use the lens with?

3. What issue, program, project or policy was the lens used for?

4. Has using the lens helped you to think more constructively about gender and diversity issues in your work?

- Yes No Not really

5. Do you generally find the content of the lens to be useful and easy to follow? What aspects, if any, are confusing or difficult to follow?

6. Please tell us about the relevance of the various sections of the gender and diversity lens in helping you to integrate gender and diversity into your work.

SECTION	Very useful	Useful	Not useful	Suggestions for improvement
Introduction				
Government policy context				
A gender and diversity lens: What and why?				
Embedding gender analysis into everyday practice				
Using the gender and diversity lens				
Stage one: Gathering evidence and knowledge				
Stage two: Defining goals and objectives				
Stage three: Research and consultation				
Stage four: Policy program and service design and delivery				
Stage five: Continuous improvement				
Summary diagram and checklist				
Resources and further information				
Key concepts				

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