



**Women's Centre for Health
Matters
Inc.**

*Empowering women to enhance
their health and wellbeing.*

Annual Report 2008-2009

Funding Bodies

08—09

- - **ACT Department of Health**
- - **ACT Department of Disability, Housing and Community Services**
- - **The Women's Services Network (WESNET)**
- - **ACT Office of Multicultural Affairs**
- - **Volunteering ACT**



The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation which works in the ACT and surrounding region to improve women's health and wellbeing.

WCHM believes that the environment and life circumstances which each woman experiences affects her health outcomes.

WCHM focuses on areas of possible disadvantage and uses research, community development and health promotion to:

- ◆ provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing; and
- ◆ advocate to influence change in health-related services to ensure responsiveness to women's needs.

OUR MISSION

Empowering women to enhance their health and wellbeing.

OUR VISION

Women can choose and access responsive, women-focussed health and wellbeing services.

OUR VALUES

- ◆ We believe that women's health and ability to live healthy lifestyles is affected by social and economic factors known as the "social determinants of health".
- ◆ We recognise that women are their own experts within their own lives.
- ◆ We respect and value the strength and diversity of women.
- ◆ We believe that women have the potential and right to manage their health and wellbeing.
- ◆ We believe in the principles of access, equity and equal opportunity.
- ◆ We develop cooperative and collaborative partnerships.
- ◆ We respect and support women's right to information and choice.

OUR WORK IS BASED ON

- ◆ Promotion of women's health and wellbeing;
- ◆ Gendered analysis;
- ◆ Proven data and information based on fact;
- ◆ Advocacy, influence and systems change;
- ◆ Community development and capacity building;
- ◆ Continuous learning and knowledge development;
- ◆ Innovation and creativity;
- ◆ Identified unmet needs; and

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A Summary of WCHM'S Achievements 2008/09

Website redevelopment

WCHM's website was redeveloped to improve its usability for providing information to women about health and wellbeing choices, events and research, and to include the capacity for conducting online surveys and interactive forums to seek input.

www.wchm.org.au

WCHM Reports

- The report *Social Determinants of Women's Health in the Australian Capital Territory* was released by WCHM in September 2008.

- WCHM released the report *Culturally and Linguistically Diverse Women in the ACT - Enablers and Barriers to Achieving Social Connectedness*.

- The report "ACT Women and Prison. *Invisible Bars: The Stories behind the Stats*" was completed on the issues facing ACT women with lived prison experience.

- A report titled "Women with Disabilities Accessing Crisis Services: a project to assist domestic violence/crisis services in the ACT to better support women with disabilities who are escaping domestic and family violence" was released in June.

- A report titled *Out of Reach - Women with mental health issues in the ACT: The barriers that hinder their access to Legal support* was developed which captures the barriers women with mental health issues encounter in accessing legal information and representation within the ACT.

These reports are available on the WCHM website www.wchm.org.au

Consultations and Submissions

- WCHM attended the GP Taskforce consultations which investigated options for improving access to primary health care in the ACT.

- WCHM provided a submission on the new National Women's Health Policy.

- WCHM was on the ACT Disability Strategic Governance Group for the development of a Disability Policy Framework for 2009 -14.

- WCHM gave evidence to the House Of Representatives Employment and Workplace Relations Committee Inquiry into Pay Equity and Associated Issues relating to Increasing Female Participation in the Workforce, following an earlier submission.

Chair's Report

This past year has been a rewarding one overall for the Women's Centre for Health Matters. The new strategic plan is well underway with the first year successfully completed. The Board's new governance framework too has had its first full year of implementation. WCHM is in a strong position as it continues into the 2009 – 10 year.

There have been some challenges during the past twelve months. In late January WCHM Executive Director, Kiki Korpinen, left the centre to go to a position at the ACT Council of Social Services. However the hard work already done by Kiki and staff meant that WCHM was positioned to achieve the outcomes set for 2008 – 09. Penny Becker very competently undertook the role of acting executive director until the appointment of Marcia Williams as the new WCHM Executive Director in early March. Marcia has brought with her a broad management experience and knowledge of the community sector from her previous work at Centrelink, which has allowed her to quickly settle into the Executive Director job.

The WCHM Mission "Empowering women to enhance their health and wellbeing" continues to drive the centre's work in the three key areas of the strategic plan – identification of unmet or poorly understood health and wellbeing needs, social isolation and promotion of connectedness, and increased access to gender sensitive health and wellbeing information. Improved knowledge and understanding in these areas are seen as crucial to



informing health practice and policy, building capacity and enhancing women's access to health and wellbeing information and services.

With WCHM's finite resources, we have chosen to work more closely with four specific groups of women at this stage – those living with a disability, women living with a mental illness, women from culturally and linguistically diverse backgrounds, and institutionalised women. The work is grounded in valid and well researched data, enhanced by the documentation of women's lived experience.

At the end of the strategic plan's first year, progress has been immensely satisfying, with several significant reports completed. The first is "*ACT Women and Prisons - Invisible Bars: The Stories behind the Stats*" and the second is "*Women with Disabilities Accessing Crisis Services: a project to assist domestic violence/crisis services in the ACT to better support women with disabilities who are escaping domestic and family violence*". Both of these reports exemplify the WCHM approach of seeking reliable data and involving the women themselves in telling their stories and guiding the work.

The governance framework has guided the Board's oversight of the WCHM work. The governance processes are strong, and Board policies are fully in

place and followed. Board members continue to ensure that the WCHM Mission, Vision and Values are upheld and that strategic plan outcomes are met. The three sub-committees of the Board – finance, governance and human resource management - have met regularly during the year, considering matters in depth within their areas of responsibility and making recommendations to the full Board for consideration and decision. A public relations working group has been set up to revamp overarching public relations policy with the aim of increasing our public profile.

Working closely with the Executive Director, the Board continues to seek opportunities for WCHM involvement, in order to enhance women's access to information on health and wellbeing issues, influence health related policy and service delivery, and build women's capacity to improve their own health and wellbeing. Wherever possible, WCHM works in partnership with other organisations and groups who share a common interest or bring particular experience and expertise to the tasks to be done. Partnerships and collaborations have been developed with the mental health peak groups and service providers, the domestic violence and crisis service network, the network of services supporting CALD women, and a consortium of disability organisations, including Women with Disabilities ACT, People with Disabilities ACT, Advocacy for Inclusion, the ACT Disability Council, the MS Society and Sharing Places.

Into the future, WCHM aims to be regarded as a key ACT women's health and wellbeing agency, collecting and

disseminating reliable gender sensitive information which can directly benefit women and assist in the development of health related policy and services. Valid health and wellbeing related data needs to be more readily available so that women, particularly those who may experience isolation or marginalisation, can access it and use it in making decisions about their health. With its wide range of contacts, WCHM can assist in identification of gaps in knowledge and understanding and also in co-ordination of access to health related information. Where gaps are identified WCHM can assist by doing social research to gather further information, in partnership with others where appropriate or by seeking acknowledged experts to carry out additional research. The information gained will contribute to the development of health related policy and service delivery as well as access to services and information for women themselves.

Finally, a warm thank you to everyone who has been involved with WCHM in 2008 - 09. Particular thanks go to the deputy chair and members of the WCHM Board for their time and the many skills they have contributed to the Board's work over the past year. Thank you as well to the executive director and staff for their hard work and commitment in carrying out the WCHM Mission for the benefit of ACT women. A thank you also goes to WCHM members and to the other organisations, groups and individual women with whom WCHM has worked. Together we can work towards further enhancing women's health and wellbeing in the ACT.

Margo Mitchell, Board Chair

2008/09 Board Members (at 30 June 2009)

Margo Mitchell (Chair)
Judith Manning (Deputy Chair)
Carol Benda (Treasurer)
Eve Burnes
Jane Dahlstrom
Nicole Hogan
Mandy Nearhos
Alison Osmand
Thi-Nha Tran
Sarah Vann-Sander
Alicia Wright
Marcia Williams (Public Officer)

WCHM Governance

The Board Structure

The Board comprises 10 elected members, and up to 3 co-opted ex-officio non-voting Board members. At each Annual General Meeting five Board members are elected for two-year terms.

Each elected Board member holds office from immediately after the Annual General Meeting at which they are elected until the second Annual General Meeting of WCHM after their election. No members of the Board may retain their position for more than three consecutive terms.

A replacement Board member may be co-opted to fill a vacancy, and they serve until the Annual General Meeting following their appointment or until the Board deems that their involvement is no longer required, whichever is the sooner.

Once elected the Board selects from its members, by a majority vote, a Chair, Deputy Chair and Treasurer and any other office bearers it deems appropriate.

Board Role

The Board meets at least six times in each calendar year, or more often if required to conduct the business of WCHM, and is responsible for:

- setting the policies and strategic directions for the organisation;
- approving and monitoring the annual budget; and establishing the overall financial delegations;
- monitoring overall organisational performance; and
- ensuring the organisation meets its regulatory and statutory requirements.

Board members serve on a voluntary basis and do not receive remuneration.

Board Committees

Where necessary the Board sets up committees to conduct various aspects of organisational operation and management. There are currently 3 sub-committees:

- the Governance Sub-Committee;
- the Finance Sub-Committee; and
- the Human Resources Sub-Committee.

Board Performance

Board performance is assessed on an annual basis.

Board Training

New Board members receive an induction and a comprehensive induction manual and access to a Board members secure page on the WCHM website to access relevant documents.

Executive Director's Report

The past year has brought many challenges for the Women's Centre for Health Matters, with a number of staff leaving the Centre after greatly contributing to the work of the Centre, at a time when new funding expanded the diversity of the work and the groups of women that WCHM was involved with. But the year has also seen many opportunities emerge with new policy and service directions for women's health at both the national and ACT levels, which has provided an exciting context for WCHM's work.

This was helped by the fact that WCHM had invested time and resources over the year into commissioning research projects which gathered local evidence on the specific issues affecting ACT women. This localised evidence has proven to be a vital resource to identify gaps in service provision and policy. By gathering local evidence, WCHM is developing a better understanding of our unique community, and assisting ACT community & Government organisations in delivering their services.

Despite national statistics portraying Canberrans as being relatively privileged (with high incomes and levels of home ownership etc), the localised research conducted by WCHM reveals pockets of disadvantage and groups of women at risk of social isolation, and collected evidence to better understand the impacts of local events in the community, such as the recent GP closures and the opening of the new prison in the ACT.

Social Determinants of Women's Health in the Australian Capital Territory (released by WCHM in September 2008) collated, analysed, and disseminated quantitative data

previously not made publically available on ACT women's health and wellbeing.

Our approach this year has also been on building evidence that adds the voices of women and their lived experience to the collection and collation of relevant research and data. A report by Deb Wybron "*ACT Women and Prison. Invisible Bars: The Stories behind the Stats*" was completed on the issues facing ACT women with lived prison experience. The stories about the difficulties and the realities of women's experiences, when combined with the research and data, allows a better understanding and insight into the experience of imprisonment and institutionalisation.

Leigh Hale continued this theme in completing some research which is currently being produced as a final report titled *Out of Reach - Women with mental health issues in the ACT: The barriers that hinder their access to Legal support*. The report captures the personal stories of the women consulted.

Rebecca Brewer conducted some major research on the status of Culturally and Linguistically Diverse (CaLD) women in the ACT, titled '*Culturally and Linguistically Diverse Women in the ACT: Barriers and Enablers to Achieving Social Connectedness*'. This report has been used as the basis for us to host a forum with service providers to identify & discuss the next steps required to move forward with the findings of the research, and to develop a range of partnerships and projects which will address these issues.

We have also focussed on working in partnership with other community stakeholders to build our knowledge, develop capacity, and influence and create change. For example we jointly

developed key strategy areas to improve accessibility to health services for women with disabilities, and are working in a collaborative working group with a consortium of organisations who are concerned about the wheelchair accessible taxi (WAT) service in the ACT. In partnership with Women With Disabilities ACT and the Domestic Violence Crisis Service, WCHM worked collaboratively with domestic violence/crisis services on a project about women with disabilities experiencing domestic violence and the accessibility of the services for them. The stories of women with a lived experience of how disability limits their access to services was a key feature of this work, and feedback was positive about the power of hearing directly from the women about the service's accessibility. The final report identified the issues for appropriate access for women with disabilities and developed a set of 'best practice' principles for the services to use in their planning and design of services. And we formed collaborative partnerships with community based support groups on the issues that affect women with mental health concerns, and worked more closely with the mental health community sector "peak bodies" to raise the profile of issues relating to women with mental health issues.

WCHM's website was re-developed and has built our capacity for conducting online surveys and interactive forums to seek the views of consumers / groups about key issues, policy or events. Information for women about upcoming health and well being related events within the ACT, WCHM events and reports, and additional links are now being provided to improve information provision. As our work progresses, more information for women about health and wellbeing choices will be added.

Thank you to our members and to those other organisations and women with whom WCHM has worked over the past year. WCHM appreciates the financial assistance from our funding bodies that enables us to continue our work to enhance women's health and wellbeing. And last but not least thank you to the WCHM Board for their vision and support for the Centre and its focus on the health and wellbeing of ACT Women.

Marcia Williams, Executive Director

WCHM Staff (at 30 June 2009)

- Executive Director – Marcia Williams
- Senior Project Officer – Robyn James
- Community Development Worker – Kiri Dicker
- Community Development Worker (part-time) – Prillisia Duigan
- Project Worker (part time), Women & Mental Health Working Group - Leigh Hale
- Administration Officer – Wendy Zeng
- Student placement - Mwanangwa Mpasoo
- Temporary researcher - Sarah Maslen
- Temporary researcher - Sandra Martin Kelly

WCHM farewelled the following staff during the year:

- Executive Director - Kiki Korpinen
- Acting Executive Director – Penny Becker
- Temporary Project Worker - Bec Brewer
- Temporary Project Worker - Deb Wybron
- Administration Officer – Karen Borchers
- Administration Officer – Ingrid Mboya



Women's Centre for Health Matters The 3 key Areas of Focus

The focus of the Women's Centre for Health Matters Strategic Plan 2008–2011 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 Year in Review – Our progress against our Strategic Plan outcomes

Key Area 1 – Unmet Need

1.1 Women's Access to Women Sensitive Health Practitioners

The intended outcomes are:

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

Progress: A detailed brief on defining gender sensitive health practitioners was completed. Gender sensitive health practitioners are those practitioners who have qualifications in women's health and/or are trained to understand and consider the impact of gender on health and wellbeing, and are aware of the impact of culture on health and wellbeing and on appropriate practice. Universities in ACT, NSW and Victoria were identified and contacted by email for information about education/training for GPs, and discussions commenced with the ACT Division of GPs to consider a partnership and how best to work with ACT GPs to ensure they are aware of the need for a gender focus, as well as a cultural focus, and an understanding of mental health and domestic violence issues.

1.2 The Mental Health Service System's Response to Women

The intended outcomes are:

- 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.

The Women and Mental Health Working Group (WMHWG) was supported by WCHM, with the group providing a forum for women with mental health issues to work collaboratively with key government and non government organisations to identify the key issues that are impacting on them, and to actively work towards improving outcomes for them. The WMHWG met regularly to establish priorities from the discussions which were held with women to identify the key issues for them.

Concerns around the treatment of women within the legal system was a theme which was consistently raised by the WMHWG. Other key issues identified by the women included ageing issues, the issues for mothers and carers of mental health consumers, the need for Peer Support, the impact for women raised in institutions, the importance of access to children for women at home upon release from treatment, and issues with access to support agencies (such as Centrelink and Housing).

Meetings were held with the ACT Human rights Commission and the ACT Health Joint Review of the Psychiatric Services Unit (PSU) to inform the

implementation of strategies for the PSU to become more women friendly.

WCHM has provided input in conjunction with the WMHWG about the proposed sites for the new *Adolescent and Young Adult Mental Health Inpatient Unit* and the *Secure Adult Mental Health Inpatient Unit*.

WCHM was also a community member of the Mental Health Promotion Prevention and Early Intervention (PPEI) Implementation Working Group.

1.3 Capacity Building and Organisational Support for Non Government Organisations and Peer-Led Support Groups

The intended outcomes are:

- Transparent process for prioritising and engaging with groups requiring resourcing;
- Capacity built with 2–3 selected groups.

ACT Women and Prisons group

The Women and Prisons Group received the following support from WCHM:

- assistance with the development of a peer support model (ongoing), funding applications, governance, mentoring and assisting the Women And Prisons (WAP) Group convenor, attendance at meetings with ACT departments, and support for policy development
- Computer, internet and telephone support
- Assistance with policies and procedures and continuing to gather information through incarcerated women
- Meeting with Housing ACT, ACTCOSS and the WAP convenor to prepare a funding submission for

a program assisting women leaving prison

ACT Women and Mental Health Working Group

The ACT Women and Mental Health Working Group (WMHWG) received the following support from WCHM:

- funding for a part time Project Worker was successfully obtained by WCHM to support the work of the group, with additional funding provided by WCHM to finalise the development of a report
- carried out administrative tasks associated with the employment of the Project Worker, and the supervision, debriefing, and day-to-day support to the Project Worker
- provision of secretariat support prior to appointment of the Project Worker
- preparing submissions for on-going funding
- evaluation of the WMHWG in February

Pearce Older Women's Group

The Pearce Older Women's Group (POWG) received the following support from WCHM:

- Free fortnightly use of the Centre's small meeting room
- Use of WCHM telephone for group members to organise activities
- Support in typing and printing of group programs

Having A Baby In Canberra

In conjunction with the Maternity Coalition who are now overseeing the program and delivering the sessions, WCHM provide a free venue and remain the information contact point for women interested in participating in the sessions. Women and GPs continue to seek information and highlight the need for a central place to find all information relating to their options. An evaluation will be completed by WCHM with women participating in the sessions to

determine their effectiveness and to identify if the sessions are the most appropriate way of sharing the information or whether the use of online information might be more effective.

Key Area 2 - Social Isolation and Marginalisation/Social Connectedness

The intended outcomes are:

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

In September 2008 WCHM released the report *Social Determinants of Women's Health in the Australian Capital Territory*. This report presents a range of data previously not made publically available from the Australian Bureau of Statistics *National Health Survey 2004-05*. The focus of the report is on women's health in the ACT, particularly women who are socioeconomically disadvantaged. WCHM commissioned this research with the specific purpose of responding to the knowledge deficit on the health and wellbeing of ACT women, in order to support government and community to make evidenced based policy and service provision decisions. The report is informed by the social determinants of health research, which identifies that social and economic inequalities negatively impact on the health and wellbeing of individuals and their communities, particularly women who

are disadvantaged in the broader community. The report is available on the WCHM website www.wchm.org.au.

2.1 Women with Disabilities

Strategies

- *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.*

WCHM worked with representatives from Women With Disabilities ACT (WWDACT) and the Health Care Consumers Association to jointly develop four key strategy areas to improve accessibility to health services for women with disabilities. These were:

- The need for gender disaggregated disability data;
- An accessible transport system;
- Addressing health access and equity issues (e.g. bulk billing, adjustable-height examination beds); and
- Addressing the issue of violence against women with disabilities.

WCHM has since worked with a collaborative working group to address the issue of an inadequate system of **wheelchair accessible taxis (WATs) in the ACT**. The group includes representatives from People with Disabilities ACT (PWD), WWDACT, the ACT Disability Council, the MS Society, Sharing Places and ACTCOSS. Letters were sent to Jon Stanhope, Alistair Coe and Amanda Bresnan highlighting the key issues identified in consultations with consumers, and meetings were held with Amanda Bresnan and with the Chief Minister to highlight consumers' negative experiences of the WAT service in the ACT. In the meetings the focus was on the need to have a

responsive WATS for people in wheelchairs so that they have transport that allows them to continue their work, social and community commitments in an appropriate manner that does not discriminate against their ability to freely access the wider community. As a result the Government has now decided to undertake a review of the operation, legislation and licencing of ACT taxi services in August.

A mapping project was also completed by WCHM on what public and **community transport** is currently available in the ACT, and a research project was conducted on **adjustable consultation tables** in GP's surgeries.

WCHM also worked collaboratively with **domestic violence/crisis services** on a project about women with disabilities experiencing domestic violence and the accessibility of the services for them, in partnership with WWDACT and DVCS. WCHM secured funding from WESNET for the project. A review of relevant national and international literature was conducted to examine previous research and practices related to ensuring access by women with disabilities to domestic violence/crisis services. Research papers, books and the internet were used to identify:

- the issues facing women with disabilities who experience and are escaping domestic violence;
- the key barriers identified by women with disabilities which limited their accessibility to services; and
- the best practices which had been used to address the barriers, with a focus on best practice.

The research and literature was consolidated, and the common recurring themes and approaches to ensure appropriate access for women with disabilities were identified. These themes were then used to inform the development of a set of 'best practice'

principles, and a questionnaire was developed as a basis for auditing the accessibility of the services using these principles (and the key elements identified as part of them). Three women with disabilities were recruited to perform accessibility audits of the 8 participating services in conjunction with the Project Worker. Individual reports were prepared for each service identifying the key findings from the audits about service provision issues and barriers for women with disabilities accessing their services, as well as individual recommendations. The final report – which is available on the WCHM website www.whcm.org.au – documents the common themes and barriers.

In partnership with YMCA, YWCA, WWDACT, and the ACT Mental Health Consumer Network, WCHM has continued its support of the **Well, Able and Mobile program**, where women with disabilities (including women with mental health issues) are being supported to take part in fitness activities of their choice. The long term vision is for women with disabilities to be able to take part in a wide range of fitness activities in the community, and as a result have improved physical, mental, and social health outcomes.



WCHM is responsible for the evaluation, finding recurrent funding with Disability ACT, and for being part of the Advocacy Committee and the overall Steering Committee. Two evaluation meetings of the Steering Committee were held in January 2009 and the other in June 2009, which looked at the results from short surveys completed by the women at their first gym session, and at the final sessions in June 2009. This included questions about general health, daily fitness, and physical and mental health – since the self reported outcomes were not definitive, further work over the next year will focus on an expert assessment to determine improvements in health and well being. *Well, Able and Mobile* funding was secured for an additional 12 months under the Health promotion Grants.

A **Have a Go Day** was held on April 4th at the YMCA, Chifley. 35 women with disabilities attended and took part in a variety of activities including belly dancing, carpet bowls, gym circuit, Pilates, indoor hockey, basketball, tandem cycling with four partner organisations (WCHM, WWDACT, YMCA and YWCA).



Corridor Hockey, Have a Go Day

The overall feeling of participants from this day was that it was a great success, and many women requested more

information on activities including gym classes, belly dancing, Pilates, water aerobics, basketball, hydrotherapy, wheelchair dancing and stretching.

All women who completed feedback sheets enjoyed the day, and the guest speaker, a paralympian, offered to join the advocacy committee.



Another participant offered to show people how to play wheelchair sport-Boccia, since she was part of the ACT Boccia Team.

2.2 Institutionalised Women Strategies

- *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.*

WCHM undertook a mapping project to develop a profile of ACT women who have lived in or who are living in institutions in the ACT. A literature

review and research was undertaken for women affected by living in detention centres, juvenile justice facilities, prisons, psychiatric wards, and residential care (aged, AOD and other), and ACT women were interviewed about their experiences. The issue of Institutionalised Women was broad and complex, and the sample of women interviewed for the report were mainly women who had an experience of prison, which was not reflective of all groups of institutionalised women. But the information the women provided gave such significant insight into the issues faced by women in prison, that the project was rescoped to capture the lived experiences of these women and to detail the impact that imprisonment and institutionalisation has had on these women's lives.

WCHM and the ACT Women and Prisons Group (WAP) jointly launched the final report "*ACT Women and Prison. Invisible Bars: The Stories behind the Stats*" on 23rd July.



The information should assist counselors, social workers, case managers and other professionals who support women with lived prison experience to better meet their needs, as well as to enlighten the broader community to better understand the experience of imprisonment and institutionalisation. This work also gives insight into the role that support workers and agencies play in assisting women

while in prison and helping them move to the next stage of their lives post-release. The report is available on the WCHM website www.wchm.org.au.

2.3 Women with Mental Health Issues

Strategies

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

WCHM appointed a time limited project worker for a period of 6 months to support the Women and Mental Health Working Group with their action research into the needs of ACT women with mental health issues.

Concerns around the access to, and treatment of, women within the legal system was a theme which was consistently raised by the WMHWG. women with a mental illness experience additional difficulties when accessing legal support and representation, that in turn impacts on the personal and systemic barriers they encounter on a daily basis.

Research was conducted by WCHM, and whilst some literature exists on people with a mental illness and their access to the criminal justice system, there is limited documented data in relation to the individual barriers that women with mental health issues face in accessing justice and legal support, and in the ACT. Views were sought from both legal and non-legal service providers as well as women living with a mental illness, and the issues and barriers that impact on the capacity of women with a mental illness, living in the ACT, to access legal assistance were documented. The interview covered demographic information, legal problems, housing, employment and income, education, dealings with the

police, family and the mental health system, each of which had been recognised by service providers and other researchers as being especially relevant to people with a mental illness accessing the legal system.

A draft report has been written which explores the issues identified and which outlines the experiences of the women, and which supports the need for the establishment of a Mental Health Legal Centre. The report captures some of the personal stories of the women consulted, and documents the personal and systemic barriers they encounter in accessing legal information and representation within the ACT. This information has been used to advocate with Ministers and ACT departments on this issue.

2.4 Women from CALD Communities

Strategies

- *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.*

WCHM published a major piece of research titled '*Culturally and Linguistically Diverse Women in the ACT: Barriers and Enablers to Achieving Social Connectedness*'. The report was launched on 11 May, and is available on the WCHM website www.wchm.org.au .

Following the Launch, WCHM hosted a forum for representatives from ACT service providers to discuss the outcomes of the research into the barriers and enablers faced by CALD women in the ACT, and to discuss the next steps required in moving forward with the findings of the research.



Six of the findings were identified by the Forum as priorities:

- Addressing **language concerns**, including the need to improve access to interpreter and translator services, and to provide information about services in both written and spoken format
- Improving CALD women's **understanding of available services**
- Better understanding (through research) and addressing the **incidence of mental illness** in the CALD community (e.g. high depression rates)
- **Legal issues**, particularly focused on women's immigration status
- **The need for cultural sensitivity** of services when working with CALD women Addressing **discrimination and racism** towards CALD women, including the lack of CALD women in senior levels/decision making roles.



WCHM has since submitted a proposal for funding under the CIT Community Skills/Training Support Grants - the proposed project will address two of the identified priority areas – ‘the need for cultural sensitivity’ and ‘addressing discrimination and racism’. While broader ‘cultural diversity’ training is important, what service providers really needed was culture-specific information about the groups they were most likely to encounter in their work. In addition to building the capacity of ACT service providers, the proposed project will build the capacity of identified women leaders within the CALD community, providing them with useful skills such as public speaking, developing training sessions etc.



Preparatory work has begun on planning some WCHM research on the **access and utilisation of health care services by Sudanese women in the ACT**. A literature review was commenced, a detailed plan was developed, and linkages made with the Sudanese community and service providers for a study in which Sudanese women will be interviewed

about their experience in accessing health care, and service providers will be interviewed about their experiences in providing services to women in the Sudanese community. This research will help us to understand the nature of the challenges and issues Sudanese women may face when seeking health care and how they resolve them. This information will help us propose health care solutions that will respect the Sudanese women’s values and improve their access to health care.

Key Area 3: Increasing women’s access to gender sensitive health and wellbeing information

The intended outcomes are:

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

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

Research has found that women are the primary seekers of health care and health and well-being information, not only for themselves, but for their children and other family members. Despite this, women face significant challenges as they try to manage their own and their family’s health. In

February 2009, WCHM performed a review of previous research in this area. This review identified a lack of recent, relevant information about health and well-being information-seeking behaviours of women in Australia (and no research on the specific behaviours of women in the ACT).

WCHM has progressed this by developing its own research tool to gain this information. WCHM has worked with key stakeholders to develop a survey which will be statistically analysed across a number of constructs, including, but not limited to: age, income, cultural background, disability and health status.

The survey and follow-up forums will be conducted in August /September 2009. Knowing where women in the ACT turn to for information about their health and well-being will allow organisations to develop accurate, localised policy and programs to identify barriers and better enable women to access health and well-being information.

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

To be progressed in 09/10.

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

To be progressed in 09/10.

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.

To be progressed in 09/10.

Submissions and Consultations

National Women's Health Policy

WCHM completed a submission to the consultation on the new National Women's Health Policy. Some of the key issues raised (from our previous research and consultation with women) in our response were:

- that the main focus for prevention of illness and disease did not recognise that social and economic disadvantage can lead to poor health;
- that the focus on a life course approach to women's health needed to be linked to the other social factors that influence health and wellbeing;
- that gender-disaggregated data alone is not enough build an accurate picture of women's health and there was the need for further disaggregation of women's health data to include indicators such as age, cultural background and disability;
- that there was a need for inclusion of a focus on gender-sensitive health practitioners and services;
- that the policy should also promote innovative models for reaching the most isolated and marginalised women, such as outreach and through-care models of service;
- that it should promote evidence gathering at both a national and local level in order to develop a sound evidence base, acknowledge different types of 'evidence' and take into account women's stories, not just women's statistics in decision making; and
- that the new policy needed to acknowledge the impact of an ageing population on a health service which is predominately staffed by women.

ACT Multicultural Strategy

WCHM put in a submission to the ACT Multicultural Strategy, with contributions from a range of service providers, including ACT Consumer Mental Health Network, ACTCOSS, ACT Women and Mental Health Working Group, Advocacy for Inclusion, Canberra Rape Crisis Centre, Companion House, Inanna Inc, Karinya House, Raja, Women with Disabilities ACT and the YWCA of Canberra.

Inquiry into Pay Equity and Associated Issues relating to Increasing Female Participation in the Workforce

WCHM gave evidence at the House Of Representatives Employment and Workplace Relations Committee Inquiry into Pay Equity and Associated Issues relating to Increasing Female Participation in the Workforce. This was a follow up to a joint submission with ACTCOSS to the Committee in August last year. The discussion with the Committee allowed us to highlight some real examples from our research and conversations with women in relation to their part time work and the impact on their access to superannuation, and also the impacts of lower pay in the traditional industries employing women.

GP Taskforce consultation

WCHM attended the initial GP Taskforce consultation on 23 June which was facilitated by the Health Care Consumers Association, and provided input about the options proposed for improving access to primary health care in the ACT, as well as starting to draft a submission to the Taskforce highlighting the issues for marginalised and disadvantaged ACT women.

National Quality and Safety Framework

On 26 June, WCHM also attended a workshop with the Australian Commission on Safety and Quality in

Health Care about the proposed *National Quality and Safety Framework*. The Framework describes what making safety and quality central to health care would mean for patients. WCHM provided input about the need for inclusion of references to gendered and cultural sensitive health services.

Mental Health consultations

WCHM has been involved in providing input as (in conjunction with of the Women and Mental Health Working Group) to the proposed sites for the new *Adolescent and Young Adult Mental Health Inpatient Unit* and the *Secure Adult Mental Health Inpatient Unit*.

WCHM was represented as a community member of the Mental Health Promotion Prevention and Early Intervention (PPEI) Implementation Working Group. The focus was on evaluation of the 2006-08 plan and the development of the plan for 2009-2014. Along with representatives from ACTCOSS and the Mental Health Consumer Network, WCHM advocated to:

- reinforce the need for whole of government leadership on PPEI and adopting a non-siloed approach to working on mental health wellbeing;
- ensuring that the non-government sector is meaningfully included in implementation plans;
- ensuring that the plan connects with the multitude of other ACT Health and other government department plans (including PPEI and Mental Health national plans); and
- ensuring that evaluation for the 2009-14 plan is rigorous and built into the plan.

WCHM has been involved in providing input in conjunction with of the Women and Mental Health Working Group to the proposed sites for the new *Adolescent and Young Adult Mental Health Inpatient*

Unit and the Secure Adult Mental Health Inpatient Unit.

WCHM was also the Women and Mental Health Working Group delegate on the Secure Adult Mental Health Inpatient Unit Executive Reference Group (SAMHIUERG), and the National Peri natal Depression Initiative launch.

Disability ACT Strategic Governance Group

WCHM was a community member of the Disability ACT Strategic Governance Group with a focus on the development of a strategic plan for 2009-2012. The need for greater support to women was highlighted (approximately 70% of Disability ACT funding currently goes to males), as well as the need for a non-siloed approach to working since a person with a disability is not broken into convenient parts (e.g. housing, health, employment). WCHM has participated in two rounds of consultation on the draft strategic plan.

Women and Children's Hospital

WCHM actively participated and attended consultation sessions on the Women and Children's Hospital. WCHM will continue to participate in this process, ensuring women's needs are adequately addressed throughout this government initiative.

National Health and Hospitals Reform Commission

ACTCOSS and WCHM prepared and lodged a joint submission to the National Health and Hospitals Reform Commission on its *Terms of Reference* and the Commission's *Draft Principles for Australia's Health System*..

Treasurer's Report

It has been a pleasure to be involved as the treasurer of the WCHM for this past financial year. We have had continued support and valuable advice from our bookkeepers, Brazen Books, and the Centre's finances were well taken care by them and the Centre's Executive Directors during the year.

The Centre's main source of funding once again was received from ACT Health, Some additional funding for a new mental health project was also received from ACT Health, as well as one-off funding from WESNET for a capacity building project with domestic violence / crisis services, and from the Department of Disability, Housing and Community Services for a Roundtable Involving Older Women.

Overall, our audited accounts show a profit of \$6,731 to the end of June 2009. Staff worked extremely hard to ensure funding was utilised in a way which prepared WCHM for better meeting its future directions. A good example of this was the new website which offers functionality which will better support WCHM to improve women's access to health related information, to utilise online surveys and forums and to support our members better.

I would also like to take this opportunity to thank Mandy Nearhos who has assisted with the treasurer's duties. The Centre is fortunate to have a dedicated committed board and it has been a pleasure working with all the board members over the past year.

Carol Benda, Treasurer