



*Empowering women to
enhance their health
and wellbeing*

Annual Report **2009-10**

Funding Bodies 2009-10

ACT Department of Health
ACT Department of Disability, Housing and Community Services
- Disability ACT
- ACT Office of Multicultural Affairs
- ACT Office for Ageing
Canberra Institute of Technology
Volunteering ACT

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A Summary of WCHM'S Achievements 2009/10

WCHM Reports

- *Out of Reach - Women living with mental health issues in the ACT: What hinders their access to legal support?* was launched by WCHM in June. This report presents the 'lived experience' of women living with mental health issues in the ACT in accessing legal advice, support, representation and advocacy and the views of service providers and community based organisations that provide support to these women.

- *It goes with the Territory! ACT Women's Views on Health and*

Wellbeing Information was finalised

during the year. The report detailed the findings of a survey and focus groups which were conducted to develop a better understanding of the ways in which (different groups of) ACT women currently access information about their health and well-being and how they prefer to access this information – and to be able to identify any gaps in health and well-being information and the barriers that ACT women face in accessing this information.

- WCHM completed a report about the findings from a Roundtable and survey with older ACT women which showed the barriers and disincentives to their participation in decision making about how services are delivered (such as involvement in planning, participation, program and policy development and evaluation).

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

Consultations and Submissions

WCHM advocated through meetings, consultations, and submissions for greater inclusion of gender sensitive policies, practices and infrastructure in:

- the development of the National Women's Health Policy, the ACT Women's Health Plan, the ACT Women's Plan, and the ACT Primary Health Care Strategy;
- the ACT Strategic Plan for Positive Ageing 2010-14;
- the ACT Multicultural Strategy 2010 - 2013;
- the options for the GP Taskforce for improving access to primary health care in the ACT;
- the implementation in the ACT of the national Health and Hospital reforms;

- the independent Review of the Alexander McConachie Centre;
- the Review of ACT Taxis; and
- the Review of the Mental Health (Treatment and Care) Act 1994, the ACT Co-morbidity Strategy, and the Preliminary Models of Care for the Secure and Adolescent Mental Health Inpatient Facilities.

Results from WCHM research and from feedback from women have been disseminated to the Minister for Health, the Minister for Women, Disability, Multicultural, Ageing, and Community Services, the ACT Greens, ACT Health, ACT Mental Health, the Departments of Disability, Housing and Community Services, the Department of, Transport and Municipal Services, the ACT GP Division, senior ACT public servants and the Shadow Minister for Health.

Chair's Report

The past year has been a good one for the Women's Centre for Health Matters and much has been achieved in WCHM's Mission of "Empowering women to enhance their health and wellbeing". WCHM has developed into a significant player in the ACT health and women's sectors and is now a key agency in the collection and provision of reliable information on women's health and wellbeing in the ACT and region. As Board, Executive Director and staff, we can now see that much of what we have hoped, planned and worked so hard for is coming to fruition.

The social determinants of health underpin the work, focusing on social research - well researched data, enhanced by women's own experience in their lives, and their attitudes and views. The WCHM approach gathers reliable data and involves the women themselves in telling their stories and

guiding the work. The WCHM 2008 – 12 Strategic Plan contains three key areas – 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. Better knowledge and understanding in these three areas are seen as crucial to informing health practice and policy and in each woman's ability to manage their own health and well being.

In 2009 – 10, social research continued to build information on women's health and wellbeing needs in the ACT and regions, new partnerships were developed and the WCHM website was revamped to give more information to individual women, members, supporters and health policy makers and providers. A number of research projects were completed, including a large study of ACT women's views on their health and wellbeing needs. The results will now be used to advocate, on behalf of ACT women, to health and wellbeing policy makers and service providers for services which are responsive and accessible, according to need. The results will also be used to inform further WCHM work. The website will continue to be improved, giving even more information on Centre work and findings, and additional links to reliable health and wellbeing information.

As always, the governance framework has guided the Board's oversight of the WCHM work. Board members ensure that the WCHM Mission, Vision and Values are upheld and that strategic plan outcomes are met. The Board has undertaken several major pieces of work, one on membership and the other on the Constitution. The Board recognises that members are the backbone of WCHM. They support its work, which means that they can be excellent advocates for WCHM and for

women's health and wellbeing issues. The Board plans to encourage an active membership and to improve members' access to information. This allows them to be better informed about WCHM work and current health and wellbeing issues for women, which has benefits for members personally as well as for their ability to support WCHM.

Changes to the Constitution have been made, particularly in updating the Objects to better reflect the current role of WCHM, and also in revising the membership requirements to allow membership of WCHM Inc. to be at no cost to the member. A disciplinary process was also added to comply with requirements in the Associations Incorporation Act ACT (1991).

Together with the Executive Director, the Board continues to develop partnerships and collaborations with other organisations and groups who share a common interest or bring particular experience and expertise to the work to be done. In the past year, productive partnerships and collaborations have been continued with the Women and Prisons group, mental health peak groups and service providers, the women's services sector, the disability sector and other health and community sector organisations. The Board recognises that collaboration with other organisations can strengthen the ability of all to influence change for women in their health and wellbeing.

I want to finish with a warm thank you to everyone who has been involved with WCHM in 2009 – 10. 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.

A heartfelt thank you to the executive director and staff for their outstanding work over the year. A thank you also

goes to WCHM members, WCHM partners and to the other organisations, groups and individual women with whom WCHM has worked. A thank you too to those women who have participated in the various focus groups, information sessions and surveys which were held during the year. Together we will work towards further improvements for women's health and wellbeing in the ACT and region.

Margo Mitchell, Board Chair

2009/10 Board Members (at 30 June 2010)

Margo Mitchell (Chair)
Judith Manning-Briscoe (Deputy Chair)
Kathleen O'Sullivan (Treasurer)
Alison Osmand
Eve Burnes
Jane Dahlstrom
Sally Kingsland
Susan Dalby
Susan Stratigos
Padma Menon
Marcia Williams (Public Officer)

WCHM farewelled the following Board members during the year:

Carol Benda (Treasurer)
Sarah Vann Sander
Alicia Wright
Mandy Nearhos
Thi-Nha Tran

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

There have been many exciting developments for the Women's Centre for Health Matters this past year.

The Board and staff undertook a review of the Strategic Plan in January and identified a new priority for inclusion – older women. This reflects the fact that the ACT female population is increasing most rapidly in the 50 to 69 years age group, and that during the ten years from 1996 – 2006, the size of this age group increased by 5.3% per annum compared to an overall population increase of 0.9% per annum. Our research shows that as they age women's physical and mental health, housing and care arrangements, social connectedness and financial security change, and the social, economic and environmental conditions under which they live and age affects their health and their experience of old age. The way in which older women are viewed by wider society, and how this is different to men, also impacts upon women's experience of the ageing process, so WCHM will be developing an evidence base around access issues and barriers for older

women in the ACT, and looking at strategies to address their equity of access to services including health services, and raising awareness of the issues and advocating for improved responses to their health and wellbeing needs.

The Board and staff also worked to agree some important WCHM documents to guide the Centre's work including an Evaluation Framework, a Public Relations Strategy and a WCHM Branding Strategy.

The redevelopment of the WCHM website last year received positive feedback and will be a key area of work for us in the next year as we know from our research that women may identify themselves in a number of different ways (such as women, mothers, women with disabilities, carers of children and parents etc) and that providing health and wellbeing information in the same way to all women is not sufficient to meet the needs of women across ethnicity, age, disability, caring responsibilities, etc.

There have been many opportunities for input arising from new ACT and national policies and service directions for women's health. In particular WCHM has been involved in discussions about the local implementation of the new national health and hospital reform agenda with other key stakeholders in the ACT. The changes to the governance and financial arrangements of the local area health network and primary health care organisations will directly affect the ACT, so it is important that the discussions about the reforms and their implementation in the ACT include the perspectives of women and their views about what health and wellbeing services are needed rather than just a focus on primary medical care provided by doctors and hospitals.

We know that ACT women already face challenges as they try to manage their own and their family's health in the current environment which is changing around them. There have been changes to general practice as a result of GP shortages, and clinic closures, and there is more choice in treatment and more information about choices, but the large amount of information is often more confusing than helpful. And health care systems are becoming more complex and have a broader range of providers from different sectors than ever before.

So if these changes to primary health care are going to be effective, they need to be provided in ways that recognise that many ACT women have limited resources but significant responsibilities. Primary health care must also take into account the differences *among* women, and that creating good health means acting on the determinants of health — the factors, conditions, actions and environments that shape our health, even if they lie outside what we think of as health care.

WCHM has also participated in the independent review of the ACT's first prison (the Alexander McConachie Centre) with a focus specifically on the issues relating to women prisoners, and has continued to support a Consortium of organisations representing people with disabilities to contribute to and influence the ACT review of wheelchair accessible taxis to better cater for people who are not able to access other transport options.

WCHM continues to advocate (through consultations/meetings/submissions) for greater inclusion of gender sensitive policies, practices and infrastructure in the development of mental health services and policy, and participated in

a review of the mental health system in the ACT.

Our approach this year has continued to focus on building an evidence base that includes the voices of women and their lived experience as well as the collection of relevant national/international research and local ACT data.

Large numbers of our partners assisted us with our research by connecting us to many women in the ACT to seek their views, and many individual ACT women participated in WCHM surveys and shared their experiences with us through focus groups - their personal stories and lived experiences certainly added depth to the WCHM reports and the discussion of their needs.

Several reports have been finalised and several others are underway.

The report *'It goes with the Territory! ACT Women's Views on Health and Wellbeing Information'* has provided opportunities for WCHM to provide input to planners and policy makers about the preferences of ACT women about access to health and wellbeing information by women, the gaps and barriers which impact on this, and the recommended changes that would better meet the needs of women. The women's views on how health care should be provided will also prove valuable in influencing the implementation of the national health care reforms. And five companion reports detailing the findings for specific groups such as women with disabilities, older women, younger women, and women from CALD background are also being compiled from the research.

The final report *Out of Reach - Women with mental health issues in the ACT: The barriers that hinder their access to Legal support* also enabled WCHM to

highlight the personal and systemic barriers that women living with mental health issues encounter in accessing legal information and representation within the ACT. It identified the importance of ensuring that women who access legal service providers get the gender and mental health sensitive services they need, irrespective of which service they choose to access.

Research was also undertaken with Sudanese women in the ACT, one of the new and emerging groups of humanitarian entrants settling here, to identify and understand the factors that impede or promote their access to health care and utilisation of these services. The final report, *"Navigating a whole new world: Access to health care and utilization of health services by Southern Sudanese women in the ACT"*, will be released soon. It identifies that cultural, language and financial constraints, lack of awareness of available services, and lack of health providers' understanding of the complex cultural concerns of refugees all limited their access to health care, as well as their understanding of the complexities of Australia's health care system.

WCHM continued to develop strong relationships with other community sector stakeholders in order to build our knowledge and to influence policy and service design and to advocate to create change where needed. In particular we have worked closely with the Women and Prisons Group, the women's services sector, the disability sector, the multicultural sector and the mental health community sector peak bodies to raise the profile of issues relating to women and to develop approaches to working together in relation to women's services.

And WCHM continued to assist other ACT community and Government organisations to deliver better services

to women through projects such as the development of Cultural Awareness Training for ACT service providers about the needs of women from new and emerging cultural communities in Canberra. This project also built the capacity of identified women leaders within the Sudanese and the Burmese Mon communities by developing their skills and knowledge to deliver training on their cultures to the broader ACT community, and be leaders and 'champions' for cultural understanding in our community.

We worked with Beryl Women's Inc and the YWCA to evaluate a project "Making Safe Connections" which aimed to facilitate a support group to mentor women on parenting issues arising from having lived with violence including the affirmation of their choice for safety for themselves and their children, and to develop their skills to help women rebuild positive mother/child relationships

WCHM also focused on developing partnerships with the educational institutions in Canberra this year to enhance our capacity, and as a result will host several students on work placements over the next year which will enhance our ability to conduct further research projects. WCHM also commenced working with students from the ANU Medical School on projects relating to research gender sensitive approaches into the medical school curricula.

Thank you to our members - WCHM values its members and is working to improve members' access to information about WCHM work and to develop opportunities for member involvement.

WCHM appreciates the financial assistance from our funding bodies over the last year that enables us to continue

our work to enhance women's health and wellbeing.

And last but not least thank you also to those other organisations and women with whom WCHM has worked over the past year, and 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 2010)

- Executive Director – Marcia Williams
- Social Researcher – Angela Carnovale
- Project Worker (Mental Health) – Kate Judd
- Community Development Worker –
Rachelle Cole
- Administration Officer – Jillian Emerson
- Temporary researcher – Jenni Gough
- Temporary Project Worker – Robyn
Tarranto
- Student – Kat Darlington
- Student – Jasmine Ebbels
- Student – Nurgul Sawut

WCHM farewelled the following staff during the year:

- Community Development Worker – Kiri
Dicker
- Community Development Worker – Padma
Menon
- Administration Officer – Wendy Zeng
- Temporary researcher – Liz Carr
- Temporary researcher – Sigrid Christiansen



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:

- WCHM finalised position papers on *Gender Sensitive Health Service Delivery* and *Gender Sensitive Mental Health Service Delivery*.

- WCHM partnered with the ANU Medical School and is working with two first-year ANU medical school students who have commenced planning for projects to research gender sensitive approaches into the ANU medical school curricula.

- Data was collated from the survey of ACT women (Key Area 3) about their access to health practitioners and women’s experiences of gender sensitivity of GPs.

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.

Liaison with mental health community sector “peak bodies”

WCHM has focused on working with the three ACT mental health community sector “peak bodies” - the ACT Mental Health Consumer Network, the Mental Health Community Coalition of the ACT and Carers ACT - to ensure inter-sectoral collaboration and co-ordination in the planning, provision and evaluation of women’s mental health services and programs.

The focus has been on developing, improving and maintaining a full range of women friendly mental health services, to assist women with mental health issues to voice their issues and facilitate their participation in decision-making on health policy, and to ensure that women’s mental health issues are raised in existing organisations and networks, and current and future government processes.

Positive links have been established and collaborative work relating to issues affecting women with mental health issues and women mental health carers have been progressed, particularly in relation to the WCHM focus groups for the ACT Women’s Health Information Survey, and with Carers ACT for the research project and survey into the needs and experiences of women mental health carers.

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

ACT Women and Mental Health Working Group

WCHM continued to facilitate the ACT Women and Mental Health Working Group (WMHWG) to develop policy in regard to services for women with mental health issues in the community, including:

- the identification of gaps in services for women with mental illness;
- to plan and evaluate women's mental health services and programs as appropriate; and
- to coordinate the implementation of agreed strategies.

Working Group meetings have been held bi-monthly and an email report is also sent out to keep members of the

group informed of other working events or forums within the ACT that can be instrumental in the WMHWG achieving their objectives (such as WCHM's Older Women research results, WCHM's Peer Support project, the Transcultural Mental Health Network etc)

WCHM conducted an evaluation of the WMHWG which showed that the members felt the key strengths were:

- helping to raise the social determinants in women's lives – *not just about mental health infrastructure*;
- identifying and *documenting specific issues and stories* for women with mental health issues in the ACT;
- developing collaborative processes – a broad cross-section attends the meetings, *both services and consumers*;
- even though all women can't attend, there is a *large mailing list* and women are being constantly updated – it was considered important for women to know that the group exists and what is being done; and
- involving women consumers in consultations .



Staff members Kate Judd and Robyn Tarranto

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 have highlighted the need for a central place to find all information relating to their options. Feedback to WCHM from women as part of the Women's Health Information Survey was the need for more information available to inform them of what they may need to know about having a baby in Canberra, and the need for online information. As a result WCHM will be working with the Maternity Coalition and Sexual Health and Family Planning ACT to develop a web-based information portal with access to information about having a baby in Canberra.

Mothers and Safe Children Project

WCHM partnered with Beryl Women's Inc and the YWCA to pilot a facilitated support group to support a diverse group of women who are isolated due to long term domestic violence and abuse. As a result of domestic violence, women often lack support networks and resources, and can suffer greatly from isolation and become distant from their communities. The project recognised that women escaping domestic violence are experts in their own lives, and acknowledged their experiences and choices to take responsibility for the safety, wellbeing and quality of life of themselves and their children.

The project facilitated social networks, and encouraged the rebuilding of their lives by assisting the women to develop confidence and self esteem, to gain knowledge of others with a shared experience, and to help develop parenting skills, as well as ideas and strategies for relating to their children in their new situation and home environments. It was anticipated that these skills and supports would help to reduce the risk of returning to violent homes which is often caused by a lack

of relationships and connections. The project also aimed to assist the women to develop as future peer support educators for others.

The evaluation of "Making Safe Connections" showed there have been tangible outcomes in some significant areas in terms of the project objectives. These included:

- development of individual capacity in terms of improvements in self esteem, confidence and the identification of key strengths;
- an awareness of the role of guilt in parenting issues and recognition of self care as a way of ensuring sustainable parenting strategies;
- the transformation of a crisis into learning experiences which were valued as a way of supporting other women with similar experiences; and
- a consistent core group attendance of 4-6 women who are willing to continue and work to facilitate the future groups.



Staff member Padma Menon

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

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.*

Wheelchair Accessible Taxi Consortium

WCHM continued to work with a collaborative group to address the issue of an inadequate system of wheelchair accessible taxis (WATs) in the ACT.

The WAT Consortium included representatives from People with Disabilities ACT (PWD), Women With Disabilities ACT (WWDACT), the ACT Disability Council, the MS Society, Sharing Places and ACTCOSS.

The Consortium successfully lobbied for the inclusion of a member with a disability on the Taxi Review Advisory Committee. WCHM convened several meetings with the Consortium to agree and develop an approach and a joint submission about WATs to the ACT

Review of the Taxi system, and also assisted by conducting research about international and national WATs models to identify potential best practice.

WCHM worked with the Department of Transport to facilitate access by their consultants to the views of people with disabilities through a workshop with the Consortium to inform the development of the final discussion paper for the Taxi Review. WCHM also coordinated a response from the WAT Disability Consortium to a draft report prepared by consultants for Government prior to the final report on the ACT Review of Taxis being provided to ACT government.

Well, Able and Mobile (WAM) project

In partnership with YMCA, YWCA, WWDACT, and the ACT Mental Health Consumer Network, WCHM continued its support of the *Well, Able and Mobile (WAM) program*, where women with disabilities (including women with mental health issues) were being supported to take part in fitness activities of their choice. The long term vision was 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.



Well Able and Mobile (WAM) was initially started as a pilot project called Well and Able, in 2006. In its various iterations, it has constantly evolved,

using the learning outcomes of ongoing and biannual evaluations to adjust in response to the needs of the participants and to the project vision. The latest program (WAM II) started in June 2009, and WCHM was responsible for conducting mid course and end of year evaluations, preparing submissions for funding, and participating in the Advocacy/ Steering Committee.

WAM II achieved real changes for the group of women who participated consistently in the program. It demonstrated the fact that any behaviour change requires time to become sustainable. The women who attended WAM for at least a year showed the most self reported progress including in areas such as weight loss, mobility and muscle strength. They also showed the most development in psychosocial aspects and developed the confidence to mentor other women who have not been in WAM as long. But the barriers to their willingness and capacity to access other facilities and gyms which were identified by the women remained the same - the perception of unfriendly and judgmental attitudes by staff in mainstream gyms, lack of suitable equipment in gyms and the lack of suitable groups or programs at their level in mainstream gyms.

Transport and taxis, including wheelchair accessible taxis, remained as a barrier, not just about cost but also about availability and access in the ACT for women with disabilities.

WCHM supported an application for additional funding for *Well, Able and Mobile* funding for 2010-11 under the Health promotion Grants but the application was not successful.

But the WAM project did result in the development of a successful model which combines fitness, social aspects and physiotherapy support in classes

which can be used to inform the creation of such programs and initiatives in the future.

The project also resulted in the production of a valuable resource - an Audit of Gyms and Facilities in ACT and the surrounding regions, based on interviews with about 30 selected gyms and facilities including commercial, community and recreational venues.

The key findings were:

- adaptive alternative forms of fitness activities are needed - mainstream gyms and facilities may not offer a ready solution to fitness options for women with disabilities;
- psychosocial benefits can overcome other barriers to participation - WAM II, as well as studies of some international projects which follow similar models, indicate that women often exhibit enough resilience and commitment to overcome transport and architectural barriers when they find other outcomes such as social connectedness and well being;
- the main barrier to women accessing mainstream gym facilities was the perception of negativity in the attitudes of staff and other users at those gyms - *if exercise facilities are to be truly accessible, attitudinal barriers must be eliminated by providing staff members with training on how to accommodate all abilities during both group and individual exercise programs;* and
- transport is an ongoing issue for women with disabilities, particularly in Canberra where distances are great and minimizing the transport logistics and costs is essential.

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.*

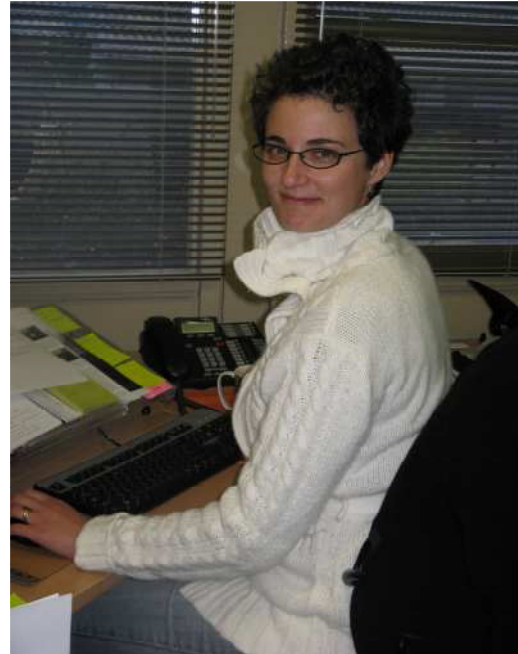
Prison Forum – Review of ACT Gaol

In conjunction with the ACT Women and Prisons Group (WAP) and supported by the ACT Women's Services Network, WCHM held a Prison Forum in June focussing on the issues for women prisoners at AMC to inform a submission to the Review of the Alexander Mc Conachie Centre (AMC) for ACT Corrections. Many service providers attended on the day, as well as 2 of the independent evaluators. WCHM coordinated the forum around common elements of the social determinants of health:

- health and medical services in the AMC, drug and alcohol issues and support services, food and nutrition, and support for pregnant women and mothers;
- throughcare and housing including transitional housing, support within the AMC, and safety of women in the AMC; and
- the rehabilitation of women prisoners, and their access to legal support and official visitors, social support and communication.

The issues raised at the Forum were documented and sent out to key stakeholders for further input. This will then be used to inform written submissions and to support WAP to make the voices of the women in AMC,

and those of ex women prisoners, heard as part of the process.



Staff member – Angela Carnovale

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.*

Peer Support Project

WCHM was successful in gaining ACT Health Promotions funding for a project to research and identify best practice in peer support programs. This will enable WCHM and partners to evaluate and build the capacity and sustainability of the peer support groups for women.

A literature review has been finalised, one-on-one and group interviews conducted with 27 women engaged in a variety of peer support models in the

ACT, and a thematic analysis of the interviews is underway.

Women Supporting Women (Woden Community Services) and the *Women and Prisons* group have been chosen as sample groups for the pilot. These groups have differing membership and models and so provide two unique examples of peer support functioning under differing circumstances. An Evaluation Framework has been developed to measure the effectiveness of peer support as a means of reducing mental health symptoms and improving overall wellbeing and social connectedness in the lives of participating ACT women living with mental health issues. The evaluation framework will employ a variety of data collection techniques – both qualitative and quantitative – that should yield comprehensive and representative evidence on the effectiveness and impact of peer support on mental health, wellbeing and social connectedness.

Women as mental health carers

A research project focussing on the needs and experiences of women mental health carers in the ACT was developed. A literature review has commenced and a survey developed and disseminated through a variety of community, government and personal networks. The results are currently being collated. This research project is being conducted in close consultation with Carers ACT.

Feedback to the WCHM Women's Health Information Survey

For the participants of the mental health carers' focus group for the WCHM Women's Health Information Survey, the mental health issue of the person they care for determined their health and wellbeing information needs, and how easily they could access this information affected their caring role. The participants identified several issues in

seeking health and wellbeing information that are unique to them as a group, including:

- obtaining good quality mental health information can be a matter of luck;
- information from one source can be inconsistent with or conflict with the information obtained from another, making it difficult to assess the quality of the information; and
- the need to be consistently active in seeking information and constantly reassessing it in light of new or conflicting information.

The participants of the focus group for women living with mental health issues highlighted the following points:

- being able to access health and wellbeing information from affordable and non-judgmental sources was vital to maintaining good mental health;
- the cost of seeing a GP coupled with the cost of required medication, if uncovered by bulk billing or a health care card, would not leave sufficient income for them to maintain living costs; and
- information sources based in the community which allow women to obtain a great deal of health and wellbeing information from one centralised source were most suitable to their needs.

The findings from this report are being used to inform the WMHWG, to assist women with mental health issues and women mental health carers to voice their issues and facilitate their participation in advocacy on health policy and to have the issues raised in existing networks, organisations and current and future government processes.

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 staff participate in a Bollywood function

Cultural Awareness Training for ACT Women's Services about emerging CALD communities

Drawing on the identified needs from WCHM's previous research and consultations with ACT services, this project aimed to address two identified priority areas by ACT service providers and multicultural organisations working with CALD women by

- building the cultural capacity of ACT service providers by presenting cultural awareness training with a specific focus on the needs of women from new and emerging cultural communities in Canberra; and
- developing the capacity of identified women within the CALD community, providing them with useful skills such as public speaking, and the

development and delivery of training sessions.

To ensure that the cultural awareness training meets their specific needs WCHM worked closely with service providers to seek their input on what culture-specific information they required about the emerging groups and that they were most likely to need in order to provide services to them.

The key priority groups which were identified were the southern Sudanese, and the Burmese Mon communities.

A comprehensive list of topics was generated, with four underlying themes, (the four C's):

- *Culture* - Country of origin, ethnic diversity, religion, social and traditional family structures, health and education;
- *Conflict* - The political conflict that lead to leaving their homelands;
- *Camps* - Life and issues in refugee camps; and
- *Canberra* - The community in Canberra, settlement considerations and challenges including language and communication, women's health, education and employment.

Separate Sudanese and Mon pilot training sessions were delivered in July to ACT services to assist with advice and feedback to ensure the training met the identified needs of providers before the future roll out to ACT services.

The key findings were:

- the increased capacities and confidence of the women - increased confidence to speak with others both within and outside of their communities; increased skills for developing and presenting a training session about their culture and experiences as a refugee woman in Canberra; time and self-

management skills; and the ability to transfer what they learnt to their communities, and to be a mediator between their community and service providers;

- the development of strong partnerships with other organisations which were key to the success in identifying the target groups and training content for service providers, and providing feedback on the pilot training; and
- for the service providers who attended the pilots the strongest feedback was about the power of listening to the lived experiences of the women to help them understand better the issues in delivering appropriate services.

“...the subtleties came through that wouldd not come up with only written material”

“The personal approach takes the information to a more ‘experiential’ understanding”

“..the lived experience is always more meaningful and stays with you”

Overall, the majority of service providers found the relevance of the training to their work ‘very useful’ to ‘useful’.

“Information about different cultures is so important so services can tailor their own service to be appropriate”.

“The presentation and handouts articulated the issues faced by women as a refugee and in Australia”

2.5 Older Women

Strategies

- *Develop a profile of older women and the issues impacting on their social connectedness and wellbeing*

- *Develop an evidence base around access issues and barriers for older women in the ACT*
- *Develop strategies to address equity of access to services, including health services, by older women*
- *Raise awareness of the issues impacting on the health and wellbeing of older women and advocate for improved responses to the health and wellbeing needs of older women*
- *Develop strategies to enable older women who are disadvantaged to connect/reconnect into the community and build networks*

Roundtable and Survey with Older Women

The vision of the *ACT Strategic Plan for Positive Ageing 2010-14* is for Canberra to be an age-friendly city, which encourages active ageing and provides opportunities for people to increase their quality of life as they age, and which ensures that organisations are accessible to older people and provides services to meet their needs.

The Women's Centre for Health Matters (WCHM) received funding from the ACT Department of Disability, Housing and Community Services Seniors Grants Program to facilitate a roundtable of stakeholders working with women in order to:

- Develop an understanding of the issues about including older women in all aspects of service provision including but not limited to planning, participation, program and policy development and evaluation; and
- identify strategies that could lead to an increase in the number of older women involved in decision making roles in stakeholder organisations, and participation of older women in stakeholder organisation services.

A Roundtable was held to identify the capacity of organisations to provide services to older ACT women and to involve older women in their decision making and planning.

To ensure that the themes discussed at the Roundtable were consistent with those of older women in the ACT, WCHM also conducted a Survey to explore the views of and the issues for older women in the ACT.

Both the Survey and the Roundtable reinforced that:

- older women have a wealth of wisdom, skills and knowledge that can and should be utilised to improve services; and
- it is important that older women have access to information that enables them to make informed choices and to be included in making decisions about their lives, and in the planning and delivery of services for older people.

But overall, only 27.2% of the women Survey respondents agreed that “older women in the ACT are provided opportunities to be included in making decisions about how organisations provide services”.

Some of the main issues highlighted as barriers for older women to participate were:

- being a carer was a significant factor impacting on the ability for contributing - many were caring for grandchildren and family members with poor health or disabilities. Some felt that it prevented them from volunteering their time and capacities and from being able to attend certain activities if they were not able to get respite;
- the impact of negative perceptions about older women and the lack of recognition and valuing the contributions of older women - *‘Many*

seniors feel that they are not respected for their knowledge and skills and for their past and current contributions to the community’;

- transport impacted on older women’s ability to participate, particularly for those reliant on public or community transport;
- the need for more flexible arrangements in organisations for including older women; and
- the need for provision of support, training, recognition, guidance and reimbursement for personal costs/expenses.

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

WCHM knows that women are generally the primary seekers of health care and health and well-being information in the ACT, not only for themselves, but for their children and other family members. Women also use health care services more than men. Women also use the health care system differently from men.

Since women are the main family decision makers for health issues and the main family carers, their access to

appropriate health and wellbeing information is crucial.

But there was a lack of research about the specific health and wellbeing information seeking behaviours of women in the ACT, so WCHM commissioned research to be able to develop a better understanding of the ways in which (different groups of) ACT women currently access information about their health and well-being and how they prefer to access this information – and importantly to be able to identify any gaps in health and well-being information and the barriers that ACT women face in accessing this information.

WCHM conducted the 2009 ACT Women's Health Information Survey during August and September 2009. WCHM had an excellent response to the Survey with almost 700 surveys

completed in 6 weeks which represented 0.5% of the ACT female population (all statistics are based on the ACT female population aged 15 years and older).

To complement the data from the Survey, focus groups with young disadvantaged women, women with disabilities, older women, mental health carers, Aboriginal and Torres Strait Islander women, and culturally and linguistically diverse women were used to gather qualitative information behind the preferences, health information seeking methods and what is considered to be good quality health and well-being information.

An extensive literature review of women's health and wellbeing information needs, incorporating 80

studies from overseas and Australia, was also completed.

The research allowed WCHM to collect evidence on how ACT women currently access and prefer to access information about their health in order to:

- develop a better understanding of the ways in which (different groups of) women prefer to access health and wellbeing information; and
- identify gaps in health and wellbeing information as well as barriers to accessing information.

The final report, *It Goes With the Territory – the views of ACT Women about Health and Wellbeing Information* was launched on Wednesday July 7, by the Minister for Women Joy Burch.

The report provides support to planners and policy makers to design an improved health system that meet the needs of women, and that takes into account their views on how care should be provided with an emphasis on health information, and explanations of options as well as different relationships between and among health care providers — ones in which various types of expertise are valued equally.



The authors at the launch of WCHM's 'It Goes With the Territory Report'

There are also six *It goes with the Territory!* companion reports, which will be launched jointly with partners throughout the rest of 2010 and which will detail the findings for specific groups such as women with disabilities, older women, younger women, and women from CALD backgrounds.

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

The report findings demonstrate that barriers to accessing health services and information — including for preventive health — are part of the social determinants of women's lives that can lead to health inequalities. These barriers include:

- high cost of health care for some women;
- lack of awareness of existing services;
- shortages of general practitioners, specialist medical services, and a spectrum of health services;
- lack of female doctors, especially for reproductive and sexual health;
- lack of culturally appropriate and gender sensitive services and information; and
- health and wellbeing services which may not deal holistically with the physical, social and emotional wellbeing and cultural needs of women, especially disadvantaged groups.

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

WCHM developed a concept of good quality health and wellbeing information throughout the study through the literature used for review and the research participants. Good quality health and wellbeing information was defined as that information which increases an individual's knowledge about health, wellness, illness and disease; assists an individual in making choices about their lifestyle and decisions about their health; and reduces anxiety about health issues.¹

It was also seen as imperative that information and information sources are gender and culturally sensitive.

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.

Work has already commenced on several projects for 2010-11 have already come out of the recommendations from the Report. WCHM will work in 2010-11 to develop its website (working in partnership with other key stakeholders and women) to provide assistance to ACT women as health consumers in using the internet and in navigating and assessing the information that is accessed through the internet, particularly through:

- the provision of tools to support ACT women to understand how to assess and identify trusted sites — by enabling women to access trusted information they will be able to make more rational and informed health decisions without needing to access GPs every time to check information;
- the use of navigation tools to assist them to find their way around the

¹ Murphy, M., Murphy, B. & Kanost, D. (2003), *Access to Women's Health Information: A Literature Review of Women as Information Seekers*, Women's Health Victoria, Melbourne, 8.

- health system and to access services in and outside the health system that lead to better health outcomes; and
- the development and trialling of a central approach to health and wellbeing information in the ACT for women with a focus on the current gaps identified (Having a baby in Canberra, sexual health and menopause for older women, and young women and eating disorders).

Treasurer's Report

It has been a pleasure to be involved as the treasurer of the WCHM for part of 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 of by them and the Centre's Executive Director during the year.

The Centre's main source of funding once again was received from ACT Health, with some additional funding received from them to facilitate a Women's Mental Health Working Group and to liaise with the mental health community sector "peak bodies" to co-ordinate in the planning, provision and evaluation of women's mental health services. In addition WHCM received 2 year project funding for a Peer Support project from under a Health Promotions Grant, funding from the Canberra Institute of Technology for working with women from the Mon and Sudanese communities to develop specific Cultural Awareness Training for ACT Women's Services, and an Innovations Grant from Disability ACT in conjunction with Beryl Women's Inc and the YWCA for a project called "Making Safe Connections" which aimed to facilitate a support group to mentor women on parenting issues arising from having lived with violence.

Overall, our audited accounts show a deficit of \$12,462 to the end of June 2010. 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 survey which explored the views and preferences of ACT women in accessing health and wellbeing information - the findings from the survey about gaps in information have been used to shape the work of WCHM in the next year through the WCHM website and by developing support to help women better navigate available information.

I would also like to take this opportunity to thank Carol Benda who undertook the treasurer's duties until February, and to the dedicated and committed Board. It has been a pleasure working with all the Board members over the last few months.

Kathleen O'Sullivan, Treasurer



Staff Member – Wendy Zeng