



**courageous
conversations**

...Let's talk about respect and equity

Wednesday, 30 September 2015

Gender Audit Case Study

Respect and Equity @ Alpine Health

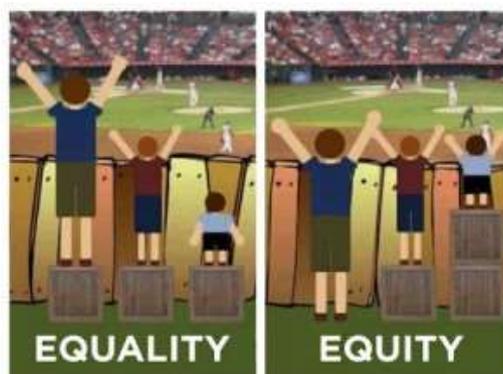
Overview

Violence against women and children is a public health issue and is a significant and preventable contributor to ill health and impacts on the burden of disease. Research undertaken by VicHealth shows that domestic and family violence is the leading contributor to death, disability and illness in women aged 15 to 44 years. It is responsible for more of the disease burden in women than many well-known risk factors, such as smoking, obesity and heart disease¹. In addition to the health costs associated with domestic and family violence, there are also the costs to the Australian economy and to Australian businesses. Estimates predict that violence against women and children will cost the Australian economy \$15.6 billion by 2021-2022 unless effective action is taken to prevent this violence². The cost of productivity losses is expected to rise to \$609 million by 2021-2022³. These losses or financial costs can also be attributed to staff absenteeism and turnover, illness and accidents, disability or even death.⁴

The underlying causes of family violence stem from deeply held beliefs about masculinity. These include:

- Unequal power relations between men and women (gender equity)
- Adherence to rigid stereotypes
- Broader cultures of violence⁵

Workplaces provide organisational contexts through which social norms are shaped and can be changed. These environments can create and reinforce broader social norms of non-violence and equity and are important settings in reaching men and women. Addressing gender equality in the workplace creates cultural shifts that nurture an inclusive, safe, respectful and diverse workplace. Gender equity boosts productivity, profitability, improves mental health and levels of satisfaction at work. The hope is that equality in the workplace will lead society towards greater respect for men and women, which will reduce violence against women and children.



¹ VicHealth, The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence (2004) p8.

² National Council to Reduce Violence against Women and their Children, The Cost of Violence Against Women and Their Children (March 2009), p4.

³ National Council to Reduce Violence against Women and their Children, The Cost of Violence Against Women and Their Children (March 2009), pp45-46.

⁴ Adrienne Cruz and Sabine Klinger, Gender-Based Violence in the World of Work: Overview and Selected Bibliography, International Labour Office, Working Paper 3/2011 (2011), p13.

⁵ VicHealth 2007

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Background

Women's Health Goulburn North East (WHGNE) was successful in obtaining the 'Reducing Violence against Women and Children' grant funding from the Department of Justice in January 2013. A steering committee was developed to unite stakeholders across the Hume, utilising their expertise and local knowledge in the development and implementation of the Hume Region Preventing Violence against Women and Children (PVAWC) 2013 - 2017 strategy.

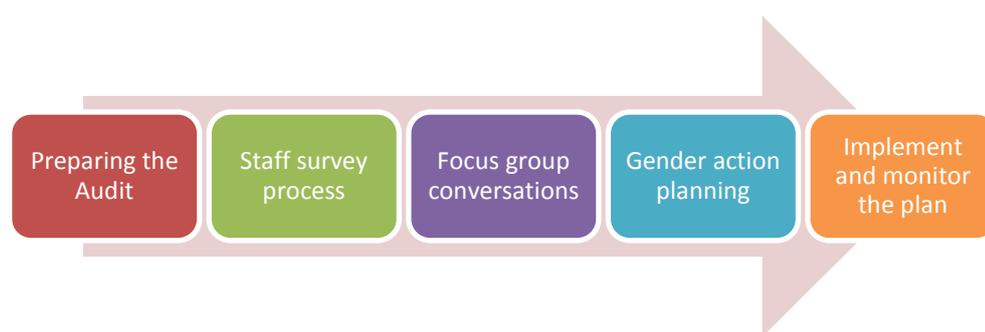
In May 2014 WHGNE sought expressions of interest for two Community Development worker positions within the local government areas represented on the Hume Region PVAWC steering committee. The successful funded positions were awarded to Alpine Health, in partnership with the Alpine Shire Council, and the Murrindindi Shire. The project was funded for one day/week over twelve months and involved undertaking a gender audit within each workplace utilising the InterAction Gender Audit tool⁶. Promoting the Courageous Conversations⁷ resource package, which includes a website, participating in and promoting primary prevention training sessions were also deliverables within the project.

Alpine Health, although not a local government agency, was successful due to its ongoing association with WHGNE through its partnering work with Communities That Care Myrtleford and as an active member of the Hume Region PVAWC steering committee. Alpine Health and the Alpine Shire Council are working collaboratively to streamline their responses to community health and wellbeing through a partnership approach in a bid to utilise available resources and reduce replication of work; this project being one example.

What Happened?

In line with the MOU established between Alpine Health, the Alpine Shire Council and WHGNE, the community development worker established a detailed work plan, using a Gantt chart to determine timelines within the twelve month period. The InterAction Gender Audit tool provides a detailed structure and accompanying resources for each phase and a gender integration framework that measures staff responses to determine a rating within each of the four domains of the framework.

InterAction Gender Audit Phases



An expression of interest was sent throughout the organisation to determine the membership of the Courageous Conversations Respect & Equity working party (C-CREW), followed by a terms of reference. C-CREW comprised seven active members from across the organisation including senior management, middle management, community and acute staff; representing the three sites of Alpine Health across the Alpine Shire. The gender breakdown, three males to four females, provided for robust and challenging conversations utilising a participatory approach to develop all phases within the InterAction gender audit

⁶ <http://www.interaction.org/sites/default/files/Gender%20Audit%20Handbook%202010%20Copy.pdf>

⁷ <http://www.courageousconversations.org.au/>

process. Meeting fortnightly, the C-CREW maintained a high level of enthusiasm and commitment to the project with members expressing an interest for the group to continue.

Throughout each stage of the audit process, a detailed communication strategy was developed to inform the organisation and C-CREW members, in keeping with the process detailed in the audit tool. Within this strategy a monthly newsletter was developed which outlined the stages of the audit and provided the organisation with information relating to the audit results and focus group responses. The newsletter also delivered a platform to raise awareness about gender equality, advertise local and state-wide training, debate current issues and provide evidence based research and initiatives in relation to reducing violence against women and children. Newsletters were distributed electronically throughout the organisation's data base, posted on the intranet and hard copies were provided at each site across the Alpine Shire.

The goal of C-CREW was to develop a plan that helps Alpine Health to achieve gender integration and to improve respect and equity within organisational processes, programs and activities. A soft electronic launch of Respect and Equity@Alpine Health plan is scheduled for early November 2015, where recommendations have been developed into eight strategies which align to strategic documents, committees and work practices, within Alpine Health's organisational processes. Monitoring and evaluation measures are also included within the Respect and Equity@Alpine Health plan.

In addition to the phases within the gender audit process, an "attitudes towards gender roles" survey was conducted by WHGNE to measure attitudinal changes pre and post audit. This survey forms part of four key areas investigated within the 2013 National Community Attitudes towards Violence against Women Survey (NCAS)⁸. As with all surveys, they were accessed electronically, utilising survey monkey, or via hard copies where survey boxes were set up across all three sites.

Finally, Alpine Health has supported staff to attend Family Violence Awareness and Bystander Action training delivered by WHGNE during Resilience month throughout October. This annual event represents collaboration and integration of services and resources across the Alpine Shire. The training sessions are recognised by Alpine Health as professional development for all staff and sessions are also open to all community members and service providers within the region.

What went well?

Introducing the concept of gender equity is challenging for many, as it resonates with some and for others questions and challenges core beliefs and learned behaviours.

- Organisational and leadership buy-in was paramount to the success of the project. Leverage from the top provides clear leadership and promotes the values that underpin this project and our organisation. CEO approval and support as well as representation from senior management on the C-CREW provided evidence of the importance of the messages within this project.
- The InterAction gender audit tool provided a clear and ordered framework and some user friendly resources.
- A clear and operational communication strategy maintained direction within the project, which supported a committed and focused team.
- Support from WHGNE allowed for the survey data to be independently evaluated which added to the academic rigour of the project.
- The monthly newsletter provided information, raised awareness and allowed for open and candid discussion to take place.

⁸ <https://www.vichealth.vic.gov.au/media-and-resources/publications/2013-national-community-attitudes-towards-violence-against-women-survey>

- Alpine Health has been able to secure an ongoing forum for this work to continue once the project is completed through the Healthy Together Victoria Achievement Program.
- Through the external evaluation of the Hume Region PVAWC strategy, Alpine Health has connected with Deakin University to continue to evaluate and monitor our work.

What were the challenges and how did we overcome them?

The implementation of the Gender Attitudes survey created confusion, suspicion and led to some negative responses. This survey was an addition to the MOU and was mandated by WHGNE via the external evaluation team from Deakin University. The timing did not allow adequate notification or explanation to the broader organisation and impacted on the already very tight work plan. Including a section within the monthly newsletter to explain the context of the Gender Attitudes survey provided some relief and clarity for the survey respondents and the broader organisation.

Whilst the actual gender audit tool was well resourced and ordered, it did not fit with an Australian context. The InterAction gender audit tool is designed for use in developing nations where humanitarian aid drives initiatives to reduce poverty and empower women. Adapting the tool to an Australian context was challenging, with limited guidance and support. The C-CREW spent many hours and meeting sessions reviewing and considering the context and language of all questions that were included within the final version of the audit survey. Robust discussion, frequent meetings, perseverance and a high level of gender awareness prevailed to determine a survey tool that would best suit our organisation. Suffice to say that academic guidance about the different styles of the survey versions (long, short, or own design), is necessary in order to retain the efficacy of the tool.

Due to the design of the survey the results required a specific statistical analysis program to produce a report in line with the gender integration framework domains. Realising that this was out of the scope of the MOU and timeframe, Alpine Health requested advice and support in relation to analysis of raw data and were provided an external academic who produced this analytical report. It was during this process that the realisation about advice regarding the selection of questions in relation to gender integration domains became evident. The final report provided enough information to progress the audit into the next phase of “digging deeper into the results” through focus group sessions. Once again WHGNE engaged academic support and an independent analysis and subsequent report of the focus groups sessions were provided.

Alpine Shire Council engagement was through Alpine@Home and the Resilience Committee with the Manager Alpine@Home being a member of the C-CREW. Monthly newsletters were also provided for the Alpine@Home staff and as stipulated in the MOU, reporting and accountability requirements, bi-monthly progress of the work plan and updates were provided to the Resilience committee. The Resilience committee continues to be the link to the Alpine Shire Council and partnering to deliver Bystander Action and Identifying Family Violence Awareness training remains a priority.

The greatest challenge was managing the workload in relation to the funded position. As gender equity is not a specified area of application at Alpine Health, it meant that involvement with the C-CREW was additional to individual workloads. To ensure that maximum gain was achieved within meetings, most were undertaken as a workshop with specific goals to achieve. An understanding from the outset was that all members of the C-CREW would be “up to speed” before each meeting, so that work and decisions already made did not have to be revisited and that we would achieve a quorum at each meeting, so that the work required could progress. Despite rigorous planning and application, the work load far exceeded the one day a week funded position.

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Results and Conclusion

All that said the Gender audit process has seen some real gains at Alpine Health. The C-CREW has developed a Respect and Equity work plan that ensures sustainability by aligning strategies to workplace roles, strategic documents, internal committees and work practices. The plan is manageable and achievable, with measurable and realistic benchmarks to achieve. Whilst it does not integrate all recommendations regarding gender equity into the workplace it does begin the journey and has definitely created a space for ongoing conversations.

The C-CREW has reported increased awareness of gender balance and fairness and has had its attention turned to how violence against women and children impacts our environment and the important role the workplace has to and must play. The project has highlighted what is missing and raised awareness of this serious public health issue. Through this journey, the C-CREW and Alpine Health has recognised an opportunity to take action in a positive way and commit to a process.

The C-CREW has developed a number of resources including a Gender Equity procedure, which clearly articulates the organisation's position about gender equity. A gender lens is in development; the intention to apply to organisational policies, procedures and work practices as they come for review. An organisational information card is in development for the launch of our Respect and Equity@Alpine Health Plan. Education packages for induction processes are being investigated and resourced. The newsletter will remain, being published quarterly. Alpine Health has recently invested, through its Human Resources department, in the Healthy Together Victoria Achievement Program for workplaces and the Respect and Equity plan has been aligned to benchmarks within the Mental Health and Wellbeing domain. Alpine Health will celebrate recognised days to maintain an awareness of reducing violence against women and children and Respect and Equity will have a platform on Alpine Health's social media space. An annual review that reports the benchmarks to the internal machinations of Alpine Health, of the Respect and Equity plan has also been established. Finally an ongoing space for the Respect and Equity@Alpine Health Plan has been forged with Deakin University, through a master's student project. The project will explore staff views on the impacts of the gender equity work, in order to better understand the outcomes from the gender audit process.

In conclusion, VicHealth⁹ and the Workplace Gender Equality Agency¹⁰ both have resource packages that introduce and guide any organisation to the concept and implementation of gender equality in the workplace. The process is slow which ensures that all employees and management understand the benefits of reaching an equitable workplace and highlights the economic and health benefits for organisations. As in all cases when change needs to happen, there must be strong leadership to guide, support, reinforce and set standards for the journey ahead.

“Don't be limited by your own experience – when it comes to gender equality, like anything else worth doing, think big, think creatively, and rewrite the rules.”

Elizabeth Broderick – Sex Discrimination Commissioner 2015

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⁹ <https://www.vichealth.vic.gov.au/media-and-resources/publications/equal-footing-toolkit>

¹⁰ https://www.wgea.gov.au/sites/default/files/Gender_Strategy_Toolkit-V2.pdf

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