

Submission of Equality Rights Alliance to the Select Committee on COVID-19 inquiry into the Australian Government's response to the COVID-19 pandemic 28 May 2020

This submission is endorsed in whole or part by:

- Aboriginal Legal Rights Movement
- Alevi Federation of Australia
- Amnesty International Australia
- Australasian Council of Women and Policing
- Australian Baha'i Community Office of Equality
- Australian Centre for Leadership for Women
- Good Shepherd Australia New Zealand
- Australian Federation of Medical Women
- Australian Graduate Women
- Australian Motherhood Initiative for Research
- and Community Involvement
- Australian Women's Health Network
- CARE Australia
- Children by Choice
- COTA
- Federation of Ethnic Community Councils of Australia
- Feminist Legal Clinic
- Fitted for Work
- Girl Guides Australia
- Homebirth Australia
- Human Rights Law Centre
- Immigrant Women's Speakout Association NSW
- International Women's Development Agency
- JERA International
- Jessie Street National Women's Library
- Justice Connect
- Marie Stopes Australia
- Maternity Choices Australia
- Migrant Women's Lobby Group of South Australia
- National Association of Services Against Sexual Violence
- National Council of Churches Gender Commission
- National Council of Jewish Women of Australia

- National Council of Single Mothers and their Children
- National Council of Women of Australia
- National Foundation for Australian Women
- National Older Women's Network
- National Union of Students Women's Department
- NSW Council of Social Service
- Project Respect
- Public Health Association of Australia -Women's Health Special Interest Group
- Reproductive Choice Australia
- Safe Motherhood For All
- Sisters Inside
- Soroptimist International
- UN Women National Committee Australia
- Union of Australian Women
- United Nations Association of Australia Status of Women Network
- Victorian Immigrant and Refugee Women's Coalition
- VIEW Clubs of Australia
- Women in Adult and Vocational Education
- Women in Engineering Australia
- Women on Boards
- Women Sport Australia
- Women with Disabilities Australia
- Women's Electoral Lobby Australia
- Women's Equity Think Tank
- Women's Housing Ltd
- Women's Information Referral Exchange
- Women's International League for Peace and Freedom
- Women's Legal Services Australia
- Women's Property Initiatives
- Working Against Sexual Harassment
- YWCA Australia
- Zonta International Districts 22, 23 and 24

Equality Rights Alliance

Equality Rights Alliance (ERA) is Australia's largest network advocating for women's equality, women's leadership and recognition of women's diversity. We bring together 64 non-government organisations and social enterprises with a focus on the impact of policy or service delivery on women.

ERA believes the advancement of women and the achievement of equality are matters of fundamental human rights and advocates for gender equality, women's leadership and government policy responses that support women's diversity.

We are one of the six National Women's Alliances, funded by the Commonwealth Office for Women. ERA is auspiced by YWCA Australia.

Introduction

The COVID-19 pandemic is both a public health and an economic crisis, with long-term economic impacts to the Australian population. Women, and particularly young women, are one of the hardest hit demographics due to their overrepresentation in casual work, and in the retail and hospitality sectors. Disasters such as this pandemic have been shown to amplify and reinforce traditional gender roles, with negative effects for women, girls and gender diverse people.

There is already evidence showing that restriction measures and gaps in response measures have deepened gender inequality, with women losing a greater percentage of jobs, and the reinforcement of the unequal gender distribution of unpaid care. Women's health rights have been impacted and gender-based violence is expected to increase. There is a risk that women impacted by the economic downturn will become detached from the labour market either permanently or long-term. Gender equality and women's economic participation is crucial to the GDP, economic recovery and Australia's future resilience.

Women's economic security over the life course

Women accumulate poverty over their lifetimes as a result of barriers to women's equal economic security and gender inequality. Women spend more time than men in unpaid work and care, experience the gender pay gap, earn less superannuation and have historically taken extended unpaid breaks from work to raise children. The result is the gender superannuation gap which, prior to this pandemic, resulted in older women becoming the fastest growing group at risk of homelessness. In addition, Aboriginal and Torres Strait Islander women, women with disability, migrant and refugee women, women experiencing violence, and LGBTIQ+ women and gender diverse people face compounding barriers to economic wellbeing.

COVID-19 has deepened gender inequality

Disasters such as pandemics have been shown to amplify and reinforce traditional gender roles. In the case of COVID-19, there is already anecdotal evidence that restriction measures and economic impacts have reinforced and possibly increased the unequal gender distribution of unpaid care. Prior to the pandemic, women in Australia in dual-earner heterosexual partnerships with children already did as much as 7 hours more unpaid care a week than their partners.

The movement of primary and secondary education to online learning increased the burden on teachers (71.7% of whom are women), many of whom also have children learning from home, and has created inequality between teachers depending on their capacity and tools to create online learning materials and the State/Territory jurisdiction in which they are located. VET students, who primarily undertake education

for employment, have lost the connection between their qualification and jobs in hard-hit sectors including hospitality, arts and entertainment and where women's employment has suffered greater impacts.

COVID-19 has also impacted women's health rights with access to menstrual health products, contraception, emergency contraception impacted by health service restrictions and shortages. Financial and physical access to sexual and reproductive health services has been reduced due to treatment of time-critical services as non-essential procedures, unavailability of hardship support, restricted practitioner mobility and services' access to personal protective equipment (PPE). Women and pregnant people have also reported restrictions on their choice and rights in accessing perinatal care arising from risk management by and pressure on health services. The mental health impacts of COVID-19 appear to be having a more pronounced impact on women, with twice as many women reporting feelings of loneliness in comparison with men (28% to 16%), and having problems managing current health concerns, including mental health and chronic conditions (13% to 7%).^{vi}

Impacts of the economic downturn resulting from COVID-19 to date have not been gender equitable, with women losing employment at a higher rate than men (men's employment down 6.2% and women down by 8.1% between 14 March and 18 April). Women's working hours have reduced more than men's (11.5% to 7.5%), and women's underemployment rate is higher than men's (14.8% to 13.7%). These factors create a significant risk that women impacted by the downturn will become detached from the labour market permanently or long-term. Women will also experience greater future disadvantage from measures enabling early access to superannuation, is as they already accumulate less superannuation by retirement. It is concerning that people under 30 are the largest group wanting early access, as negative impacts will be compounded for young women and non-binary people experiencing multiple forms of disadvantage, who will lose benefits accumulated over the lifetime. Over time, these factors may lead to an exacerbation of the gender gap in retirement savings and a further increase to older women's risk of homelessness.

The feminised child care sector, which is critical to Australia's capacity to cope with the crisis and sustain other essential industries, is struggling, with some services experiencing significant loss of income under the terms of the Government's Relief Package. Early childhood educators and child care workers have also struggled to access PPE despite being unable to maintain social distancing due to the nature of their work. The viability of the child care sector has dual implications for the women whose livelihoods it sustains, and for women's broader workforce participation and economic recovery.

Early signs suggest that violence against women has increased while households are practicing social distancing, compounding with and increasing susceptibility to the economic wellbeing and health risks women are currently facing. This is of particular concern for women who already experience high rates of violence, including Aboriginal and Torres Strait Islander women, women with disability and migrant and refugee women. Concerns have also been raised that women living in closed residential settings, including women with disability and older women in group and aged care residential facilities, prisons and mental health facilities are at increased risk of violence and abuse. While Australia has made many steps toward greater gender equality in recent years, COVID-19 constitutes a risk to this progress, through the deepening of unequal gender roles, restricted access to health rights, threats to feminised industries, interrupted employment, disengagement from the workforce and early access to superannuation.

Gender equality will enable resilience and recovery

Gender equality is critical to both the effectiveness and efficiency of Australia's economic recovery, as well as future resilience. Women's economic participation is crucial to the GDP and to economic recovery. Women's contribution to the economy is estimated to have added 22% to GDP in 35 years since 1974.xi Addressing the risk to women's employment from COVID-19 is therefore crucial to both gender equality and economic recovery of all Australia.

Moreover, social infrastructure, including aged care, health care and child care, in which women are the majority of workers, has been shown to be critical to Australia's capacity to cope with future crises, and provides an opportunity to build a more resilient Australia. The availability of and support for vocational adult education (VET) training packages should be reviewed with these imperatives in mind. In addition to valuing paid care work, there is a broader need for reform of the social security system to recognise and revalue unpaid care, which is both critical to the Australian economy, and to Australia's resilience in crisis. Unpaid care and work was worth \$206 billion to the Victorian economy in 2017-18 alone.^{xii}

Applying a gender lens to policy development and implementation by using tools such as Gender Responsive Budgeting (GRB)^{xiii} will enable the impacts of recovery measures on gender equality and women's workforce participation to be visible and considered, which in turn will improve the efficiency and effectiveness of Government measures and public spending, and prevent gender inequitable impacts.

According to the United Nations, emergency planning and response that does not consult with or involve women is less effective and can cause harm.xiv It is concerning that key decision-making bodies, such as the National COVID-19 Coordination Commission, lack diverse or gender equitable representation, and which reflects others Australian disaster and emergency agencies, such as firefighting agencies.xv Equitable representation in leadership, both in terms of gender and other demographic factors, will support an effective recovery, gender equality, and in turn, a fair and more resilient future for Australians.

Recommendations:

- 1. Implement a gender lens on all COVID-19 response measures, including using tools such as Gender Responsive Budgeting (GRB);
- 2. All COVID-19 decision-making and implementation bodies directing and supporting response and recovery have gender equitable representation, with at least 50% women and gender diverse people. The leadership of such bodies should aim for diverse sector, industry, and demographic representation and experience, and be publicly reported and transparent;
- **3. Invest in social infrastructure, including child and aged care.** Investment in the care sector has more positive implications for GDP and women's employment than investment in physical infrastructure. The 2016 *Investing in the Care Economy* report by the Women's Budget Group estimated that a 2% investment of GDP, in conditions of high unemployment, would lead to the creation of 600,000 jobs in Australia and a 2.3% growth in employment, in comparison with 0.5% growth in employment from a similar investment in construction. Moreover, most of these jobs would benefit women, xvi who have been harder hit by the economic downturn, and would substantially progress the Government's commitment to women's economic security;
- **4.** Invest in the construction of social housing as economic stimulus, based on the successful **2009 Social Housing Initiative (SHI).** The SHI has been credited in an independent review with adding \$1.1 billion per annum to the GDP over the 4 years of the initiative, and for increasing employment in the construction sector by an estimated 14,000 FTE during its duration. Social housing remains a crucial safety net for older women experiencing a lifetime of poverty; the SHI had positive benefits for the social housing system, including the addition of almost 20,000 dwellings, and the return of roughly 12,000 dwellings to the portfolio through repairs and maintenance.
- 5. Review the child care subsidy and tax and welfare system to increase access to affordable child care and support more women, *viii particularly low-income women, into employment, and to ensure all children have access to quality early childhood education, which is more important than ever in the current context of economic crisis:

- 6. Reform VET sector through review of the appropriateness of training packages in a post-coronavirus economy for flexible and changed jobs; and provide Government funding to support free study for those needing new and further skills for changed jobs and to increase employment opportunities. Consideration should be given to the essential role of social infrastructure, including early childhood education and care, health care, and aged care sectors in responding to the pandemic;
- 7. Investigate and provide a carer's creditxix to full-time carers that are in receipt of income support or have the care of a pre-school child. Carer credits contribute to economic revaluing of care, and reduce the disadvantages of unpaid work and care for women's long term economic security.
- 8. Align all social security payments to a liveable income, including by maintaing an increase to the rate of JobSeeker, Youth Allowance and related payments following the expiry of the Coronavirus Supplement and in line with the recommendations of the report from the Inquiry into Newstart and related payments. Prior to the pandemic, women were in receipt of unemployment payments for longer periods than men, and made up the significant majority of recipients of part-rate payments, showing that social security is an important safety net for women, who do the majority of unpaid care and work underwriting the economy.** Permanently suspend mutual obligation requirements and conditionalities for access to payments.
- **9.** Recognise and prioritise sexual and reproductive health services and information as essential rather than elective, especially during crisis, including by ensuring access to PPE, mobility of practitioners and financial support. Increase access to medical abortion via telehealth, and protect access to surgical abortion^{xxi}. Investment in maternity services and breastfeeding must also be protected.
- 10. Increase investment in mental health services. While investments to date in mental health are welcome, additional funding is needed to fill gaps in access and reduce waiting periods for services including psychologists and counsellors, subsidized through a Mental Health Plan. Grants to support services to increase the availability of practitioners are needed to close the gap between raising awareness of mental health, and support;
- 11. Invest in women's specialist domestic and family violence services, including crisis and emergency accommodation, health and legal services, to respond to increased need as restrictions ease. In addition, increased measures for oversight of women living in closed residential settings, and training and advice to community service providers to recognize and respond to violence must be protected both in crisis and recovery.
- 12. Take action federally to ensure women and children experiencing violence on temporary visas have income, housing, healthcare and legal support.

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ⁱⁱ National Women's Alliances (2020). *Disaster Recovery, Planning and Management for Women*, their Families, and their Communities in all their Diversity, ACT: NWA, available: https://www.equalityrightsalliance.org.au/publications/disaster-recovery-planning-and-management-for-women/, 7

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