

## **Women's Centre for Health Matters Inc Strategic Directions 2008–2012**

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### **3 Key Areas**

The focus of the Women's Centre for Health Matters Inc (WCHM) Strategic Plan 2008–2012 is in 3 Key Areas:

1. **Unmet need:** identifying the health and wellbeing needs of women that are not fully understood or are unmet or inadequately responded to by current policy and service responses, and using this evidence to inform practice and influence policy over time.
2. **Social isolation and marginalisation:** better understanding the impact of isolation and marginalisation on specific populations of women; and working to inform responses that will promote authentic social connectedness.
3. **Increasing women's access to gender-sensitive health and wellbeing information:** in a manner that supports women in making informed health and wellbeing choices.

### **The Approach**

The features to the approach underpinning the Strategic Plan are:

- building the evidence through collection and collation of relevant research, and adding to this the voices of women and their lived experience;
- using the evidence to inform practice and influence policy over time;
- acknowledging the importance of the health workforce and its role in ensuring gender sensitive and responsive practice;
- acknowledging the importance of consumers and peers in shaping experience and change within the health system;
- proactively committing to working in partnership with other (community) stakeholders to build knowledge and create change;
- health promotion, in accordance with the Ottawa Charter.

WCHM has, in this Strategic Plan, identified a significant program of work. It will only be achieved through collaboration and effective partnering; and by prioritising what WCHM does and what we cease to do. Strategies identified in the Plan are often building blocks and work in one area will impact on another. It is intended that the Plan, whilst remaining faithful to the intended outcomes, is flexible in terms of varying strategies, actions and timelines in order to best respond to new knowledge and a dynamic environment. The process of reviewing the Plan will be an active one ensuring that the Plan remains alive.

### **Organisation Capacity Building**

Over the period of the Strategic Plan, WCHM will build its organisational capacity in a manner that positions the agency to best address the priority areas identified as the focus of the Plan. In particular, the Centre will further develop our:

- approach to membership;
- ways of working with key stakeholders and partners;
- workforce competencies;
- approach to good governance.

WCHM will also consider ways of growing and diversifying income that best support action in the 3 Key Areas. Through its organisational development activities and implementation of the Strategic Plan, WCHM will build credibility and reputation whilst making a difference to the health and wellbeing of women living in the ACT.

### **3 Key Areas of Work**

#### **Key Area 1: Unmet Need**

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WCHM has prioritised four areas of unmet or inadequately met need to work on over the lifetime of the Strategic Plan. These are:

- 1.1 Women's access to women-sensitive health practitioners
- 1.2 Mental health service system's response to women
- 1.3 Capacity building and organisational support for small non-government organisations and peer-led support groups that are involved in addressing issues related to the health and wellbeing of women

#### **1.1 Women's access to women-sensitive health practitioners Issues and Approach**

There is a health workforce shortage that is impacting on the whole of the health system and consumers – however, there are specific and severe impacts for women and, in particular, for women who experience most socio-economic disadvantage. Of concern is access to (bulk-billing, female) GPs; qualified women's health nurses and the range of health providers needed by women with AOD issues and complex needs.

WCHM work over the next three years will focus on developing a more detailed picture of the provider preferences and needs of women and of access issues faced by women – with a focus on ACT populations of women who are most disadvantaged.

#### **Intended Outcome**

- Stronger evidence base around access issues and barriers as well as of women's experiences of gender sensitivity;
- A more gender sensitive workforce.

#### **Strategies**

- Engagement and consultation regarding access to health care practitioners;
- Comprehensive advocacy strategy to promote formal training and professional development opportunities around women-sensitive practice for health professionals;
- Improved training around culture gender sensitivity for health professionals.

## **1.2 Mental health service system's response to women**

### **Issues and Approach**

There have been a number of pieces of research undertaken in Australia (and elsewhere) that indicate that the mental health service system is predominantly designed in response to the needs of (and risks associated with) men living with a mental health issue. The peak bodies working toward overall improvement of the mental health service system do not have an overt or well-articulated gendered approach to advocacy initiatives and policy influencing activities.

WCHM work over the next three years will focus on collating the research around best service responses to women experiencing mental health issues and using that evidence to inform advocacy initiatives and policy input.

### **Intended Outcomes**

- Comprehensive, evidence-based gendered analysis of women's experience of mental health issues and implications for the design of mental health responses;
- Influencing plan for informing key stakeholders and relevant policy of the needs of women living with a mental health issue.

### **Strategies**

- Comprehensive, evidence-based gendered analysis of women's experience of mental health issues
- Analysis of the implications for the design of mental health responses
- Influencing plan for informing key stakeholders and relevant policy of the needs of women living with a mental health issue

## **1.3 Capacity building and organisational support for NGOs and peer-led support groups**

### **Issues and Approach**

This work will build on previous initiatives that have seen WCHM assume a role in resourcing and supporting small agencies and support groups. However, action in this area will move away from long term administrative support functions to a more proactive capacity building role. Given the resource limitations of WCHM to work in intensive capacity building partnerships, the organisation will prioritise working with those groups that aim to address marginalisation and promote social inclusion. In this context, the Centre will continue its work with the Women in Prison Group and extend that focus to groups working on health and wellbeing issues for women living in other institutions, CALD women and women with disabilities.

WCHM will work with groups in a manner that promotes self-determination and sustainability.

### **Intended Outcomes**

- Transparent process for prioritising and engaging with groups requiring resourcing;

- Capacity built with 2–3 selected groups.

### **Strategies**

- Identifying key groups to build capacity, both with reference to Key Area 2 and identified areas of unmet need identified collaboratively in the sector
- Transparent process for prioritising and engaging with groups requiring resourcing
- Capacity built with 2–3 selected groups

## **Key Area 2: Social Isolation and Marginalisation/Social Connectedness**

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WCHM has prioritised four areas of social isolation and marginalisation or social connectedness to work on over the lifetime of the Strategic Plan. These are:

- 2.1 Women with disabilities
- 2.2 Institutionalised Women
- 2.3 Women with mental health issues
- 2.4 Women from culturally and linguistically diverse backgrounds (CALD) communities

### **2.1 Women with Disabilities**

Women with disabilities include women who experience a limitation, restriction or impairment that restricts everyday activities and has lasted or is likely to last at least 6 months.

### **2.2 Institutionalised Women**

Institutionalised women includes women who have been institutionalised in any institution past or present, including (but not limited to) psychiatric units, hospitals, detoxification centres, rehabilitation centres, nursing homes, refuges, detention centres, girls homes, prison, and boarding schools.

### **2.3 Women with Mental Health Issues**

Women with mental health issues include women experiencing mental illness or psychological distress, whether diagnosed by a mental health professional, or self-diagnosed.

### **2.4 Women from CALD Communities**

Women from CALD communities include women who are migrants or refugees. The particular focus of WCHM is women who are recently arrived to Australia or first generation Australians.

### **Issues and Approach**

In determining its strategic priorities, WCHM has remained mindful of the fundamental importance of the social determinants of health and of illness. In particular, the Centre recognises the significant adverse impact on health and wellbeing of social isolation and marginalisation. Work with all of the identified groups of women above will include a focus on the impacts of poverty, violence

and lack of affordable, appropriate housing. The work in this area will link to initiatives undertaken to address unmet needs. This linkage adds coherence to the overall strategic direction and impact of the WCHM.

### **Intended Outcomes**

- Increased knowledge about the factors that act as barriers to social inclusion and which impact adversely on wellbeing for marginalised and isolated women in the 4 selected population groups;
- Specific policy proposals developed and advocacy initiatives in place to increase social inclusion.

### **Strategies**

#### **2.1 Women with disabilities**

- Develop strategies to enable women living with a disability to connect/reconnect into community and build networks through fitness and sporting activities.
- Develop strategies to address equity of access to health services.

#### **2.2 Institutionalised women**

- Develop a profile of women who have lived in or who are living in institutions in the ACT and of their health and wellbeing issues.
- Raise awareness of issues impacting on the health and wellbeing of women affected by living in institutions.
- Advocate for improved responses to the health needs of women affected by living in institutions

#### **2.3 Women with mental health issues**

- Develop strategies to enable women living with mental health issues to connect/reconnect into community and build networks.

#### **2.4 Women from CALD communities**

- Develop a profile of women from CALD communities and the issues impacting on their social connectedness and wellbeing.
- Raise awareness of issues impacting on social connectedness and wellbeing of women from CALD communities - advocate for initiatives that will promote inclusion

### **Key Area 3: Increasing women's access to gender-sensitive health and wellbeing information**

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WCHM has prioritised four areas of increasing women's access to gender-sensitive health and wellbeing information to work on over the lifetime of the Strategic Plan. These are:

- 3.1 Developing a better understanding of the ways in which (different groups of) women prefer to access health and wellbeing information

3.2 Identifying gaps in health and wellbeing information as well as barriers to accessing information

3.3 Advocating to increase the availability and accessibility of gender-sensitive information

3.4 Working in ways that will assist women to build their own capacity to seek and access the information necessary to support informed health choices. Our approach may involve direct engagement with capacity building initiatives in order to demonstrate innovation and useful practice transferable into other health and community settings.

### **Issues and Approach**

WCHM's focus with respect to information will be on access to information rather than development of information.

### **Intended Outcomes**

- System-wide improvements to the provision of gender-sensitive information;
- Demonstrably effective strategies for building women's capacity to access health and wellbeing information that meets their needs.

### **Strategies**

- Improved provision of gender-sensitive information
- Increased women's capacity to access health and wellbeing information that meets their needs

### **3.1**

- Analysis of women's health and wellbeing information needs (both content and delivery mode) and match to available information and information sources<sup>1</sup>
- Promote strategies that will best meet women's needs for health and wellbeing information

### **3.2**

- Analysis of gaps and barriers in health and wellbeing information for women.

### **3.3**

- Advocating to increase the availability and accessibility of gender-sensitive information

### **3.4**

- Develop tools for supporting women to gain health and wellbeing information relevant to their needs

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<sup>1</sup> This work may be linked to the work women's health services in other states and /or to the work of the Consumer Health Forum