

SMALL CHANGE,



**WOMEN'S
HEALTH
SERVICES
NETWORK**

Working together since 1978

COLLECTIVE IMPACT REPORT

**The role, reach and impact of the women's health sector
in advancing Victorian women's health and equality.**



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Acknowledgement of Country

The Victorian Women's Health Services Network acknowledge the Traditional Owners and Custodians of the lands and waters on which we work and live across Victoria. We pay our respects to Elders past and present. We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today. We are committed to collaboration that furthers self-determination and creates a better future for all.



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Victorian Women's Health Service Network joint statement

This report has been collaboratively produced by the Women's Health Service Evaluation Working Group as part of the Women's Health Service State Evaluation Project on behalf of Victoria's Women's Health Service Network. It reflects our shared passion and commitment to evaluating progress towards women's health and equality in Victoria. Through this report, we seek to move beyond short-term individual output measures and test new ways to capture collective impact so that as a sector and state we are best able to see that our joint efforts are effective, efficient and contributing towards meaningful change for the health, safety and wellbeing of all Victorian women.



Acknowledgments

This report was authored by Claire Varley, with oversight from the Women's Health Service Evaluation Working Group and the Victorian Women's Health Service Network. We extend our thanks to all Working Group members and other women's health staff for their time and expertise in data collection and review, to the women's health services CEOs for their valuable input and support, and to the project's CEO sponsor Emma Mahony (WHWBSW) for nurturing and shepherding this project and report from the beginning. We also extend our deep appreciation to our partners and stakeholders who provided testimonials and most significant change stories.

The Victorian Women's Health Services Network acknowledges the support of the Victorian Government.





About the Victorian Women's Health Services Network

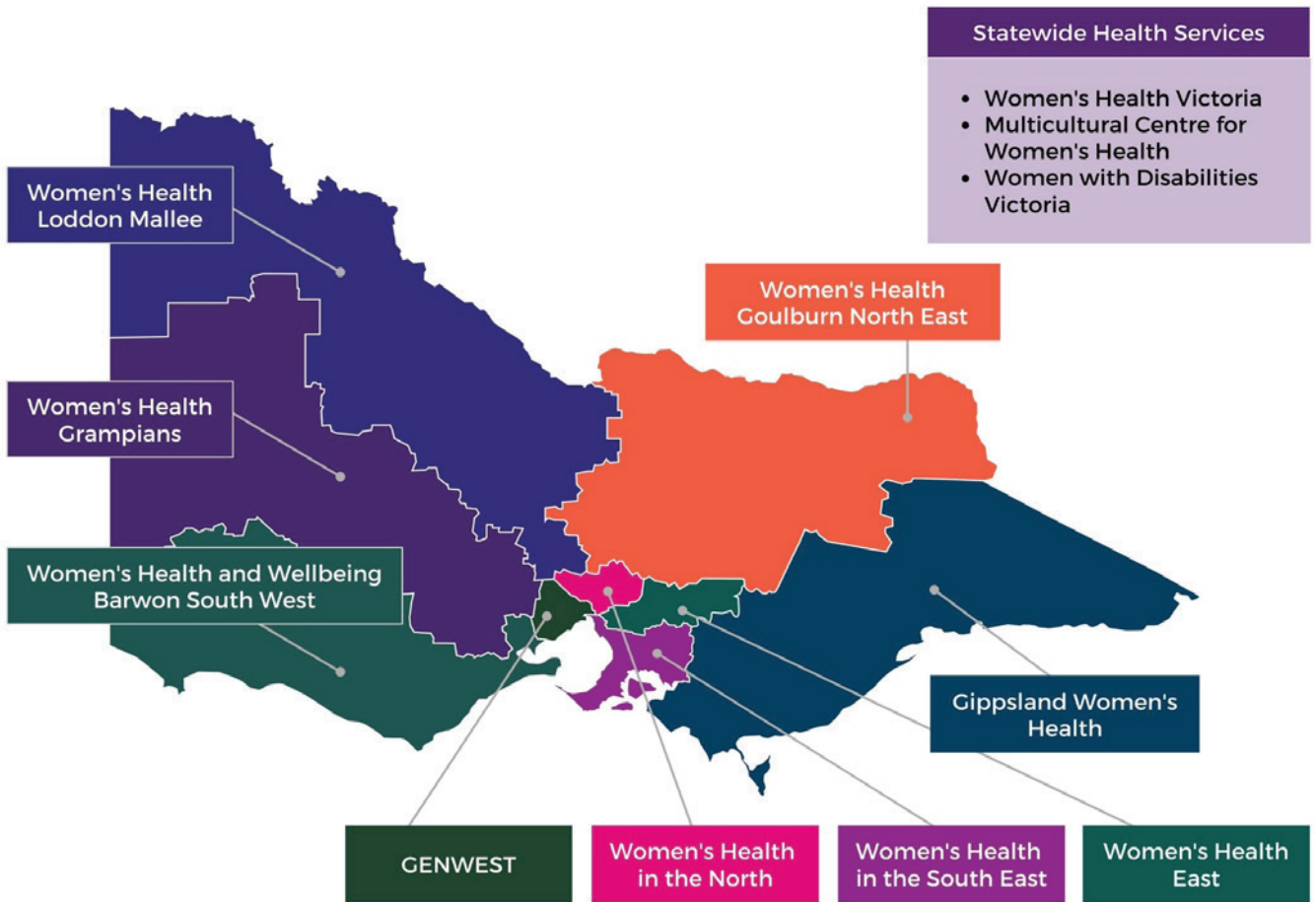
Women's health services are centres of excellence in gendered health promotion and prevention, winning awards for innovations and achievements. There are 12 women's health services across Victoria; three are statewide and nine are region-based. We have been a central part of Victoria's public health infrastructure for four decades, coordinating local place-based health promotion activities, which is enhanced by our collaborative statewide approach.

We provide a statewide infrastructure to promote Victorian women's wellbeing.

We promote good health and wellbeing to Victorian women.

We apply an expert intersectional lens to health issues and systems to improve outcomes for women.

We prevent the underlying causes of ill-health and harm for women in Victoria.



We are the only state or territory with this unique infrastructure and reach, supporting the health system to create the best possible health outcomes for women. We use evidence-based research to ensure that women stay well, and if they do need access to healthcare services, that they receive the care that supports their return to health.



Abbreviations and acronyms

AIFS	Australian Institute of Family Studies
DFFH	Department of Families, Fairness and Housing
DH	Department of Health
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
EWG	Evaluation Working Group
FARREP	Family Planning and Reproductive Rights Education Program
FGM/C	Female genital mutilation/cutting
FSV	Family Safety Victoria
FVIRM	Family Violence Implementation Reform Monitor
GPHU	Grampians Public Health Unit / Goulburn Public Health Unit
GRPHU	Gippsland Region Public Health Unit
GWH	Gippsland Women's Health
HSW	Healthsharing Women
LBQ	Lesbian, bisexual and queer
LGBTIQA+	Lesbian, gay, bisexual, trans, intersex, queer, asexual and other people of diverse genders and sexualities
LPHU	Local Public Health Units
MCWH	Multicultural Centre for Women's Health
MUDRI	Monash University Disaster Resilience Unit
NEPHU	North East Public Health Unit
NWMPHN	North Western Melbourne Primary Health Network
PVAW	Prevention of violence against women
RCFV	Royal Commission into family violence
SEPHU	South East Public Health Unit
SRH	Sexual and reproductive health





VAW	Violence against women
VWHP	Victorian Women's Health Program
VWHSN	Victorian Women's Health Service Network
WDV	Women with Disabilities Victoria
WHA V	Women's Health Association of Victoria
WHE	Women's Health East
WHG	Women's Health Grampians
WHGNE	Women's Health Goulburn North East
WHIN	Women's Health In the North
WHISE	Women's Health in the South East
WHLM	Women's Health Loddon Mallee
WHO	World Health Organisations
WHS	Women's health sector or women's health services
WHSCBP	Women's Health Services Capacity-Building Project
WHV	Women's Health Victoria
WHWBSW	Women's Health and Wellbeing Barwon South West
WOMHE n	Workforce of Multilingual Health Educators project
WPHU	Western Public Health Unit



Executive summary





This section provides a high-level summary of *Small Change, Big Impact: Women's Health Services Network Collective Impact Report*. Detailed case studies, stakeholder testimonials, most significant change stories and other impact data can be found in the full report and its appendices.

About the Report

The *Small Change, Big Impact: Women's Health Services Network Collective Impact Report* (the Report) is a deliverable of the Women's Health Service State Evaluation Project, a collaboration between Victoria's 12 statewide and regional women's health services. It was developed by the Women's Health Services Evaluation Working Group, with oversight from the Victorian Women's Health Services Network CEOs.

The Report captures the collective impact over time of the women's health sector in advancing Victorian women's health and equality. It describes the long-term unique and pivotal role of the women's health sector in Victoria's public health infrastructure, our impact on the state's strategic, policy and programmatic landscape, and the return on investment reflected in the current 2022–2023 core and additional two-year funding uplift. Through doing so, its purpose is to strengthen the case for continuing to invest in a well-resourced Victorian women's health sector at the end of the funding uplift in June 2024.



The report shows that our sector's established infrastructure, decades of experience and best practice ways of working have enabled us to effectively utilise the funding uplift in this first year – resulting in **big impacts from small change**. By demonstrating what the sector has been able to achieve, this report highlights what is possible by continuing to invest in a strong, well-resourced women's health sector.

The Report utilises an evidence-based collective impact approach to capture the unique influence and impact of the women's health sector in contributing to real change across all socio-ecological levels of Victoria. This includes a desktop review and a range of qualitative data collection methods including stakeholder interviews, most significant change stories and case studies. The Report complements the Victorian Government's existing reporting and evaluation requirements, avoiding duplication by focusing on indicators and measures not included in the Victorian Women's Health Program (VWHP) and Women's Health Services Workforce Capacity-Building Project (WHSCBP) annual reports, Victorian Women's Health Service Indicator Framework and Victorian Women's Health Program Evaluation (conducted by Cube Group). The Report balances the quantitative single-year focus of government reporting requirements with qualitative measures that consider collective impact over time, factoring in the influence and impact of previous activities and achievements. That is, **each new year of funding builds on the momentum, impact and achievements of all the preceding years**. While programmatic evaluation largely focuses on short-term outputs and process measures with limited opportunity to evaluate effectiveness of interventions over time, the Report seeks to take a macro-level look at the contribution of the women's health sector to medium- and long-term outcomes at a population-level.



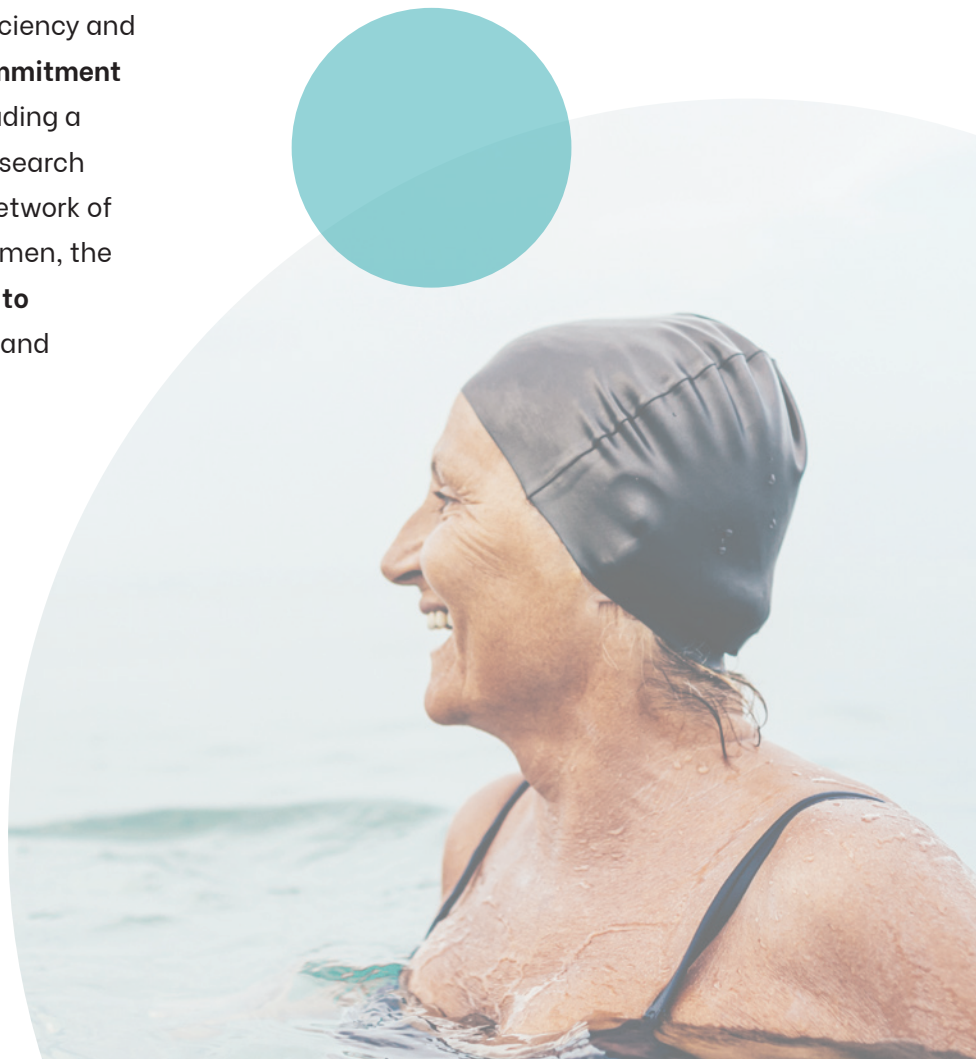
Advancing Victorian women's health and equality across four decades

The women's health sector has been a driving force progressing and shaping Victoria's women's health and equality space since its establishment in the late 1980s. As dedicated preventative health services, the sector was a leading voice in **advocating for the expansion of Victoria's policy and programmatic focus from purely response to one that recognises primary prevention** as crucial to addressing the drivers of women's inequitable health and wellbeing outcomes.

Through its unique role as a network of independent place-based organisations, the sector is able to collaborate to **lead and coordinate best practice health promotion across the state**. This includes a dual role of translating evidence, research and policy into on-the-ground practice, while also informing the state's programmatic and policy design based on community need, promising practice and the emerging evidence base. Efficiency and effectiveness are maximised by a **commitment to evidence-based approaches**, including a long-term commitment to sharing research and practice knowledge across the network of services. By centring the voices of women, the sector is able to **identify and respond to current and emerging priority issues**, and use this knowledge to help shape the government's health agenda.

The sector has a **strong track record and reputation for leadership and impact in Victoria**.

This includes a substantial contribution to **building the evidence base in Australia** through centring the lived experiences of women in research and identifying real-world gaps and potential solutions. This innovation and expertise has been recognised through a large range of **local, Victorian and national awards** over the years, as well as within key state government documents such as the *Royal Commission into family violence findings*; *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women*; *Safe and strong: A Victorian gender equality strategy*; and the *Victorian women's sexual and reproductive health plan 2022–30*.





Some of the sector's most significant impacts over the last four decades include:

Evidence-building and advocacy to ensure **women's voices and needs are consistently represented on the state's agenda**, including bringing vital gendered analysis to legislation, policy and programs. As a result, today Victoria leads some of the most innovative and progressive reforms to advance women's health and equality in Australia.

Driving state reform to advance women's health and equality such as ongoing advocacy on sexual and reproductive health reform. This long-term evidence-building, education, advocacy and coalition-building has contributed to life-saving advances towards a safe, accessible and empowering Victorian sexual and reproductive health system.

Leading the way in **building evidence and practice knowledge about what works in primary prevention**. This innovation has driven many of the first primary prevention pilot projects in Australia, significantly shaping what is now recognised as best practice and embedded as core work within state government strategies and plans.

Building Victoria's capacity to **undertake inclusive and intersectional practice in the women's health and equality space**. This has contributed to the growing practice and evidence base for what more inclusive, intersectional primary prevention work might look like, and developed more nuanced understandings of the intersections of gender with other forms of privilege and oppression.

Ensuring gender remains in focus, particularly during times of crisis such as the COVID-19 pandemic and subsequent economic downturn. The sector has provided **ongoing real-time intersectional analysis that seeks to mitigate the potential for the pandemic response and recovery to exacerbate and worsen women's health and equality outcomes**. This influence is reflected across significant recent and current policy and programmatic decisions.



The women's health sector's collective impact across 2022–2023

Across 2022–2023, the sector has undertaken a breadth and depth of vital work to advance the Victorian Government's vision, using best practice approaches and with meaningful impacts. Work across the government's priority area includes:

Gender equality

- Driving action to deliver on government legislation and policy.
- Championing lived experience and amplifying local voices for better policy and practice.
- Increasing women's health literacy and safety by reaching more women across each region.

Gendered violence prevention

- Driving coordinated primary prevention as regional backbone organisations.
- Delivering best practice collaborative primary prevention action across the state.
- Building capacity of Victoria's prevention and contributor workforce.

Sexual and reproductive health

- Driving delivery of the Victorian Government's *Women's sexual and reproductive health plan*.
- Leading a systems approach to sexual and reproductive health equity through coordinated regional action.
- Tailored capacity-building for Victoria's health sector and communities.

Mental health and wellbeing

- Championing a gender responsive approach to mental health and wellbeing, including through the Women's Mental Health Alliance.
- Strengthening migrant and refugee women's mental health and wellbeing outcomes.

Women in a changing society (climate change, emergency and disaster situations)

- Leading evidence-building on gender, climate and disaster work.
- Supporting recovery from the 2022 Victorian floods.

Additionally, the funding uplift supported **increased research and evaluation capacity** across each women's health service, as well as sector leadership towards a coordinated long-term collective impact approach. It also supported **advancing inclusive and intersectional health promotion practice** through employing more staff with lived experience, collaborating with specialist services, undertaking internal capacity-building, and delivering capacity-building activities to partner organisations.

Positive impacts reported by women's health service partners, stakeholders and communities included statewide and regional coordination and collaboration; strengthening alignment across the public health sector; helping turn ideas into action; increasing Victoria's gender lens; increasing service accessibility and engagement; and empowering the workforce.





Impacts of the funding uplift

The additional funding uplift supported our sector to significantly enhance and extend our reach and impact across the state in 2022–2023, and to further develop the infrastructure needed to drive long-term change.

As of June 2023, the funding uplift has allowed the sector to employ an additional 67.98 FTE, consisting of 83 new, extended or expanded positions. This includes:

- 32 health promotion, policy or community engagement staff
- 19 bilingual health educators or multicultural health promotion staff
- 10 training and capacity-building staff
- 8 research and evaluation staff
- 5 communications staff
- 5 managers
- 4 administration and corporate services staff

The **workforce boost** was enhanced by the **strengthening of our infrastructure and internal operating systems**, resulting in:

- increased capacity across all health promotion priority areas
- strengthened organisational capacity to deliver
- enhanced research, evidence-building and advocacy
- extended, expanded and new best and promising practice projects
- capacity-building for more workers and enhanced workforces
- enhanced communications to reach more people in more meaningful ways
- strengthened foundations for meaningful long-term evaluation.

As a result of the funding uplift across 2022–2023, the women’s health sector was able to undertake significant work to put in place the **people, plans and systems** needed to deliver the ambitious work of achieving women’s equality.

The case for a well-resourced Victorian women’s health sector

Building on our previous achievements, in 2023–2024 we will continue to:

1. Expand our work across all five priorities areas and extend our reach across our regions.
2. Drive strategic statewide and regional partnerships and alliances to advance women’s health and equality.
3. Respond to gendered pandemic health inequalities and maintain an intersectional lens on recovery, as well as building resilience and the knowledge base in preparation for the next crisis.
4. Utilise our established and unique role within Victoria’s public health infrastructure to continue enhancing the system, including by supporting the Local Public Health Units and providing expertise on new initiatives such as the rollout of Women’s Health Clinics.
5. Advance best practice intersectional health promotion practice across the state, including through our newly established migrant and refugee workforce.
6. Deliver more high-quality training and capacity-building activities across the state for our sector, our regional and statewide partners, and our stakeholders such as Defined Entities, key primary prevention settings and government.





7. Respond to the increasing demand in Victoria for strategic advice, capacity-building and resources by those seeking to embed primary prevention into their everyday practices and policies.
8. Coordinate strategic evidence-building, communications and advocacy at a regional and statewide level to improve Victoria's women's health and equality legislation, policy and programmatic landscape.
9. Coordinate and undertake local, regional and statewide monitoring and evaluation, driven by our increased monitoring and evaluation capacity enabled by the uplift.

By the end of 2023–2024, the uplift will help position the women's health sector to deliver maximum impact and value on the government's women's health and equality ambitions. This includes:

- the people needed to deliver effectively on government priority areas, extending reach across respective regions, partners and communities to drive and build capacity for best practice health promotion work
- the internal systems and infrastructure required for operating efficiently
- the sector-wide mechanisms and governance practices for coordinated, collaborative and mutually reinforcing statewide reach and impact
- the capacity, processes and frameworks for robust, evidence-based monitoring and evaluation.

However, with the uplift funding guaranteed until 30 June 2024, a return to current core funding only poses a significant threat to all that has been achieved through recent government investment and strategic infrastructure planning. Significantly, the sector stands to lose the 67.98 FTE capacity enabled by the uplift, resulting in job losses to 83 women and the loss of sector expertise and skills. **Reduced capacity, reach and impact**, combined with a **loss in the high-levels of momentum, buy-in and opportunity** enabled by recent additional investment, will **significantly harm Victoria's progress towards gender equality. There is the potential not only for stagnation but regression**, as evidenced by the rise of backlash and threats to women's sexual and reproductive health and other rights around the globe; Australia's precarious Global Gender Gap progress; the negative impacts of the pandemic on gender equality here and overseas; and the persistent high rates of violence against women in Australia.

Continuing to invest in a well-resourced Victorian women's health sector recognises our unique role and infrastructure in Victoria's public health system, and best enables our sector to deliver maximum impact and value towards the government's women's health and equality reform agenda.



About this report





Background

Victoria's women's health sector has a four-decade history of advancing women's health and equality in Victoria. Despite strong willingness and commitment, previous efforts to undertake joint collective evaluation have been challenged by resourcing limitations over the years. From the sector's establishment in 1988 until 2022, the sector experienced no real increase to core funding, despite Victoria's population increase, demographic changes and the emergence of new health challenges (VWHSN 2022).

In May 2022, the Victorian Government announced additional funding to the Women's Health Program totalling \$19.4 million dollars for the 2022–2024 period, administered across the Victorian Women's Health Program (Department of Health) and the Workforce Capacity–Building Project (Department of Families, Fairness and Housing). A key outcome of this funding boost was increased staffing capacity, with many services creating and recruiting dedicated evaluation, impact and outcomes positions for the first time.

The increased evaluation capacity assisted the formation of the Women's Health Service Evaluation Working Group (the Working Group) in August 2022 to foster a shared approach to evaluation across the state's women's health network and promote best practice evaluation. The Women's Health State Evaluation Project (the Project) seeks to build the women's health sector's capacity to undertake shared evaluation by identifying and establishing an approach to coordinated long-term collective impact evaluation. This report is the Project's first deliverable.

See Appendix A for Working Group membership.

Purpose

The *Small Change, Big Impact: Women's Health Services Network Collective Impact Report* (the Report) captures the collective impact over time of the women's health sector in advancing women's health and equality across Victoria. It describes the long-term unique and pivotal role of the women's health sector in Victoria's public health infrastructure, our impact on the state's strategic, policy and programmatic landscape, and the return on investment reflected in the current 2022–2023 core and additional two-year funding uplift.

The unique value proposition of the women's health sector has been previously recognised in key government reports, strategies and plans. For instance:

- The Prevention section in Volume IV of the *Royal Commission into family violence* findings highlights the long-term substantial role of the women's health sector in driving prevention models and regional partnerships in Victoria, referencing many women's health service pilots and programs (State of Victoria 2016).
- Our leadership, innovation and effectiveness are noted in *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women* and the first and second actions plans, reflecting our role as a backbone organisation (State of Victoria DPC 2017; State of Victoria DHHS 2018; State of Victoria DFFH 2021). Our widespread stakeholder recognition as primary prevention experts was noted in the primary prevention system architecture-focused Family Violence Reform Implementation Monitor (FVIRM 2022).



- *Safe and strong: A Victorian gender equality strategy* recognises our sector’s long history of proven gender equality strategies and commits to further growing our leadership alongside other key players (State of Victoria DPC 2016).
- Our leadership and achievements are also recognised within the *Victorian women’s sexual and reproductive health plan 2022–30* (State of Victoria DH 2022).

The Report **builds and strengthens the case for continuing to invest in a well-resourced Victorian women’s health sector by demonstrating the unique role, abilities and opportunities of our sector to drive real progress in advancing Victorian women’s health and equality.**

Our sector’s established infrastructure, decades of experience and best practice ways of working have enabled us to effectively utilise the funding uplift in this first year – **resulting in big impacts from small change.** By demonstrating what the sector has been able to achieve in this first year of uplift funding, this report highlights what is possible by continuing to invest in a strong, well-resourced women’s health sector.

A focus on collective impact

A collective impact approach recognises that complex social problems such as gender inequality and violence against women require collaborative approaches working across all levels of society. The conditions required for collective impact include: a common agenda; continuous communication; mutually reinforcing activities; backbone support; and shared measurement (AIFS 2017). The women’s health services were early adopters of this way of working, and today act as key backbone organisations across the state. This report seeks

to contribute to the shared measurement required as part of a collective impact approach.

The holistic, multi-faceted, long-term nature of social change presents unique challenges in demonstrating the impact of individual activities or agents. However, by utilising an evidence-based collective impact evaluation approach, this report captures the unique influence and impact of the women’s health sector on contributing to real change across all socio-ecological levels of Victoria.

The Report focuses on identifying holistic collaborative impacts towards achieving our shared long-term health and wellbeing outcomes for women in Victoria. We seek to assess our contribution towards a safe and equal Victoria as reflected in the vision and measures articulated in:

- the Victorian Government’s outcomes frameworks for *Free from violence* and *Safe and strong*
- *Counting on change*, Our Watch’s framework for population-level measurement of progress towards preventing violence against women.

To tell the story of our contribution towards advancing women’s health and equality over the past 40 years, how this continues today, and what is required to maintain and progress this in the future.



Complementing existing funding reporting and evaluation requirements

This report complements the state government's existing reporting and evaluation requirements, avoiding duplication by focusing on indicators and measures not included in the VWHP and WHSCBP annual reports, Victorian Women's Health Service Indicator Framework and Victorian Women's Health Program Evaluation (conducted by Cube Group).

Victorian Women's Health Program and Women's Health Services Capacity-Building Project Annual Reports

A series of brief reports completed by each women's health service of 2022–2023 progress against project deliverables, focusing on **project implementation and outputs**, including barriers and enablers.

Victorian Women's Health Program Evaluation

A **lapsing program evaluation** of activities delivered in 2022–2023, in line with the Department of Treasury and Finance Resource Management Framework for time-limited funding.

Victorian Women's Health Service Indicator Framework

A suite of quantitative progress measures to monitor the impact of the women's health program annually. It monitors what the VWHP and WHSCBP funding achieves at state and service catchment level, aligned with population level outcomes, by collating individual women's health service data. Data is quantitative and focuses on **individual training participant and organisational-level change**.

This report balances the quantitative single-year focus of the above reports with qualitative measures that consider collective impact over time, factoring in the influence and impact of previous activities and achievements. That is, each new year of funding builds on the momentum, impact and achievements of all the preceding years. While programmatic evaluation largely focuses on short-term outputs and process measures with limited opportunity to evaluate effectiveness of interventions over time, this report seeks to take a macro-level look at the contribution of the women's health sector to medium- and long-term outcomes at a population-level.

Report methodology

This report was produced by the Women's Health Service Evaluation Working Group, with guidance and oversight by the women's health sector CEOs. With the assistance of a part-time project worker, the Working Group led the process of design and scoping, data collection and compiling this report. This included multiple stages of review, refinement and verification to ensure the validity and robustness of our evaluation findings. In doing so, the Working Group enhanced and consolidated the sector's ongoing commitment and approach towards undertaking effective, long-term statewide collective impact evaluation.





This report draws on best practice collective impact evaluation approaches and methodology for measuring women's health and equality.

- A gender transformative and feminist evaluation approach to measure the effectiveness of our primary prevention interventions.
- Developmental, realist and participatory action research (PAR) evaluation approaches, principles and methodology, that are well suited to capturing and describing efforts to address complex social problems that require collective multi-faceted initiatives delivered over time.
- A qualitative evaluation focus to complement the Victorian Women's Health Service Indicator Framework's quantitative scope, benefiting from the ability of qualitative evaluation to provide rich descriptions of effectiveness, impact and opportunities for improvement, as well as to take a holistic assessment of progress towards social change at a societal level.

Descriptions of each evaluation approach can be found in Appendix B.

Data collection methods

Section 1

- Desktop review of women's health sector historical documents, retrospectives and other key strategic and funding documents.
- Examples of key awards and research.
- Contribution towards collective impact case study themes (activities and initiatives).
- Stakeholder and partner testimonials collected via written submission and interviews.

Section 2

Descriptions provided by each women's health service of:

- Data on total number of activities delivered in 2022–2023 via the VWHP and WHSCBP funds by priority areas.
- Most significant change story collection with selected partners/stakeholders/communities resulting from their engagement with their women's health service in the last 12 months.
- Case studies demonstrating what was done with 2022–2023 funding and the impact/result.
- Description of work undertaken with specialist workers, organisations or community groups to advance intersectional health promotion practice.
- Collated description of how the uplift was used and what this enabled/the impact.
- Most significant change story collection for each women's health service resulting from funding uplift.

This information was collated and analysed to identify common themes and domains of change reflecting the collective impact of the sector's work across the state.

Section 3

Workshops with CEOs and Working Groups to identify:

- Descriptions of planned activities for 2023–2024 and what the uplift will have enabled by the end of its two-year period.
- Risks associated with a reduction in funding (i.e. a return to core funding without continuation of the additional two-year uplift).



A simplified data collection template can be found in Appendix I.

Quotes from stakeholder and partner testimonials have been used across the report. Full testimonials can be found in Appendix H.

Language note

This report uses the terms ‘women’ and ‘women’s health and equality’. As women’s health services, our use of the term ‘woman’ aligns with the definition in the *Sex Discrimination Amendment Act 2013* (Cth) and includes any person who identifies as a woman, regardless of the sex or gender assigned to them at birth. Our sector’s focus on sexual and reproductive health for women also includes people who are not women but share the reproductive health of women; for example, trans men and some non-binary and intersex people.

While our sector is actively committed to the ongoing work of improving our inclusivity for all women, we also recognise the limited or lack of inclusion or representation many women experienced from our sector and our work in the past. We wish to acknowledge this failing, while highlighting our joint commitment to ensuring our sector is inclusive, safe and welcoming, now and into the future.



SECTION 1:

Advancing Victorian women's health and equality across four decades.



Section summary

The current work of the women's health sector is situated within a long history working to advance women's health and equality in Victoria. This section sets the historical context for why we represent a unique, impactful and value-for-money proposition for government today. It uses qualitative methods to tell the story of our profound role and impact on social change in Victoria over the last four decades, demonstrating our strong track record of collective impact and sector leadership that drives our work today.





Our beginnings

Victoria's women's health sector grew out of the dire need to put women's health, equality and safety in the public health spotlight. Across the 1970s and 1980s, the women's liberation movement agitated for an end to the lack of research, funding and attention to women's health. Fed up with being left out of public conversations about their health and lives, women across Victoria came together to form the networks, advocacy groups and organisations that would eventually become the women's health sector.

The 1985 state government discussion paper *Why Women's Health?* was developed to support a new *Victorian Women's Health Policy*. It drew on community consultation with 7000 women, including the early incarnations of present-day women's health services. Working group chair Kay Setches described the paper as positioned around the then 'radical' idea of a social model of women's health (Setches 2016). The subsequent report recommended the establishment of a dedicated Victorian Women's Health Program (VWHP), with existing women's health services to receive programmatic funding from the Health Department for the first time and new women's health services to be established so that there would be one in each region by 1991/1992 (Beaumont 2007). The sector would deliver a dual strategy of working with women while also working with service providers to improve their responsiveness to women (Beaumont 2007). It also recommended funding for a 'central statewide women's health information service' and an 'ethnic women's information service', as well as appointment of Victoria's first women's health advisor and a women's health unit with five permanent staff. This funding almost didn't occur, with Kay Setches recounting she had to

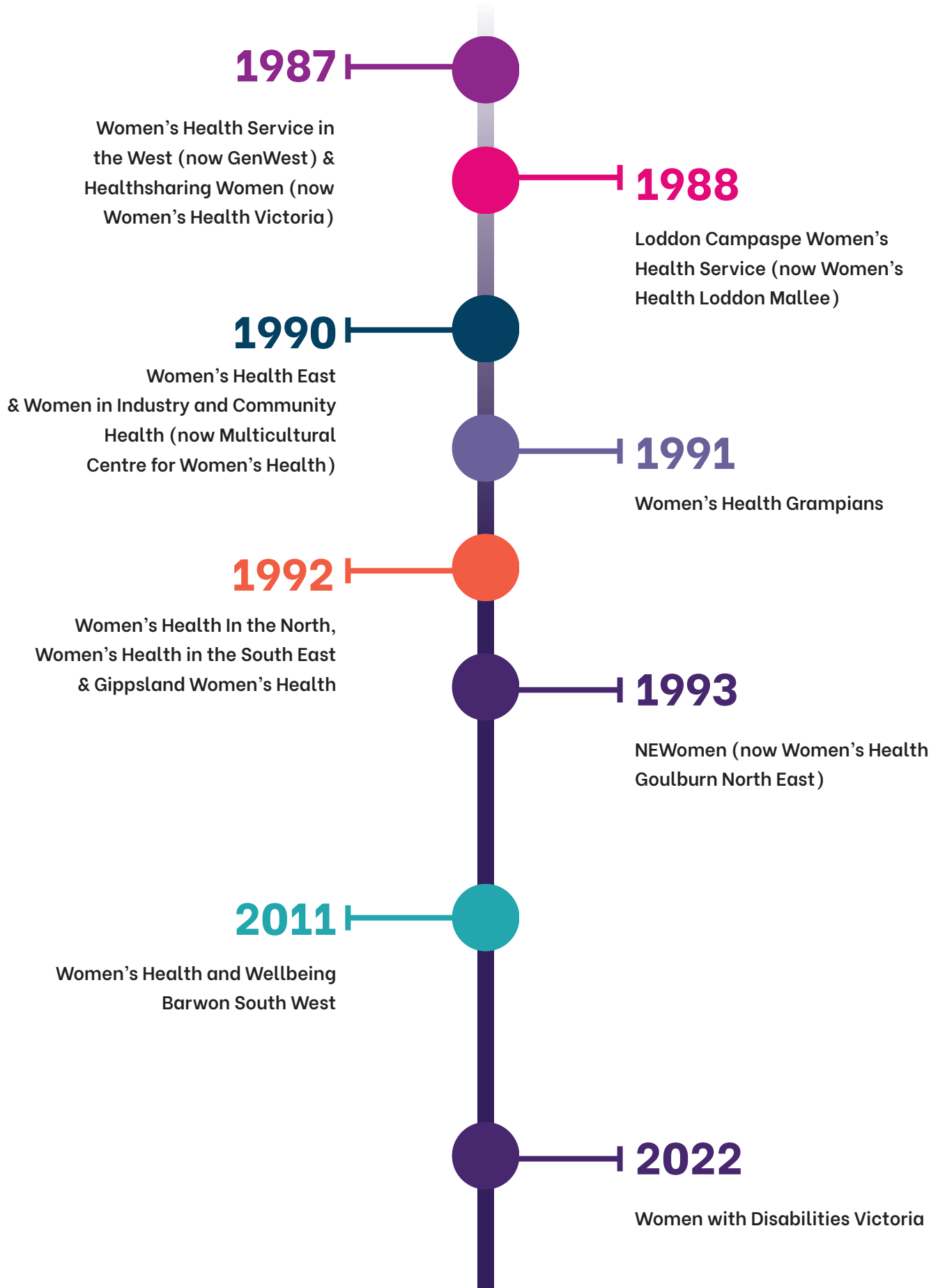
We have been a driving force progressing and shaping Victoria's women's health and equality space for four decades.

threaten to step down as chair and send out a press release declaring she and the government had let down Victorian women before budget papers were amended at the last minute (Setches 2016).

A 1987 tender process set up the first VWHP-funded Victorian women's health centre and statewide women's health information centre, with women's health services established across the state over the next decade, each growing out of existing place-based women's health networks, groups and services. Prior to receiving VWHP funding, most of these services had delivered their activities through a mix of volunteer hours and sporadic small grants. For instance, since 1977, Multicultural Centre for Women's Health (as Action for Family Planning) had provided health information to immigrant women working in factories through a largely volunteer-run program (Beaumont 2007). Women with Disabilities Victoria was established in the early 1990s (as the Victorian Women with Disabilities Network) and received auspice support from Women's Health Victoria from 2004 before becoming a fully independent organisation in 2009. Despite working alongside sister services and delivering women's health and equality activities for over a decade, it did not receive VWHP funding until 2022.

Timeline of Victorian Women's Health Program funding

The following timeline shows when each women's health service first received VWHP funding. For a detailed timeline of each women's health service, see Appendix D.





Over the subsequent decades since its establishment, the women's health sector has grown and strengthened our role in the state's system architecture, despite precarious funding periods. Across the 1990s, the sector fought through the state government health budget cuts, focus on cost-recovery and push for amalgamation, and, at a federal level, the pivot towards 'mainstreaming' that resulted in de-funding of many women's organisations and the abandonment of the *National Women's Health Policy* and funding program (WHW 2009; Wardle 1995). Despite the ongoing need to lobby to maintain – let alone increase – our funding, our work has continued to lead the way in best practice health promotion for women's health and equality in Australia. The sector has been a leading voice in advocating for the expansion of policy and programmatic focus from purely response to one that recognises primary prevention/preventative health as crucial to addressing the drivers of women's inequitable health and wellbeing outcomes.

The Women's Health Services Network

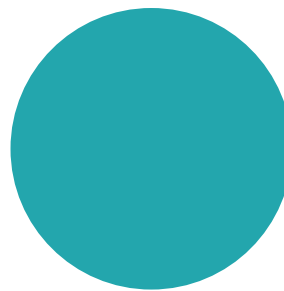
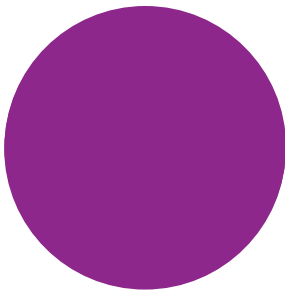
While our services were established and funded independently of one another, collaboration has been a strong part of our history, with the Women's Health Association of Victoria (WHA) incorporated in 1994 as the peak body for the women's health sector. WHAV has been the vehicle for significant joint advocacy and lobbying for both the women's health sector, and the gender equality and primary prevention of violence against women spheres more broadly. Since its inception, WHAV has contributed expertise, advice and advocacy to shape legislation, policy, practice and system architecture across Victoria and Australia. As of September 2022, the 12 women's health services funded through the VWHP now operate under the title the 'Victorian Women's Health Services Network'.





“The development of funded women’s health services in the 1980s built on the momentum of 1970s Women’s Liberation activism. It foregrounded the importance of incorporating women’s lived experience and knowledge into health services design, delivery and research. But also, most importantly, it positioned women’s health issues within the context of the overall structure of a society which disadvantaged women and denied the legitimacy of our voices.”

– **Dr Philomena Horsley, medical anthropologist and feminist activist (Healthsharing Women’s Health Resource Service, 1992–1996)**



“Right from the early days, the women’s health service began collecting information about women’s experiences so that we could provide evidence to influence understandings of women’s health at the policy, legislative and service delivery end, as well as shape and contribute to the research agenda.”

– **Dr Robyn Gregory, women’s health, family violence and prevention of violence against women consultant (Women’s Health West 2008–2021)**

“Women’s health services are in the unique position of being able to really focus on prevention and taking an effective health promotion approach. Because the sector had a mandate to address women’s health issues, they were able to use that and broaden their activities beyond just individual and clinical health. To broaden thinking around prevention and population impact, rather than just at the individual level.”

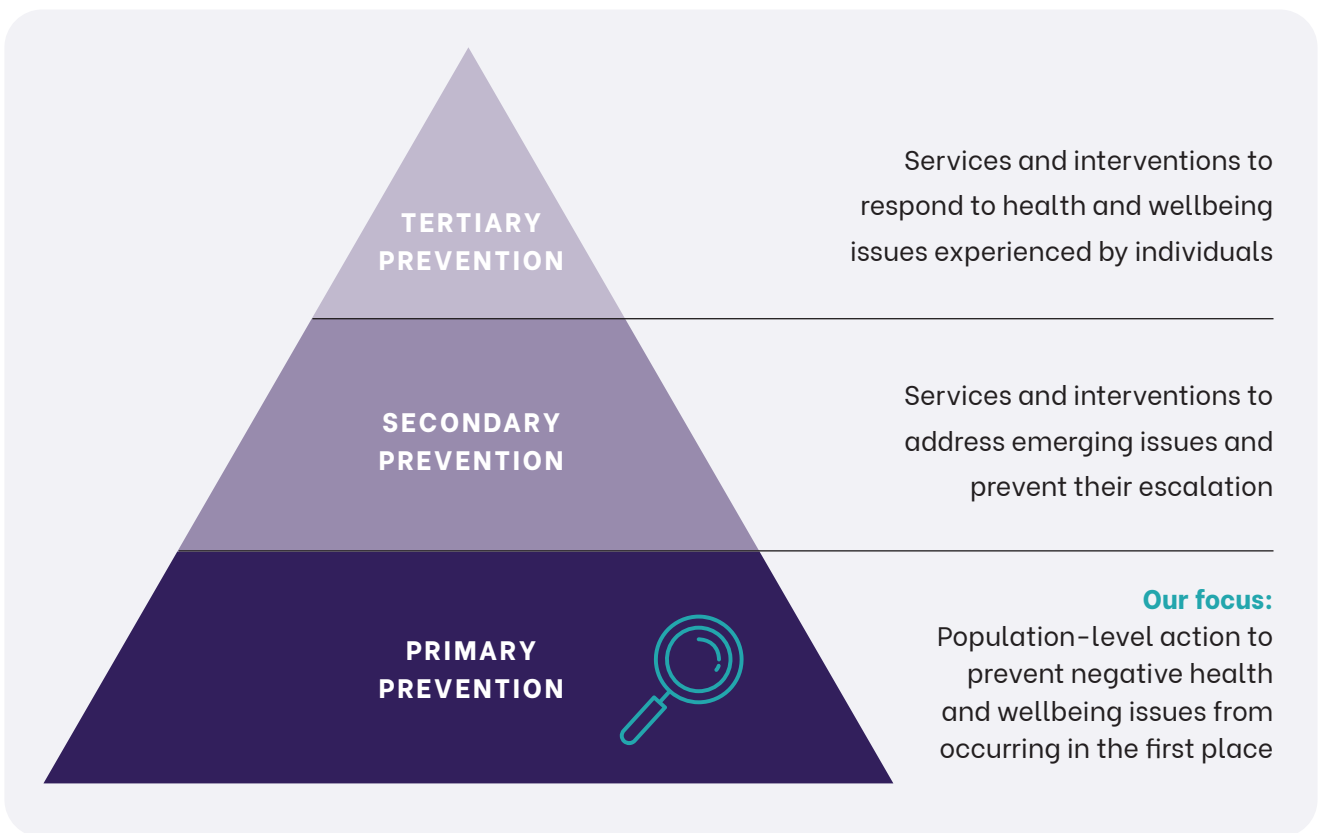
– **Sandra Morris, Senior Engagement and Strategy Manager, Birth for Humankind (Women’s Health In the North 2009–2021)**



Our unique role in the Victorian landscape

We work collaboratively to lead and coordinate best practice health promotion and primary prevention across Victoria.

The women's health sector plays a unique role in Victoria's public health infrastructure. We are experts in primary prevention, seeking to relieve the demand placed on secondary and tertiary prevention services such as clinical and response services by reducing the burden of disease.



A primary prevention approach addresses the social determinants of health, non-medical factors which affect the health of individuals and communities and create unequal health outcomes. These are 'the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.' (WHO 2023)

We have worked alongside our peers such as VicHealth and community health services to develop a robust evidence and practice base for Victoria's coordinated preventative health approach. That is, working across all levels of society to deliver coordinated actions to reduce the social and economic drivers of health inequity, address the causes of ill health and inequality, and empower individuals and communities to increase their control over their health (WHO 2023a).



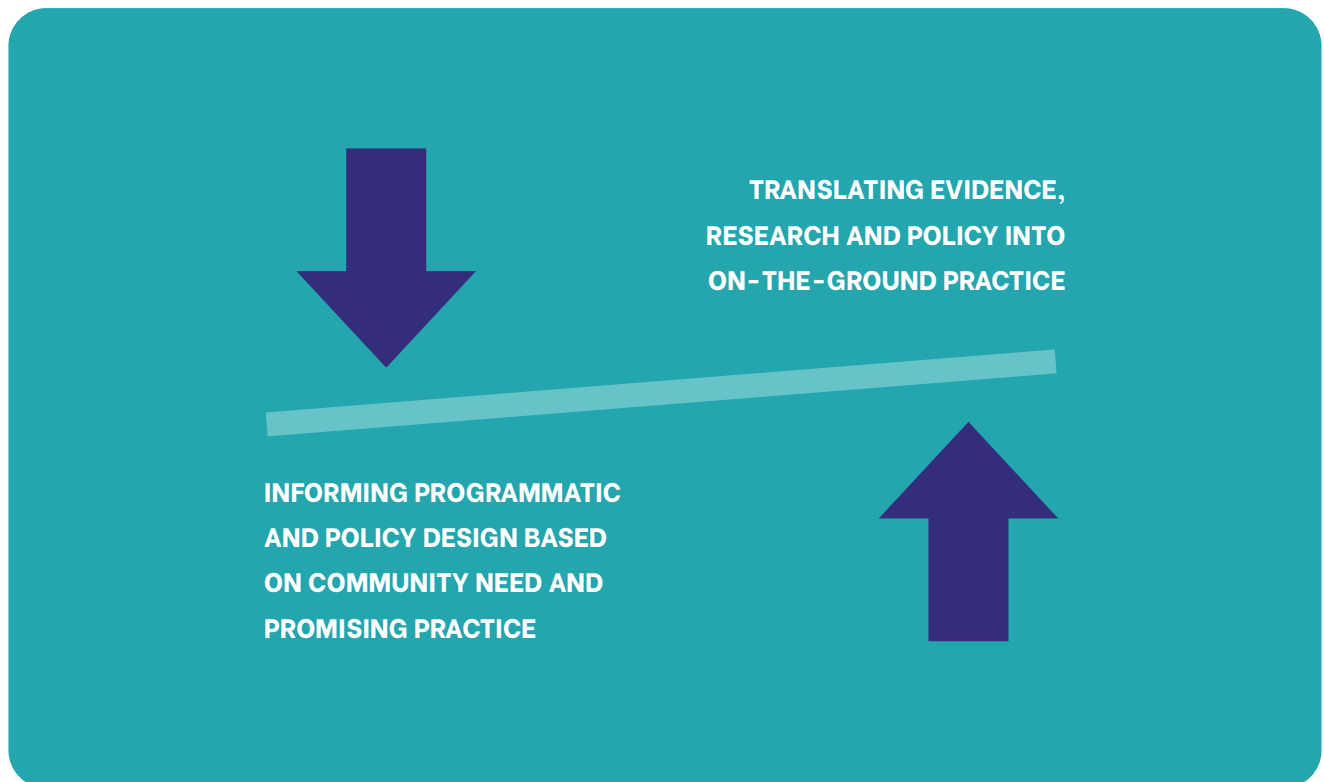
Over the years, the role of the women's health sector and our place within the Victorian landscape has evolved from provision of information and clinical services through to state leaders in best practice health promotion. We have helped expand the scope of the state's health agenda to include preventative public health alongside clinical services, bringing the current VWHP priority issues into policy and programmatic focus through our evidence-building and advocacy.

Today, our role extends across the following fields of expertise:

- testing innovation and promising practice
- research and evidence-building, including monitoring and evaluation
- workforce development
- sector and settings capacity-building, including public and private sectors, and community
- policy and advocacy
- regional coordination and statewide movement-building.

Our statewide services deliver the research, evidence and tools needed to support best practice health promotion across the state, while our regional services provide leadership, expertise and coordination across their regions.

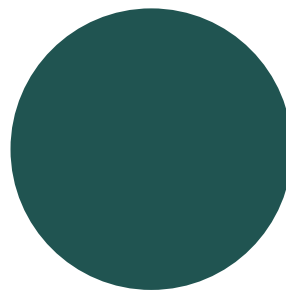
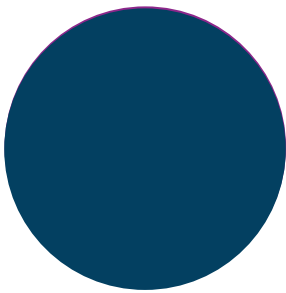
We are a crucial conduit between population-level strategies and community-level action.





“A key role of the women’s health services is that they are able to focus on all the different women’s health issues and draw connections between the various issues – for instance, rates of sexual violence, access to reproductive health services, and mental health indicators – and look at the whole picture of women’s health. All these issues coalesce and impact ultimately on health status for women.”

– Cath Hannon, Project Manager, Clinical Champions Project at Royal Women’s Hospital



“Women’s health services are specialists in the social construction of gender, and how gender functions to sustain structural inequalities that in turn produce inequities in living conditions and disparities in population health ... Women’s health services are unparalleled in their understanding and prioritisation of violence against women, and in their leadership, reach and practices for preventing violence. They are like no other stakeholder in Victoria’s prevention system in this regard.”

– Dr Wei Leng Kwok, independent consultant in gender equality and primary prevention of violence against women



Our sector-wide evidence-based approach

We use best practice evidence-based approaches to maximise the effectiveness and efficiency of our work.

Since the beginning, the women's health sector has centred the lived experiences of women as experts in improving women's health and equality in Victoria – services by women, for women. This means ongoing community engagement and regular strategic and service reviews to remain responsive to changing community demographics, health needs and priorities.

Specialist services Multicultural Centre for Women's Health and Women with Disabilities Victoria have played a vital role in making visible women who are historically forgotten or ignored by both health policy and feminist discourse, and have led the state in building evidence and practice knowledge in embedding intersectional practice in women's health, gender equality and violence prevention work (MCWH 2018).

Our ways of working are guided by best practice approaches and the latest evidence base (see Appendix C for further detail)





We recognise that the most effective pathway towards addressing complex social issues involves coordination, collaboration and mutually reinforcing initiatives working towards shared collective goals.

Our approach values:

- supporting all three levels of government to achieve their visions as outlined in key local government, state and national strategies and plans, including a commitment towards shared measurement systems
- meaningful, long-term collaboration and partnership-building, both within our sector and with a diverse range of stakeholders and settings
- promoting the dissemination of information, practice knowledge and evaluation findings to advance the effectiveness of initiatives across the state and country
- utilising the strategic benefits, opportunities and reach of the statewide women's health network to promote best practice, share resources and undertake joint initiatives, evidence-building and advocacy
- living and role-modelling our values in our workplaces and ways of working.

“One of the unique things about Family and Reproductive Rights Education Project being delivered by the women's health sector is that it is built around human rights – women's health and wellbeing needs. Using a health promotion approach allows us to do work not only on female genital cutting, but also providing various other tools and supports that newly arrived women need: financial literacy, mental health and wellbeing, family violence. It all impacts their health and wellbeing.”

– **Shukria Alewi, Health Promotion Coordinator, Family and Reproductive Rights Education Program (FARREP), GenWest**

“Women's health services (WHS) are very connected to the needs and related services that exist in their neck of the woods – they are anchored in place. Primary prevention work when done well should be grassroots. It's about hearts and minds and shifting behaviours at a grassroots level – and that comes from community-led work and the WHS do this very well.”

– **Matt Tyler, Executive Director, The Men's Project at Jesuit Social Services**

“My work is in very male-dominated workplaces and the women's health services (WHS) have enabled me to take their work and translate it into this context ... The WHS has consulted with us and provided training and support on how to approach this – on what it looks like to make these structural changes. The information that firefighters need to have to make real changes.”

– **Steve O'Malley AFSM, Manager of Emergency Management Sector Engagement, Gender & Disaster Australia**



Our influence shaping Victoria's women's health priority issues

We use evidence, community knowledge and expertise to inform and respond to Victoria's women's health agenda

1987

Women's health services are created under the Victorian Women's Health Program with the dual strategy of being health promotion agencies providing **direct service delivery to women and increasing service providers responsiveness to women's needs** (Beaumont 2007).

1989

The *National women's health policy* is released, creating an **overarching framework under which the emerging women's health sector undertakes work** under the following priority health issues for women:

- reproductive health and sexuality
- the health of ageing women
- women's emotional and mental health
- violence against women
- occupational health and safety
- the health needs of carers
- the health effects of sex role stereotyping.

The policy recognises this work extends across five 'broad structural areas' of action: improvements in health services for women; the provision of health information for women; research and data collection on women's health; women's participation in decision making in health; and training of healthcare providers (CDCSH 1989).

1990s

Women's health and community health services are expected to select common priorities from a range of priorities set by state government. These include obesity; reducing alcohol and other drug issues; preventing falls and injuries; increasing exercise; smoking cessation; heart issues; mental health; and sexual and reproductive health (mainly focused on preventing teen pregnancy and reducing abortion) (Gregory 2023). The women's health sector advocate for a greater focus on primary prevention work (as opposed to clinical services).

1997

The *National women's health policy* expires, resulting in **lack of single policy framework** to guide the VWHP.

WHV lead sector research and consultations to inform the development of the Victorian Government's *Statewide women's health plan*.

2002

WHV leads development of a *Snapshot of the health and wellbeing of Victorian women* that informs the *Victorian women's health and wellbeing strategy 2002–2006*. Areas for action are:

- increase women's participation and leadership
- increase access that embraces diversity
- enhance women's safety and security
- improve women's mental and emotional health
- extend knowledge of women's health and wellbeing and promote ongoing improvements (DHS 2002).

2006

From 2005 onwards, **coordinated sector action results in the gradual alignment of priority issues across women's health services**. *Women's health matters: From policy to practice – setting an agenda for Victorian women's health 2006–2010* sets out our sector's vision for a collective statewide health promotion approach and identifies the key priorities issues government should focus on:

- a statewide sexual and reproductive health policy
- preventing violence against women
- mental and emotional health responses
- a gendered approach to the state and national health priorities.

The sector starts to talk about gender-based analysis as a tool for improving policy and programs (WHAV 2006; WHW 2009; Jamieson 2012).

Released in the lead up to the November election, this **influences government priority setting for women's health**, including the *Victorian women's health and wellbeing strategy: Stage two 2006–2010*, which has three priority focus areas:

- mental health and wellbeing
- social connectedness
- sexual and reproductive health (DHS 2007).

2007

The women's health sector is influential in contributing to VicHealth's groundbreaking *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, which creates an authorising strategic and funding environment for preventing violence against women work. After much advocacy, **preventing violence against women becomes a state government priority issue.**

2009

An updated women's health sector *10 point plan for Victorian women's health* **builds on the previous plan's calls for a social determinant framework and gender approach**, focusing on four priority areas:

- women in a changing society
- sexual and reproductive health
- prevention of violence against women
- mental wellbeing and social connectedness (VWHN 2009).

2010

The Victorian women's health and wellbeing strategy 2010–2014 launches with four priorities:

- improve health and reduce illness
- enhance mental health and reduce poor mental health
- prevent violence against women and improve the health response
- optimise the sexual health and reproductive health of women.

A right to respect: Victoria's plan to prevent family violence 2010–2020 sets out a 10-year Victorian framework for action but is not implemented following a change in government. **The women's health sector continues to undertake this strategic coordinated prevention work, commencing development of the first coordinated regional prevention of violence against women strategies across the state.**

2014

The women's health sector jointly contributes to the development and dissemination of the *Priorities for Victorian women's health 2014–2018*, outlining **clear disparities that exist in health outcomes for Victorian women**. Recommendations include:

- development of a statewide sexual and reproductive health strategy
- investment and leadership in the primary prevention of violence against women
- research and action on women in a changing society, specifically the impacts of climate change on the health of Victorian women
- development of a gendered mental health and wellbeing plan
- further investment in the Victorian Women's Health Program to implement initiatives arising from the actions above.

The Victorian women's health and wellbeing strategy 2010–2014 lapses and is not renewed. Women's health sector work is guided by the *Victorian public health and wellbeing plan 2015–2019*, which has a whole-of-Victorian-population scope for preventative health (largely focused on individual behaviour change). Priorities include: healthier eating and active living; tobacco-free living; reducing harmful alcohol and drug use; improving mental health; preventing violence and injury; and improving sexual and reproductive health.

2015–2022

Women's health services make submissions to the *Royal Commission into family violence*, supporting partners to also make submissions. Commission findings note that much of what is deemed best practice in Victoria (and nationally) is led by, or in partnership, with the WHS. A number of significant reforms consolidate the WHS's role as **leading, coordinating and capacity-building best practice health promotion as statewide leaders and regional backbone organisations**. This includes the state's first **gender equality, prevention of violence against women, and sexual and reproductive health strategies**.

- *Safe and strong: A Victorian gender equality strategy (2016)*
- *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women (2017)*
- *Victorian women's sexual and reproductive health plan within Victorian sexual and reproductive health and viral hepatitis strategy 2022–30 (2022)*

Work continues to be guided by the third *Victorian public health and wellbeing plan 2019–2023*. Priorities include: preventing all forms of violence; improving mental wellbeing; improving sexual and reproductive health; and tackling climate change and its impacts on health, as well as reducing injury; increasing healthy eating; increasing active living; reducing tobacco-related harm; reducing harmful alcohol and drug use; and decreasing the risk of drug-resistant infections in the community.

2022 – present

In 2022, the women's health sector and state government work together to establish the VWHP priorities, based on the *Women's Health Services Council: Priorities for women's health services 2021–2025*:

- gender equality
- gendered violence prevention
- sexual and reproductive health
- mental health and wellbeing
- women in a changing society – climate, emergency and disaster situations



From grassroots to government: our unique statewide infrastructure

Our unique infrastructure supports consistent, coordinated best practice health promotion across the state.

Leading and enabling best practice health promotion practice across Victoria

Our statewide services have a long history of leading and enabling best practice health promotion practice across Victoria.

Women's Health Victoria

Since its beginnings, Women's Health Victoria has developed and delivered evidence-based resources and tools to promote and enable best practice health promotion to take place across Victoria.

Since 1994

The WHV Library (formerly Clearinghouse) provides public access to published women's health information to support a gendered approach to health policy and practice.

Research, issues papers and forums improve understanding, policy and practice on women's health issues such as abortion; women's mental health; gender transformative policy and practice; ageing; violence against women; oral health; sexist advertising and cardiovascular health.

Since 1999

Provision of trustworthy evidence-based information on women's health and wellbeing topics for the Victorian Government's Better Health Channel since its launch.

Since 2000

Women's Health News e-newsletter provides a tri-weekly synopsis of women's health and relative issues covered in the media.

Since 2003

Counterpart (formerly BreaCan) delivers a consumer-focused information and peer support service for women with cancer.



Since 2004

Provision of Victorian sex disaggregated health data to inform policy and practice

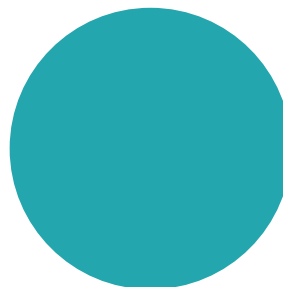
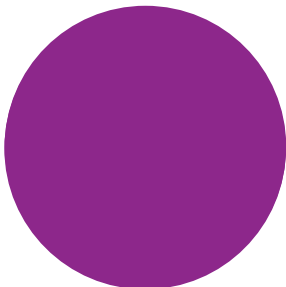
- *Victorian Gendered Data Directory* (2004)
- *The Index: Women's Health and Wellbeing Data* (2008)
- *Victorian Women's Health Atlas* (2015 with Family Planning Victoria).

Since 2007

Workforce professional development and training on best practice health promotion, gendered analysis and primary prevention practice, including leading development and piloting of Australia's first accredited Gender Equity Training in 2018.

Since 2018

Deliver 1800 My Options, a health service navigation platform providing information about contraception, pregnancy options and sexual health in Victoria.



“In 2001, Women's Health Victoria led work on what the new [World Health Organisation] burden of disease (BoD) approach meant, particularly for women and women's health. We developed evidence-informed issues papers and organised a think tank bringing together key informants from research, government and women's health. From this, we developed a shared understanding of the BoD with a women's health lens – identifying particularly that the health impact of violence against women wasn't measured in this. This led to a piece of research in collaboration with VicHealth, which became the national pre-eminent research on the health impacts of violence against women.”

– Marilyn Beaumont OAM, women's health consultant (Women's Health Victoria, 1995–2010)



Multicultural Centre for Women's Health

Multicultural Centre for Women's Health has a 45-year history of leading evidence-based initiatives to improve migrant and refugee women's access to health education and build the capacity of health promotion practitioners.

Since 1978

Bilingual health educators provide up-to-date health information to women from refugee and migrant backgrounds. Today, this covers information in over 20 languages on 250+ health topics including women's health; making healthy choices; occupational health and safety; mental health; reproductive health; sexual health; gender equality; prevention of violence against women; COVID-19; and women's safety and wellbeing.

Since 1991

A free specialist multilingual women's health information catalogue and library made for migrant and refugee communities in languages other than English or easy to read English.

Since 1998

Deliver the statewide Family Planning and Reproductive Rights Education Program (FARREP) to prevent female genital mutilation/cutting (FGM/C) and address sexual and reproductive health issues in communities affected by FGM/C.

Since 2009

PACE (Participate, Advocate, Communicate and Engage) leadership program for migrant and refugee women.

Since 2010

Research, data reports, best practice guides and policy submissions to improve understanding of the health needs of women from refugee and migrant backgrounds and reduce health inequity.



Since 2014

Deliver the nationally accredited Multilingual Women's Health Education Course to prepare people to deliver culturally appropriate and relevant health information to women from migrant and refugee backgrounds.

Since 2014

Formal training program delivering training for health, community and government organisations on topics including: intersectionality; understanding culture, race and gender; beyond cultural competence; preventing violence against women training; and PACE leadership.

Since 2021

Coordinate the WOMHEn project in collaboration with Victorian women's health services to deliver place-based, in-language health education to women across the state.

“Through the high-quality training given and by demonstrating qualities such as leadership and reliability, Multicultural Centre for Women's Health has provided Red Cross SA with a qualified workforce of bilingual health educators. With Red Cross SA usually focusing on first aid and emergency response, our partnership with MCWH has opened new doors to the area of migrant and refugee women's health and enabled us to provide communities with health education in their first language/s.”

– Health in My Language Project Coordinator, Migration Support Programs, Red Cross SA



Women with Disabilities Victoria

Women with Disabilities Victoria is the only women-focused, human rights-based disability organisation in Victoria. For more than 30 years, Women with Disabilities Victoria has delivered capacity-building and advocacy activities on the intersections of gender and disability and women with disabilities' rights to accessible, inclusive and comprehensive healthcare.

Since 2013

The Community Inclusion and Women's Empowerment Program provides mentoring and leadership support for women with disabilities to speak up about issues that relate to them, and other women with disabilities, in their local communities and beyond.

Since 2014

The Gender and Disability Workforce Development Program provides training and Communities of Practices for disability and primary prevention workforces, increasing organisational capacity in reducing gender and disability-based discrimination and violence.

Since 2014

Regional Community Hubs work with women in regional and rural Victoria to share experiences and support advocacy for women with disabilities outside of the metro area.

Since 2018

The Experts by Experience Group facilitates space for women with lived experience of disability to provide advice and feedback on primary prevention-related projects, resources, and services for WDV and other organisations.

Since 2021

The Experts in our Health Project builds the knowledge, skills and confidence of Victorian women with disabilities to exercise their right to accessible health information and services, and to inform the delivery of health services in their communities. This includes a suite of resources for the use of women with disabilities and health service providers.



“The structure of the women’s health network means that we can access women where they are. It allows the statewides to access the regions and the regional knowledge held at each women’s health service. And, by capacity-building regional services, statewides like Women with Disabilities Victoria are able to expand the reach of their work. Not by speaking for us, but by asking why we’re not in the room in all the spaces they are in. In understanding the societal barriers facing women with disabilities, and seeking to remove these.”

– **Tricia Malowney OAM, Chief Accessibility Advocate, Department of Transport and Planning Victoria (Women with Disabilities Victoria, 2004–2012)**





A network for coordinated best practice health promotion across all Victoria

Our sector plays a unique and vital role in Victoria’s primary prevention landscape, translating state policy into regional action via the work of our statewide services and regional governance structures and strategies.

Coordinated regional prevention of violence against women work in Victoria

The following timeline captures the history of the establishment of coordinated regional violence prevention partnerships across each women’s health region alongside key strategic initiatives at the state and national level.

Year	Women’s Health Sector Initiatives	Government-led Initiatives
1990	Family Violence Prevention Network (GenWest)	
2006	Western Region Local Governance Network replaces defunded FVPN and launches <i>Western region strategy for the prevention of violence against women</i> (GenWest)	
2007		<p><i>Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria</i> (VicHealth)</p> <p>Preventing violence against women is recognised as a Victorian Government health promotion priority for the first time</p>
2010	<i>Preventing violence together strategy 2010–2016</i> and regional partnership (GenWest)	<p><i>National plan to end violence against women and children</i></p> <p><i>A right to respect: Victoria’s plan to prevent violence against women</i> (shelved following 2010 state election)</p>
2011	Northern Metropolitan Region Preventing Violence against Women Committee and <i>Building a respectful community strategy 2011–2016</i> (WHIN)	
2012	<i>Gippsland preventing violence against women strategy</i> and partnership (GWH)	

Year	Women's Health Sector Initiatives	Government-led Initiatives
2013	<p><i>Great South Coast strategy to prevent violence against women and children (WHBSW)</i></p> <p><i>Hume region preventing violence against women and children strategy (WHGNE)</i></p> <p><i>Together for equality and respect regional strategy and partnership (WHE)</i></p>	
2015	<p><i>The Loddon Mallee action plan for the primary prevention of violence against women (WHLM)</i></p>	<p><i>Royal Commission into family violence findings</i></p> <p><i>Change the story. A shared framework for the primary prevention of violence against women and their children in Australia (Our Watch & VicHealth)</i></p>
2016	<p><i>G21 (Geelong region) preventing and addressing violence against women and children strategic plan (WHWBSW)</i></p> <p><i>Preventing violence together. A strategy for the Southern Metropolitan Region (WHISE)</i></p> <p><i>Communities of respect and equality: A plan to prevent violence against women and their children in the Grampians region 2016–2020 (WHG)</i></p>	<p><i>Safe and strong: A Victorian gender equality strategy. Preventing violence against women through gender equality</i></p>
2017	<p>Guides developed to support increased intersectional regional prevention of violence against women planning:</p> <ul style="list-style-type: none"> <i>Intersectionality matters: Engaging immigrant and refugee communities to prevent violence against women (MCWH)</i> <i>Inclusive planning guidelines for the prevention of violence against women with disabilities (WDV)</i> 	<p><i>Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women</i></p> <p><i>Building from strength: 10-Year industry plan for family violence prevention and response</i></p>
2018	<p><i>Seeing is the believing: A national framework for championing gender equality in advertising and the shEqual movement (WHV)</i></p>	<p><i>Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children (Our Watch)</i></p> <p>First phase of WHSCBP funding (2018–2021)</p>

Year	Women's Health Sector Initiatives	Government-led Initiatives
2021		<i>Change the story</i> (second edition) (Our Watch)
2022		<i>Changing the landscape: A national resource to prevent violence against women and girls with disabilities</i> (Our Watch and Women with Disabilities Victoria) <i>National plan to end violence against women and children</i> (Second Plan) <i>Free from violence: Second Action Plan 2022–2025</i> Second phase of WHSCBP funding (2022–2026)

Today, the nine regional violence prevention partnerships consist of more than 500 Victorian public, community and private organisations working together to prevent violence against women through delivery of the following regional strategies and plans:

- *Preventing violence together 2030*, GenWest – second strategy
- *Gippsland free from violence strategy 2022*, GWH – second strategy
- *Together for equality & respect strategy 2021–2025*, WHE – third strategy
- *Communities of respect and equality 2021–2025*, WHG – second strategy
- *Gender justice strategy* (in development), WHGNE – third strategy
- *Building a respectful community 2022–2026*, WHIN – third strategy
- *Promoting respect & equity together 2021–2025*, WHISE – second strategy
- *Collective Action for Respect and Equality (CARE): Partnering to prevent gender-based violence in the Loddon Mallee region 2023–2027*, WHLM – third strategy
- *Respect 2040 plan* and partnership, WHWBSW

“Women’s health services haven’t only embraced frameworks to prevent violence against women; they have led the way in *applying* them through cross-sector partnerships, collaborative endeavours and coordinated action so that gender inequality can be disrupted as the first or primary cause of violence ... When it comes to prevention leadership and reach, I would say that the most enduring legacy and biggest impact of the women’s health services is the capacity and infrastructure they have built over the last decade or so, so that the work of preventing violence against women can get done and done *properly*.”

– **Dr Wei Leng Kwok, independent consultant in gender equality and primary prevention of violence against women**



Coordinated regional sexual and reproductive health work in Victoria

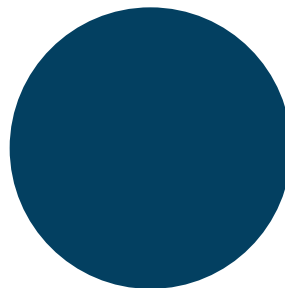
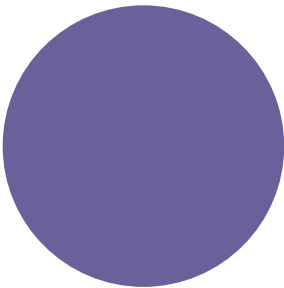
The following timeline captures the history of the establishment of coordinated regional sexual and reproductive health partnerships across each women's health region alongside key strategic initiatives at the state and national level.

Year	Women's Health Sector Initiatives	Government-led Initiatives
2009	Action for Equity partnership (GenWest)	
2012	<i>Action for equity: A sexual and reproductive health plan for Melbourne's west 2013–2017</i> (GenWest) <i>Victorian rural women's access to family planning services</i> (WHLM, WHGNE, GWH, WHG & WHWBSW)	
2013	<i>Gippsland sexual and reproductive health strategy</i> (GWH)	
2014	<i>2014–2017 Hume region sexual and reproductive health plan for young people</i> (WHGNE)	
2015		Sexual and reproductive health identified as a priority in <i>Victorian public health and wellbeing plan 2015–2019</i>
2016	<i>A strategy for going south in the north 2022–2026</i> (WHIN)	
2017	Gippsland Sexual and Reproductive Health Alliance (GWH)	<i>Women's sexual and reproductive health key priorities 2017–2020</i>
2018	<i>Good health down south 2018–2021</i> (WHISE) <i>Her health matters 2018–2021</i> (WHLM)	
2019	<i>A theory of change in sexual and reproductive health for Victoria women</i> launched (all WHS)	
2020	<i>A strategy for equality: Women's sexual and reproductive health in Melbourne's east 2020–2025</i> (WHE)	
2022		<i>Women's sexual and reproductive health plan</i> within <i>Victorian sexual and reproductive health and viral hepatitis strategy 2022–2030</i>



Today, regional partnerships and advisory groups across Victoria work to advance women’s sexual and reproductive health through delivery of the following regional plans and advisory groups:

- *Action for equity: A sexual and reproductive health strategy for Melbourne’s west*, GenWest – second strategy
- *Are you covered?* strategy and Gippsland Sexual and Reproductive Health Partnership 2023, GWH
- *A strategy for equality: Women’s sexual and reproductive health in Melbourne’s east 2020–2025*, WHE
- Increasing Reproductive Choices Advisory Group, WHG
- *Storylines: Her voice* project informing current and future regional strategy work, WHGNE
- *Freedom, respect and equity in sexual health 2022–2026*, WHIN – second strategy
- *Good health down south 2021–2025*, WHISE – second strategy
- *Her health matters: A regional approach to women’s sexual and reproductive health (2023–2026)*, WHLM – second strategy
- Sexual and Reproductive Health and Rights Reference Group formed 2022 to inform development of forthcoming *Knowledge, choice and access strategy*, WHWBSW.



“The Clinical Champions Project is a hospital-based project building access and equity to reproductive health services such as abortion ... We rely on local intelligence to tell us who the key players are and who we need to reach in the community to make connections. Women’s health services across the state have been our local voice and have been very instrumental in developing these connections. They’ve really smoothed the pathways for us and amplified our efforts to have a truly statewide reach.”

– **Cath Hannon, Project Manager, Clinical Champions Project, Royal Women’s Hospital**



What we've achieved over four decades

For nearly 40 years, we have progressed women's health and equality in Victoria through a strategic multi-faceted approach that addresses unequal gender norms, practices and structures for women across the lifespan in the personal and public spheres.

Our work has spanned childbirth and parenting, early years and education, sexual and reproductive health, menopause and ageing, physical and mental health, women's representation in the workforce, in sport, in advertising, in public spaces, in the prison system, and in politics, violence against women, financial literacy, problem gambling, disaster and climate change, and countless other areas.

Building the evidence base in Australia

We have made a substantial contribution to building the evidence base in Australia and driving improved practice. We have done this through centring the lived experiences of women in our research and identifying real-world gaps and potential solutions to advancing women's health and equality. This includes:

- building more nuanced understandings of the ways that women experience inequality throughout the lifespan across different settings, services and structures
- exploring how sexism interacts with others forms of oppression such as colonialism, racism, ableism, homophobia, transphobia and classism, and discrimination based on geographical location, to impact women's health, safety, access and opportunities
- applying a gender lens to areas such as mental health, disaster and the pandemic in order to reduce the risk of stalling progress through gender insensitive planning, responses and recovery services
- identifying and articulating best practice approaches across different settings and communities to ensure that work in Victoria is effective, empowering and intersectional.

For a list of selected examples of our innovative research and evidence-building, see Appendix E.





Recognition of our excellence and leadership

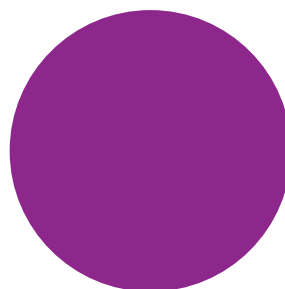
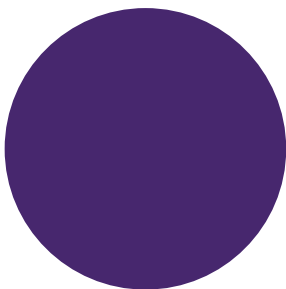
Our innovation and expertise have been commended through a large range of local, Victorian and national awards over the years. This includes recognition of:

- our leadership in applying a gendered lens to the provision and accessibility of health services and bringing to the fore the voices and experiences of a diverse range of women
- our innovation in building the evidence base for what works to prevent violence against women through local and statewide partnerships and pilot programs
- our leading work in building knowledge in areas such as gender and disaster and women’s financial literacy.

For a list of our selected awards over the past few decades, see Appendix F.

“One of the things the sector does beautifully is share what we have learned with each other at every stage of our work, building and refining that work along the way. One organisation will focus on a topic because it is important for their region. They undertake the projects – provide the evidence, the information, the lived experience – then share that with other women’s health services. The scale up that is possible is incredible.”

– Dr Robyn Gregory, women’s health, family violence and prevention of violence against women consultant (Women’s Health West 2008–2021)



Significant impacts from our collective work

The following case studies highlight some of the significant impacts our sector has had on advancing women’s health and equality in Victoria over the last few decades. The case studies focus on our high-level impact – for examples of our activities under each case study, see Appendix G.

CASE STUDY 1: OUR LEADERSHIP IN PUTTING WOMEN'S HEALTH AND EQUALITY ON THE STATE AGENDA

Our collective impact

Our evidence-building and advocacy has ensured women's voices and needs are consistently represented on the state's agenda. Our work brings a vital gendered analysis to legislation, policy and programs, identifying opportunities to reduce unequal health outcomes, and improve the lives of women.

How we achieved this

Our work has helped shape Victoria's preventative public health approach, expanding the understanding of '**women's health**' from a narrow focus on direct services such as breast and cervical screenings to a broader set of priorities that include increasing women's safety, wellbeing and equality as necessary conditions for good health (Wardle 1995).

We have built a collective body of research that explores how gender and other intersecting factors shape women's experiences, access and opportunities, and identifies what can be done at a legislative, policy and program level to increase **gender equality** and reduce negative outcomes.

Our commitment to building the evidence base for a **primary prevention approach to violence against women** helped lay the groundwork for state's nation-leading *Royal Commission into family violence* and subsequent reforms, ensuring a distinct focus on primary prevention that addresses the gendered drivers of violence. Our long-term experience in undertaking best practice coordinated multi-pronged prevention programming, workforce development and systems change has been highly utilised by

government in designing, implementing and evaluating the state's primary prevention strategy, action plans and change infrastructure.

Our sector has long championed **sexual and reproductive health** as a human right, driving regional partnerships to both increase understanding of local needs and improve service, policy and legislative responses. Our work has directly led to increased visibility of sexual and reproductive health across local, state and national health agendas.

We have led advocacy for a gendered lens on **mental health**, delivering research and policy expertise to government and other institutions. The 45-member Women's Mental Health Alliance ensures women's voices and experiences are represented across the *Royal Commission into Victoria's mental health system* and its subsequent reforms.

We have contributed world-leading research into the gendered impacts of **climate change, emergency and disaster situations**, and led local efforts to strengthen women's leadership in supporting communities to adapt to change and mitigate unequal gendered impacts.

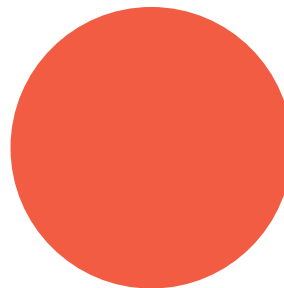
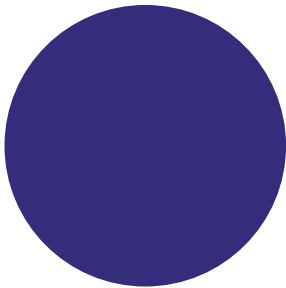




The result and ongoing benefit

Today, Victoria leads some of the most innovative and progressive reforms to advance women's health and equality in Australia. Our sector is recognised as a trusted source of expertise and advice to all three levels of government. Our executives sit across key ministerial councils and taskforces, advisory groups and working groups, while our staff provide expertise, guidance and resources to a wide range of organisations and settings delivering initiatives – from government

departments and councils to schools, TAFEs and universities, health and community organisations, through to the private sector. As work continues to deliver on the government's ambitious strategic health and equality goals, the women's health sector's expertise and experience will continue to support their effective, efficient and best practice realisation, and ensure that women's voices and needs remain central to creating change. See Appendix G for selected examples of our activities under this case study.



“From the 1980s to current times, women's health services have identified and actioned issues that, at the time, were invisible or of low status: ageism and older women's health is now a national conversation; women's mental health is a priority; LBQ women's health vulnerabilities are part of funded mainstream programs; the health impacts of sexual violence and family violence experienced disproportionately by marginalised women has been the focus government inquiries.”

– **Dr Philomena Horsley, medical anthropologist and feminist activist (Healthsharing Women's Health Resource Service, 1992–1996)**

“Women's health services are incredibly valuable prevention contributors. In fact, they are indispensable to Victoria's prevention system for they are like no other stakeholder in their understanding and prioritisation of violence against women, their leadership and practices for preventing it, and their reach into every part of the state ... I know for a fact that Victoria's prevention system and infrastructure are the envy of other jurisdictions in the country; and that no other jurisdiction has anything like Victoria's women's health services sector.”

– **Dr Wei Leng Kwok, independent consultant in gender equality and primary prevention of violence against women**

CASE STUDY 2: OUR ROLE IN DRIVING STATE REFORM TO IMPROVE THE LIVES OF WOMEN – ABORTION REFORM

Our collective impact

Our sector’s ongoing work on abortion reform in Victoria illustrates our vital role in driving state reform to advance women’s health and equality. Our long-term evidence-building, education, advocacy and coalition-building has contributed to life-saving advances towards a safe, accessible and empowering Victorian sexual and reproductive health system.

How we achieved this

Since our beginnings, we have recognised and responded to the need for **non-judgemental, accurate information for people considering abortion** through producing community resources and working as part of the pro-choice movement to destigmatise the conversation and culture surrounding abortion services. This includes tailored local community information in a range of languages and the statewide phone line and website, 1800 My Options, providing information on contraception, pregnancy options and sexual health.

We have long advocated for safe legal abortion as a reproductive right, **working collectively to drive legislative reform** such as the 2008 decriminalisation of abortion, 2015 safe access zones around abortion services, and safeguarding against new bills intended to wind back rights and access to services. This includes building the research and evidence base to support successful legislation, and undertaking significant advocacy and awareness raising with community through to politicians.

We provide **research and guidance to policy and programmatic responses** to increase sexual and reproductive health equity. We undertake regular consultation and mapping to identify current sexual and reproductive health access and equity issues, including the unique experiences of women in rural areas as well as the particular sexual and reproductive health inequities experienced by migrant and refugee women and women with disabilities. We have advocated for the centring of reproductive rights in statewide sexual and reproductive health strategies and plans, and contributed joint and individual submissions such as the 2022 Senate Inquiry into Universal Access to Reproductive Healthcare.

We lead efforts to collectively address the drivers of unequal sexual and reproductive health outcomes at a statewide and regional level, working with experts and providers to **build service provider capacity, increase service accessibility and strengthen referral pathways**. This includes strengthening provision of medical termination of pregnancy (MTOP) services as well as other sexual and reproductive health services like contraception and screening for sexually transmitted infections.



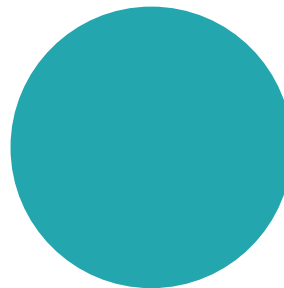
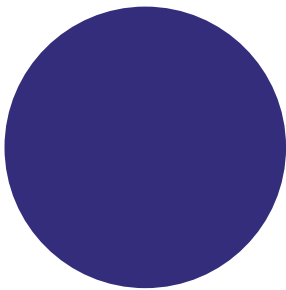


The result and ongoing benefit

The 2022 launch of the state's first *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* – which includes the *Victorian women's sexual and reproductive health plan 2022–30* – reflects significant progress for women's health and equality. Our sector continues to play a significant role in advising, coordinating and delivering on the ambitions of

the strategy and its plans. The 2022 overturning of *Roe vs. Wade* in the USA demonstrates the ongoing threat to sexual and reproductive health rights, highlighting the ongoing role our sector will play in not only advancing sexual and reproductive health rights, but safeguarding progress already made.

See Appendix G for selected examples of our activities under this case study.



“Despite the incredible amount of work undertaken on the smell of an oily rag, much of the sector's work has been hidden or isn't widely known. This reflects, in part, the political sensitivity of some of the work, like abortion law reform, where MPs were targeted with abuse and even death threats. The women's health services were crucial in providing information and a factual evidence base, during deliberations and in implementation of change, often behind the scenes.”

– **Dr Robyn Gregory, women's health, family violence and prevention of violence against women consultant (Women's Health West 2008–2021)**

“The women's health sector has made a significant contribution to representing the reality of surgical abortion services to government and highlighting the gaps in service delivery and absence of services in so many regions. Women's Health Victoria, 1800 My Options and the women's health services have been instrumental in representing this story to government, as well as in raising awareness for change at a local hospital level. Through WHV – and Di Hill's leadership in particular – we've been able to advocate for change in public hospital responsiveness by lobbying state government to enhance lists so that surgical abortion is more widely available across the state.”

– **Cath Hannon, Project Manager, Clinical Champions Project, Royal Women's Hospital**

CASE STUDY 3: LEADING THE WAY IN EVIDENCE-BUILDING AND BEST PRACTICE APPROACHES

Our collective impact

Over the past few decades, our sector has led the way in building evidence and practice knowledge about what works in primary prevention. Our innovation has driven many of the first primary prevention pilot projects in Australia, significantly shaping what is now recognised as best practice and embedded as core work within state government strategies and plans.

How we achieved this

We have long understood that meaningful primary prevention requires **accurate data on local and community contexts**, recognising the inefficiency and ineffectiveness of one-size-fits-all approaches. We led the way by developing sex disaggregated local data sets to provide an accurate evidence base from which our sector and others can develop meaningful primary prevention initiatives. Our advocacy led to the game-changing *Victorian Women's Health Atlas*, which provides free interactive up-to-date access to sex disaggregated health and socioeconomic data at a statewide and local level for all local government areas in Victoria.

As organisations run by women, for women, our focus has always been on **elevating women's voices and experiences** as experts in their own lives. As a sector, we have advocated for and role-modelled the centring of women's voices across all our work, creating research, co-design and engagement models, and policy and programmatic guidance on best practice approaches to centring women's voices.

We work to elevate the voices of those who experience additional societal barriers to being heard due to racism, colonialism, ableism, homophobia, transphobia, ageism, and other forms of discrimination.

As some of the earliest adopters of best practice international health promotion frameworks, we have a long history of **piloting some of the first primary prevention programs in the country**. This includes leading the way in coordinated regional partnerships and strategies in both preventing violence against women and sexual and reproductive health; piloting the first Australian whole-of-organisation prevention programs in workplaces, schools and other settings; nation-leading work on gender and natural disasters; innovative models for health literacy for migrant and refugee women; and developing the country's first accredited gender equality training. As part of this work, we have produced research and evaluation to inform the wider evidence base, as well as training and other capacity-building resources for the primary prevention workforce and contributors and to assist in





meeting commitments and obligations under the government’s violence prevention and gender equality strategies and *Gender Equality Act*.

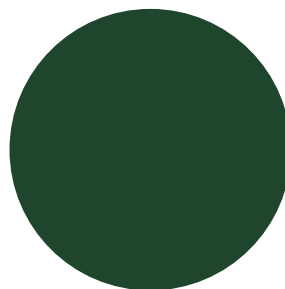
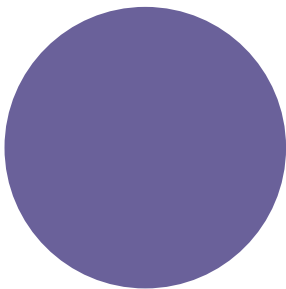
We are experts at **translating theory into every day**, with decades of experience testing and refining how to communicate complex theoretical frameworks into accessible, impactful language and learning tools for different audiences. The diagrams, stories, videos and images we have produced have been accessed and reproduced across Australia and internationally in resources, guides, websites, training and campaigns to facilitate learning on women’s health and equality.

The result and ongoing benefit

Our innovative piloting and evidence-building has contributed significantly to shaping

understanding of what effective primary prevention looks like for Victoria. Not only have we helped lay the groundwork for the principles, approaches and actions now embedded at the centre of the state and national government strategies, plans and legislation, but we have created the foundational data, frameworks, practice guidance, resources and templates to support practitioners and contributors across the state to undertake and evaluate effective, evidence-based initiatives. Our contribution to not only *what* work is undertaken, but *how* it is designed, delivered and evaluated, means that initiatives in Victoria are more likely to succeed, allowing direct equity outcomes for women’s health, safety and wellbeing.

See Appendix G for selected examples of our activities under this case study.



“It wasn’t only the preventing violence against women discussions that we were leading; we prepared the groundwork for the community approaches to gender, gender equality and applying an intersectional approach. For example, the work we did with councils around gender, including applying a gendered lens to all areas of local government responsibility. How councils talk about this today is vastly different to 10 years ago. They have those tools embedded and now that is being supported by the *Gender Equality Act*. We were preparing the groundwork to have more sophisticated discussions and for that work to evolve to what we have today.”

– **Sandra Morris, Senior Engagement and Strategy Manager, Birth for Humankind (Women’s Health In the North 2009–2021)**



“At Gender & Disaster Australia (GAD) we are absolutely cognisant of the impact the women’s health sector (WHS) has on all the work we do ... GAD brings together the WHS and emergency management sector. It helps find the synergies between health promotion primary prevention and emergency preparedness and response. We’ve worked together to find a common language and approach. We look at tailoring this work – not forgetting feminist frameworks but finding ways to bring the framework into the organisation. It’s a real partnership, bringing together knowledges for success.”

– **Steve O’Malley AFSM, Manager of Emergency Management Sector Engagement, Gender & Disaster Australia**

“Partnerships with women’s health sector (WHS) organisations gives us an understanding of realities of prevention work grounded in community. Our relationship with the WHS gives us a more holistic picture and reminds us of the reason why we do this work.”

– **Michael Hail, Manager, Primary Prevention and Community Engagement, The Men’s Project at Jesuit Social Services**



CASE STUDY 4: OUR CONTRIBUTION TO BUILDING CAPACITY TO UNDERTAKE INCLUSIVE AND INTERSECTIONAL WOMEN'S HEALTH AND EQUALITY WORK

Our collective impact

Bolstered by the leadership of our specialist women's health services, our sector has made an important contribution to building Victoria's capacity to undertake inclusive and intersectional practice in the women's health and equality space.

Our work, both internal-facing and external, has contributed to the growing practice and evidence base for what more inclusive, intersectional primary prevention work might look like, and developed more nuanced understandings of the intersections of gender with other forms of privilege and oppression.

How we achieved this

Our **specialist statewide services** have a long history of leading inclusive and intersectional women's health and equality thought and practice in Victoria. **Multicultural Centre for Women's Health** has contributed significantly to the research and resource landscape for 45 years. This includes a considerable body of capacity-building and training resources to guide intersectional feminist primary prevention work, as well as work to address the systemic and structural inequities facing migrant and refugee women in legislation, policy and service delivery.

Since its inception, **Women with Disabilities Victoria** has been a leader in addressing the disproportionate rates of discrimination, violence, marginalisation and exploitation experienced by women with disabilities. This includes delivering

programs and resources to empower women with disabilities to speak out about their rights, capacity-building workplaces and sectors to improve gender and disability inclusion, and advocating for more equitable policy and legislation to improve health and wellbeing outcomes for women and girls with disabilities.

Our sector has long **advocated for inclusive equity approaches** that recognise and respond to the diverse needs of women across Victoria, contributing expertise and evidence to inform government policy and program design and delivery.

Our sector embraces an ongoing commitment to **building internal capacity on intersectional and inclusive practice**. This includes advice and expertise from our specialist women's health services on embedding intersectionality and inclusive practice across research, project design, delivery and evaluation, policy and advocacy work, strategic planning and internal operations. We also engage in regular internal training, accreditation and co-design and partnership work with other specialist services, as well as regular reviews of our strategic and operational work.





This has supported our sector to **build regional capacity on inclusive and intersectional practice** through embedding intersectionality across all stakeholder and partnership strategic and capacity-building strategies, plans, activities and resources. This includes programs to build stakeholder organisational intersectional practice, and education and advocacy activities building understanding of how to ensure priority area work takes an intersectional and inclusive approach.

We also **deliver localised and regional intersectional primary prevention programs** that centre the voices of women and their lived experience in their co-design, delivery and evaluation. This work partners with communities to not only empower them as local change

leaders, but also contributes important research and evidence on tailoring effective primary prevention initiatives.

The result and ongoing benefit

The ongoing commitment of our sector and others towards increasing inclusive and intersectional practice in the women's health and equality space has contributed to the embedding of intersectionality and inclusion principles across all recent government strategies and plans. Our sector continues to role-model to others the urgency and centrality of this work to effective practice and outcomes, and to facilitate spaces for others to learn, reflect and improve their practice. See Appendix G for selected examples of our activities under this case study.

“As a woman with a disability, one of the most significant impacts I see is the real opportunity now to be included in conversations. Back then, just inviting us into the room was radical. Asking how to factor women with disabilities into the conversation was not the norm. The beauty of women's movement was that Marilyn [Beaumont, former Women's Health Victoria CEO] took my hand and introduced me to the right people to get our voices heard. It was a process of mutual capacity-building, because we did a lot of work to bring women's health staff along too and build their understanding.”

– **Tricia Malowney OAM, Chief Accessibility Advocate, Department of Transport and Planning Victoria (Women with Disabilities Victoria, 2004–2012)**

“Despite systemic resistance, women's health services (WHS) have long been critical in advocating for the voices of marginalised women to be elevated and their specific needs recognised in service delivery and research initiatives. For example, the Australian Longitudinal Study on Women's Health began in 1995, fully funded by the Commonwealth Government for 20 years. However, it took years of lobbying by WHS before a question about sexual identity was included.”

– **Dr Philomena Horsley, medical anthropologist and feminist activist (Healthsharing Women's Health Resource Service, 1992–1996)**



“Women’s health services (WHS) are in the right place for the highly principled equity-driven work needed for effective prevention practice. They know intersectional prevention practice presents opportunities for collaboration, coalition building and allyship in exciting ways to move us collectively closer to a future of more equality and less violence ... Today, the WHS collaborate with a wide range of partners that support specific communities impacted by intersecting systems, bringing these partners into the existing prevention infrastructure they have helped to build.”

– **Dr Wei Leng Kwok, independent consultant in gender equality and primary prevention of violence against women**



CASE STUDY 5: KEEPING GENDER IN FOCUS - COVID-19 RESPONSE AND RECOVERY

Our collective impact

The COVID-19 pandemic and subsequent economic downturn illustrate our unique role in ensuring gender remains in focus, particularly during times of crisis. Since the outset of the pandemic, we have provided an ongoing real-time intersectional analysis that seeks to mitigate the potential for the pandemic response and recovery to exacerbate and worsen women's health and equality outcomes.

How we achieved this

We continue to undertake real-time individual and collaborative research and analysis to **understand the impact of the pandemic and related policy responses on women**. We do this through both capturing women's lived experience at a local government and regional level, and through analysis of population-level impacts of program and policy decisions on women, including differential impacts experienced across communities. This evidence has the dual purposes of helping to ensure our work and the work of our partners remains responsive to community needs, as well as informing advocacy to government to inform programmatic and policy decisions.

We effectively **utilised our statewide infrastructure** to upskill Victoria's first statewide coordinated workforce of bilingual and multilingual health educators to provide preventative health information to communities of women at risk. This has led to thousands of women making informed decisions about their

and their children's healthcare and driving vaccination uptake in the hardest-to-reach communities. This informed our advocacy to ensure that migrant and refugee women are not left behind in the pandemic response and recovery.

We have pivoted our work to **respond to changing community, stakeholder and partner needs**. We shifted our training, Communities of Practice and other activities online, designed projects addressing new community concerns, and created resources to specifically respond to partners' requests for COVID- and gender-relevant data and information.

From the pandemic's outset, we have advocated to **keep gender in the focus of program and policy decisions**. We have made representations and submissions to government on the real and potential adverse impacts of COVID-19 response and recovery decisions on gender equality, violence against women, mental health, women's economic security, and sexual and reproductive health, as well as the disproportionate impact of





the pandemic and economic downturn on women already marginalised within society.

In addition to our external work, our executives and boards undertook rapid assessments to identify the **impacts on our own female-dominated workforces** and responded appropriately. This included reviewing internal policies and procedures, developing pandemic policies and creating flexible working arrangements that respond to work-life balance needs of our staff.

The result and ongoing benefit

We continue to play an important role in keeping women and gender equity in focus of responses to the pandemic and economic downturn. While it remains to be seen how Victorian women will ultimately weather the pandemic and downturn, our ongoing monitoring of community needs and impact combined with our ability to provide real-time advice, expertise and mitigation strategies to government continue to make a vital contribution to women's health and equality during these challenging times.

See Appendix G for selected examples of our achievements under this case study.



SECTION 2:
**Our collective
impact across
2022–2023**



Section summary

Our work across 2022–2023 must be understood within the context of the strong foundations and robust enabling environment built over years of movement–building within our respective regions and as a statewide network. Whether establishing new initiatives or growing existing activities, our work is made effective, efficient and impactful by the decades of evidence generation, relationship–building and practice knowledge that precedes it. With this in mind, the following section describes our collective work across 2022–2023, as well as the particular impact of the additional two–year funding uplift.





Our achievements in 2022–2023

We have undertaken a breadth and depth of vital work to advance the Victorian Government’s vision, using best practice approaches and with meaningful impacts.

The following section considers our work and its impact across 2022–2023 by priority area. It explores selected achievements of the women’s health services to advance women’s health and equality across each priority area, providing further examples of this work in the appendix. It also explores our contribution to evaluation, intersectional health promotion practice, and the most significant impacts of our work for our stakeholders, partners and communities. It is not a conclusive list of all work undertaken, but seeks to create a snapshot of the abundance of activity underway across the state.

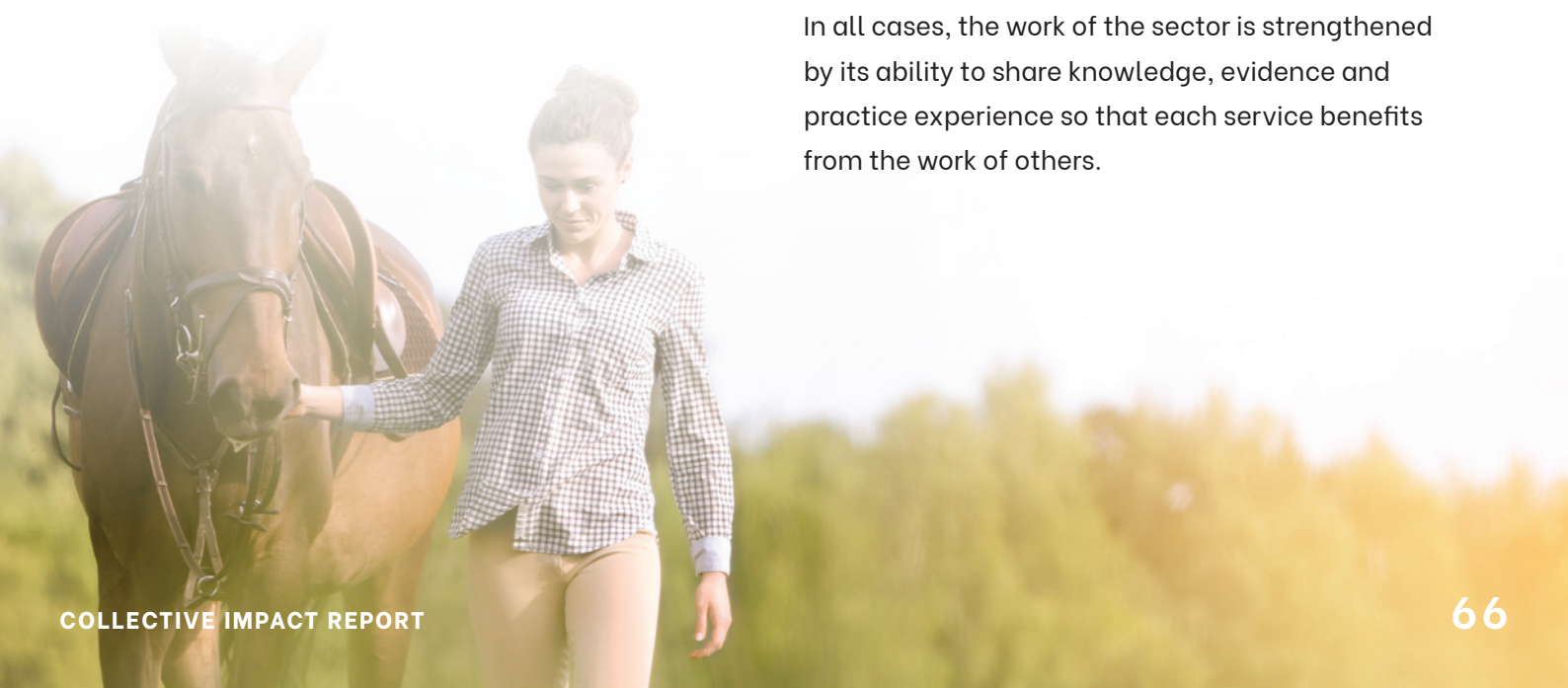
Working across the women’s health sector priority issues

It should be noted that as per individual Department of Families Fairness and Housing and Department of Health funding agreements and annual plans, not all women’s health services are currently delivering activities across each of the priority areas.

For more established priority issues – gender equality, gendered violence prevention, and sexual and reproductive health – there was a wide spread of action across all Victorian Women’s Health Program (VWHP) and Women’s Health Services Capacity–Building Project (WHSCBP) funding program logic activities. For the newer priority issues – mental health and wellbeing, and women in a changing society – action is gradually increasing as momentum builds and scoping/evidence–building work is undertaken by more women’s health services, assisted by increased capacity due to the funding uplift.

With 2022–2023 its first year of VWHP funding, Women with Disabilities Victoria has utilised the year to undertake scoping across new priority areas (sexual and reproductive health and women in a changing society) while continuing to deliver gender equality and gendered violence prevention activities.

In all cases, the work of the sector is strengthened by its ability to share knowledge, evidence and practice experience so that each service benefits from the work of others.





Priority area: Gender equality

Gender equality is a priority issue for all women’s health services and encompasses work funded through the VWHP funding stream. Given gender inequality is the key driver of violence against women, it also intersects with work undertaken as part of WHSCBP-funded activities.

Proportion of women’s health services delivering gender equality activities in 2022–2023

VWHP Activity (n=12)	
Gender equity capacity-building for women’s health services, partners and communities	11 (92%)
Training, seminars and workshops to build knowledge and capacity in primary prevention/health promotion and advancing gender equality	12 (100%)
Facilitation of Communities of Practice for partners to support and develop evidence-based practice and professional collaboration	9 (75%)
Intersectional gendered analysis and impact assessments of health issues, policies, programs and services	11 (92%)
Knowledge translation – turning evidence into action, through the development and dissemination of research, resources tools or strategies to support best practice approaches	11 (92%)
Support to access and use sex disaggregated data	11 (92%)
Strategic and evidence informed communication and marketing	12 (100%)
Advice and advocacy to influence policy, program and planning	12 (100%)

Selected achievements

Driving action to deliver on government legislation and policy

Across the state, women’s health services led work to support Defined Entities (DE) to meet their obligations under the *Gender Equality Act 2020*, as well as supporting non-mandated gender equality contributors. This work included collaborating with DE’s such as local government to co-design training and other capacity-building activities, with women’s health services taking

the role of content experts, facilitators and mentors. WHWBSW provided tailored support to 23 regional DEs while WHIN delivered a gender and public space design forum to nearly 70 industry and community sector attendees. Women’s health services were engaged to build DE staff confidence, capacity and tools to embed gender equality within their policies, practices and systems, supporting understanding, action planning and delivery of the Gender Equality Action Plan (GEAP). This meant investing in long-term relationships and partnerships to support



DEs from understanding through to driving gender equality action in their work and workplaces. WHLM commenced a two-year whole-of-sporting-club project with Mildura City Council and WHISE delivered capacity-building training to over 150 Frankston City Council staff.

We provided expertise to DE's undertaking gender impact assessments as part of their work, building capacity for greater intersectional analysis by DEs now and in the future. This included WHE's work to support a peer review on the multi-million dollar Warburton Mountain Bike Destination gender impact assessment, and GWH's support and capacity-building for gender impact assessment in the drafting of the Latrobe Valley and Gippsland Transition Plan 2035. WHV delivered a suite of 12 gender equity training packages, including tailored training for the advertising industry, while GenWest delivered tailored gender equitable and inclusive workplace training for DEs. Victoria now boasts an impressive portfolio of best practice evidence-based gender equality training packages, projects and resources to continue building capacity towards equality.

Championing lived experience for better policy and practice

Women's health services continued our decades-long work to centre women's voices, working alongside communities to amplify these voices to inform policy and practice at local government, state and national levels. This included building understanding of women's experiences of the social determinants of health at a local and regional level, and identifying current barriers to achieving health equity. For instance, WHG utilised the funding uplift to recruit women with lived experience to lead the design and delivery of activities aimed at fostering self-determination, leadership and independence for

women from Aboriginal and Torres Strait Islander communities, women with disabilities, LGBTIQ+ people, and women from migrant and refugee backgrounds. WHGNE elevated women's voices through providing local state election candidates with the findings from regional consultations key women's health and equality issues.

Increasing women's health literacy and safety

Our work continued to ensure more women have access to the information they need to make informed choices about their health and lives. We developed tailored health literacy and education activities based on the specific needs of women across our regions that was delivered in languages and formats appropriate to their contexts. We worked alongside providers to ensure women understood their rights and the range of services they could access, including GWH's tailored education for women on temporary work visas undertaking seasonal work and the extension of the highly successful MCWH-led WOMHEn project, a collaboration with seven regional women's health services to increase bilingual women's health education across the state and better meet the health and wellbeing needs of migrant and refugee women.

See appendix J for examples of gender equality work undertaken this year.





Priority area: Gendered violence prevention

Gendered violence prevention is a priority issue for all women’s health services and encompasses work funded through both the VWHP and WHSCBP funding streams.

Proportion of women’s health services delivering gendered violence prevention activities in 2022–2023

VWHP Activity (n=12)	
Gender equity capacity-building for women’s health services, partners and communities	12 (100%)
Training, seminars and workshops to build knowledge and capacity in primary prevention/health promotion and advancing gender equality	12 (100%)
Facilitation of Communities of Practice for partners to support and develop evidence-based practice and professional collaboration	10 (83%)
Intersectional gendered analysis and impact assessments of health issues, policies, programs and services	10 (83%)
Knowledge translation – turning evidence into action, through the development and dissemination of research, resources tools or strategies to support best practice approaches	12 (100%)
Support to access and use sex disaggregated data	11 (92%)
Strategic and evidence informed communication and marketing	12 (100%)
Advice and advocacy to influence policy, program and planning	12 (100%)

WHSCBP Activity (n=12)	
Training, seminars and workshops to build knowledge and capacity in primary prevention for members of communities and organisations	12 (100%)
Leading partnerships to build and strengthen evidence-based practice and professional collaboration	11 (92%)
Provision of advisory support and advocacy	12 (100%)
Delivering primary prevention programs in partnership with communities and organisations	12 (100%)
Development and dissemination of resources, tools or strategies to support best practice approaches	12 (100%)



Selected achievements

Driving primary prevention as regional backbone organisations

Women's health services continue our long-standing role as the backbone organisations for regional primary prevention work. As backbone organisations, we coordinate regional partnerships and lead development, delivery, evaluation and revision of regional strategies. For instance, in 2022–2023 WHLM refreshed the region's Collective Action for Respect and Equality (CARE) framework to align with the latest evidence, government strategies and monitoring and evaluation requirements, while WHG undertook work to identify membership gaps in the Communities of Respect and Equality (CoRE) alliance and expand membership to new sectors. GWH launched a revitalised Gippsland Free from Violence partnership, with a significant increase in partners and action across the region. WHE led the scale-up and strengthening of the Together for Equality and Respect partnership, resulting in a new regional action plan to deliver on 98 primary prevention activities.

Across the state, women's health services identified new and emerging partner needs and worked alongside them to identify capacity-building opportunities to enhance and improve the primary prevention work of partners such as learning forums, networks and training. WHGNE built on previous work to establish a region-wide Gender Equality Act Peer Network and WHISE delivered a series of joint learning forums for regional partners. As regional partnerships, focus is on both on-the-ground action as well as systems-level reform that each region can contribute and advocate towards. Capacity for both of these actions has been enhanced by the funding uplift.

Delivering best practice collaborative primary prevention action across the state

Across the state, women's health services have harnessed the power of regional partnerships to identify opportunities for collaborative action. Projects in 2022–2023 have included WHIN's work to enhance respectful relationships education in schools through establishment of a student gender equality action group; engaging men in gender-based violence prevention through the GenWest-led Working Dads project; and WHWBSW leading partnership work to support sports bodies to embed the Respect and Equality in Sports Standards and enhance the region's delivery of the Baby Makes 3 program.

Building Victoria's workforce capacity

The women's health sector continues delivering high-quality best practice evidence-based training and professional development for the state's violence prevention workforce and contributors. This includes online, self-directed and face-to-face options, with content tailored to meet the needs of a diverse range of learners. For instance, WHV delivered a suite of eight high-quality training packages while GWH delivered active bystander training to local governments, statutory authorities, community and corrections services. WDV continue delivering disability-inclusive prevention capacity-building to the women's health sector, developing resources, delivering training and supporting organisational development. Partnering with a range of specialist services, our sector co-developed and delivered training tailored for a range of workforces, communities and sectors, ensuring that prevention of violence work is inclusive, intersectional and leaves no Victorian behind

See appendix K for examples of gendered violence prevention work undertaken this year.



Priority area: Sexual and reproductive health

Sexual and reproductive health is a priority issue for all women’s health services and encompasses work funded through the VWHP stream. It is a new priority for WDV, who undertook scoping working across 2022–2023.

Proportion of women’s health services delivering sexual and reproductive health activities in 2022–2023

VWHP Activity (n=12)	
Gender equity capacity–building for women’s health services, partners and communities	11 (92%)
Training, seminars and workshops to build knowledge and capacity in primary prevention/health promotion and advancing gender equality	10 (83%)
Facilitation of Communities of Practice for partners to support and develop evidence-based practice and professional collaboration	9 (75%)
Intersectional gendered analysis and impact assessments of health issues, policies, programs and services	9 (75%)
Knowledge translation – turning evidence into action, through the development and dissemination of research, resources tools or strategies to support best practice approaches	11 (92%)
Support to access and use sex disaggregated data	11 (92%)
Strategic and evidence informed communication and marketing	11 (92%)
Advice and advocacy to influence policy, program and planning	11 (92%)

Selected achievements

Driving delivery of the Victorian Government’s Women’s sexual and reproductive health plan

In 2022–2023, the women’s health sector undertook a breadth of work to deliver on the ambitions of Victoria’s *Women’s sexual and reproductive health plan*. At a regional level, services led development and coordinated implementation of regional sexual and reproductive health strategies and action

plans. At a statewide level, WHV delivered the contraception, pregnancy options, abortion and sexual health information and referral service, 1800 My Options. The sector provided statewide and regional leadership and expertise to advocate for increased availability and access, including assisting delivery of other projects such as the Royal Women’s Hospital’s Clinical Champions Project (see Cath Hannon’s stakeholder testimonial for further information).



Leading a systems approach to sexual and reproductive health equity

Work continued to ensure the sector's approach to sexual and reproductive health is driven by best practice health equity approaches that seek systems reform alongside individual education and behaviour change. This includes development, implementation, evaluation and updating of regional sexual and reproductive health strategies, such as WHLM work to refresh the region's *Her health matters* strategy to ensure it reflects the latest evidence-based and aligns with state and national-level strategies and plans. GWH led the revitalisation of the region's sexual and reproductive health partnership with the launch of the *Are You Covered?* partnership, and WHWBSW commenced development of the region's first sexual and reproductive health strategy, bringing together stakeholders from across the region. GenWest's Action for Equity partnership, which commenced in 2009, began its third four-year strategic planning process.

The funding uplift allowed the establishment or re-establishment of projects seeking to improve women's sexual and reproductive health literacy, increase organisational responsiveness, and advocate for health system improvement – such re-establishment of WHGNE and WHLM's successful *Storylines: Her voice matters* project – as well as allowing the time and resourcing to undertake best practice co-design project planning processes. At a statewide level, WHV led joint advocacy to strengthen service availability and provision in the public hospital system, including evidence-building and service mapping, and representations at public hearings.

Tailored capacity-building for Victoria's health sector and communities

The systems approach is reflected in the breadth of activity undertaken across the state. GenWest delivered culturally safe, tailored in-language sexual and reproductive health education to young people. GWH ran a forum to increase regional confidence to undertake evidence-based sexual and reproductive health education and service provision, while WHIN delivered early medical abortion professional development to providers. Regions took a socio-ecological approach to issues, such as WHISE's menopause work, which included community and health sector education as well as evidence-building and advocacy on workplace menopause policies for organisational and systems-level change. There was a focus on building professional networks and increasing provider knowledge as a means of creating stronger, better connected and more accessible sexual and reproductive health services across the state.

See appendix L for examples of sexual and reproductive health work undertaken this year.





Priority area: Mental health and wellbeing

Mental health and wellbeing is a priority issue for eight women’s health services. It was a new priority for three of these services, which used 2022–2023 to undertake scoping for future work. In some instances, other services undertook action in this area even when it was not a priority issue for them, such as in sex disaggregated data, advocacy and knowledge translation. It encompasses work funded through the VWHP stream.

Proportion of women’s health services delivering mental health and wellbeing activities in 2022–2023

VWHP Activity (n=12)	
Gender equity capacity-building for women’s health services, partners and communities	6 (50%)
Training, seminars and workshops to build knowledge and capacity in primary prevention/health promotion and advancing gender equality	8 (67%)
Facilitation of Communities of Practice for partners to support and develop evidence-based practice and professional collaboration	3 (25%)
Intersectional gendered analysis and impact assessments of health issues, policies, programs and services	8 (67%)
Knowledge translation – turning evidence into action, through the development and dissemination of research, resources tools or strategies to support best practice approaches	8 (67%)
Support to access and use sex disaggregated data	9 (75%)
Strategic and evidence informed communication and marketing	9 (75%)
Advice and advocacy to influence policy, program and planning	9 (75%)

Selected achievements

Championing a gender-responsive approach to mental health and wellbeing

The sector continued our work advocating for a gender-responsive approach to implementing the recommendations of the *Royal Commission into the Victorian mental health system*, including through the WHV-led Women’s Mental Health Alliance. Gender expertise and advice was

provided to policymakers and service providers through the Alliance and other advisory committees and groups, and towards efforts to strengthen gender responsive mental health service development, such as the statewide Women’s Mental Health Service and Safer Care Victoria’s Improving Sexual Safety in Mental Health Inpatient Units initiative.



Strengthening migrant and refugee women's mental health and wellbeing outcomes

Activities were undertaken that build on the relationships and programs established as part of the 2021–2022 funded WOMHEN (Workforce of Multilingual Health Educators) project. MCWH coordinated continuation and expansion of the program across seven regions to provide in-language, evidence-based, culturally safe and effective health education to women from migrant and refugee backgrounds. For instance, GenWest delivered sessions to more than 320 people from more than 17 cultural backgrounds. WHIN undertook work to build evidence and recommendations on the mental health challenges of the region's migrant and refugee women in the context of COVID-19 to guide effective community health promotion action. WHE established a bicultural unit delivering evidence-based in-language health promotion to migrant and refugee women, covering topics such as mental health and wellbeing, healthy ageing, healthy relationships, family communication and how to access local support services.

Laying the groundwork for future work

Mental health and wellbeing was adopted as a new priority issue for three women's health services in 2022–2023 – WHG, WHLM and WHISE – with a fourth service, WHWBSW, undertaking preliminary scoping for future adoption. Work was undertaken to strategically scope and design approaches so that future action will be evidence-based, responsive to local community needs, and undertaken in collaboration with relevant and appropriate stakeholders and community. This included establishing relationships with relevant mental health and interconnected services, undertaking consultations to build understanding of the local context and needs, and beginning to shape collaborative approaches to strategic regional action.

See appendix M for examples of mental health work undertaken this year.





Priority area: Women in a changing society

Women in a changing society (climate change, emergency and disaster situations) is a priority issue for six women’s health services. It was a new priority for four of these services, which used 2022–2023 to undertake scoping for future work. In some instances, services undertook action in this area even when it was not a priority issue for them; for instance, in sex disaggregated data, advocacy and knowledge translation. It encompasses work funded through the VWHP stream and intersects with work under the mental health and wellbeing portfolio.

Proportion of women’s health services delivering women in a changing society activities in 2022–2023

VWHP Activity (n=12)	
Gender equity capacity-building for women’s health services, partners and communities	2 (17%)
Training, seminars and workshops to build knowledge and capacity in primary prevention/health promotion and advancing gender equality	0
Facilitation of Communities of Practice for partners to support and develop evidence-based practice and professional collaboration	0
Intersectional gendered analysis and impact assessments of health issues, policies, programs and services	4 (33%)
Knowledge translation – turning evidence into action, through the development and dissemination of research, resources tools or strategies to support best practice approaches	3 (25%)
Support to access and use sex disaggregated data	3 (25%)
Strategic and evidence-informed communication and marketing	4 (33%)
Advice and advocacy to influence policy, program and planning	5 (42%)

Selected achievements

Leading evidence-building on gender, climate and disaster work

Gender, climate and disaster work has long been in focus for many women’s health organisations, with WHGNE and WHIN undertaking ground-breaking Australian research more than a decade ago and launching the country’s first initiative

focusing on violence against women and disaster. The sector continues to play a vital role in contributing a gendered perspective on climate and disaster work, acting as gender experts on collaborative projects and action plans, and in an advisory and review role on national and state-level frameworks, policy and programs, such as the national *Gender and Emergency Management Guidelines*. (See Steve O’Malley’s stakeholder testimonial for more examples of the women’s



health sector's expert role in Victoria's gender and disaster landscape.)

The sector continues to lead building the evidence on the unequal gendered impacts of the pandemic and advocating for intersectional analysis across recovery efforts.

Supporting recovery from the 2022 Victorian floods

The changing nature of climate change and disaster events makes understanding current and emerging community needs a vital and ongoing process. A number of women's health service regions were profoundly impacted by the 2022 Victorian floods. For instance, with all 10 local government areas in their region impacted, WHLM worked to provide intersectional analysis to flood recovery and centre the voices of women in identifying opportunities for community actions, as well as policy and program advocacy. GenWest undertook project planning to support Maribyrnong-based flood-affected migrant and refugee women to receive health and human rights information, share stories, and receive mental health support pathways. With a strong focus on women and girls' mental health and wellbeing within the context of the floods, both projects intersect with mental health and wellbeing portfolio work.

Laying the groundwork for future work

Women in a changing society was adopted as a new priority issue by four women's health services in 2022–2023 – WHG, WHIN, MCWH and WDV – with a fifth service, WHWBSW, undertaking preliminary scoping for future adoption. Work was undertaken to strategically scope and design approaches so that future action will be evidence-based, responsive to local community needs, and undertaken in collaboration with relevant and appropriate stakeholders and community.

See appendix N for examples of women in a changing society work undertaken this year.

Monitoring and evaluation

All women's health services undertake monitoring and evaluation as a central component of our practice. This includes capturing findings to improve internal practices and ensure work remains effective, efficient and responsive to women's needs; collecting data to meet funding requirements; identifying promising practice and building out the evidence base for primary prevention work; and seeking to capture progress towards population-level social change across a range of state and national women's health and equality indicators.

Selected achievements

Increasing research and evaluation capacity across each women's health service

While our services have always undertaken evaluation of both individual work and joint regional activity, the uplift funding delivered in 2022 has enabled a significant expansion of each organisation's evaluation capacity. Many services were able to employ dedicated research and evaluation staff for the first time, freeing up health promotion staff to increase or enhance program and project outputs. These dedicated roles contribute further evaluation expertise to each women's health service and strengthen organisational capacity to undertake consistent strategic best practice evaluation. These new roles also provided input into development of the new state government Women's Health Services Indicator Framework and are overseeing the significant task of piloting and embedding the framework into existing evaluation mechanisms and practices. Increased staff capacity has also supported engagement in the Women's Health



Services State Evaluation Project (described below), with evaluation staff attending the fortnightly working group and coordinating data collection and report feedback on behalf of their respective women’s health services.

Sector leadership towards a coordinated long-term collective impact approach

The uplift supported establishment in mid-2022 of a statewide Women’s Health Service Evaluation Working Group consisting of evaluation experts from each service. Driven by a shared commitment to collaboration, collective action and collegiality, the Working Group has led the development of the Women’s Health Service State Evaluation Project, supported by a part-time project worker, under which this report forms the major 2022–2023 deliverable. Other 2022–2023 deliverables include a series of professional development learning sessions delivered across the fortnightly working group meetings in which different women’s health evaluation staff facilitate education sessions on their particular

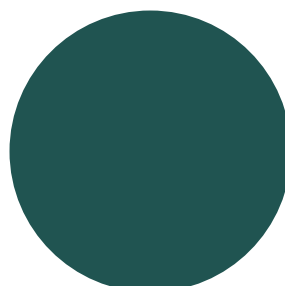
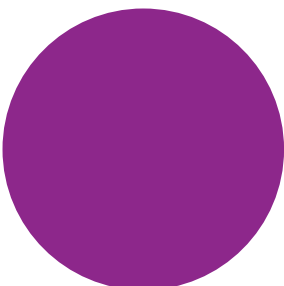
area of evaluation expertise. Beyond 2022–2023, the working group will continue to lead work towards establishing an approach to coordinated long-term collective impact evaluation to support the sector and broader population-level evaluation efforts moving forwards.

Additionally, the sector came together to support the development and piloting of the Victorian Government’s Women’s Health Services Indicator Framework, and the significant work to embed the prescribed indicators and collection activities into each service’s existing monitoring and evaluation systems and practices. WHV coordinated the sector’s joint feedback process, liaising between the sector and government to finalise the data specifications and analysis plan and reporting template, and supporting the sector to prepare to commence data collection on 1 July 2023.

See appendix O for examples of evaluation work undertaken this year.

“There is always strong pressure to count work as numbers of individuals interacted with, for funding agreements accountability, without understanding outcomes. Measurable immediate outcomes from health promotion work is difficult. It takes years of systematic work to build on the outcomes you have already achieved. These things take time, effort and planning. It is a long-term consistent strategic approach over many years. The Victorian women’s health sector, with its regional and statewide services, are well placed to put health promotion practice in this way into action”

– Marilyn Beaumont OAM, women’s health consultant (Women’s Health Victoria, 1995–2010)





Advancing intersectional health promotion practice

Over the last few decades, the women's health sector has made significant contributions towards advancing inclusive and intersectional health promotion practice in Victoria (see case study 4 in section 1 for examples of past contributions).

Across 2022–2023, we have continued to engage and collaborate with a range of specialist workers, organisations and communities to ensure our health promotion work reaches, partners with and empowers people, communities and population groups that span the diversity of Victoria's population.

Actions undertaken in 2022–2023 include:

- employing more staff with lived experience to lead the co-design and delivery of tailored community-focused health promotion activities
- establishing or strengthening partnerships with specialist workers, organisations and services, including for research and evidence-building, mutual capacity-building activities, design and delivery of collaborative projects, tailored training, campaigns and advocacy, and as part of our statewide and regional partnerships
- capacity-building women's health staff in inclusive and intersectional practice, policies and systems
- provision of gender expertise to specialist advisory committees and working groups
- development and delivery of tailored, culturally appropriate and in-language health literacy and financial literacy resources
- delivering capacity-building activities to improve health service access and provision for more women.

The **impacts** of these actions include:

- strong relationships and partnerships with specialist workers, organisations and services moving forward
- more inclusive and intersectional women's health sector practices, policies and systems
- strengthened intersectional and inclusive lenses across regional strategies and activities
- increased health literacy and financial literacy for more women, including Aboriginal and Torres Strait Islander women, women from migrant and refugee backgrounds, women with disabilities, LGBTIQ+ people, young people and older women
- improved service provision and increased health outcomes for more women in Victoria, including vaccination uptake
- increased opportunities to centre and amplify the voices of marginalised women
- increased local, regional and statewide evidence and understanding of how women's health and equality issues impact different women in different ways, as well as practice knowledge for effective intersectional health promotion
- strengthening and building the primary prevention and contributor workforce to include more specialist workers, organisations and community members.

See appendix P for examples of intersectional health promotion action undertaken this year.





Our impacts on our partners, stakeholders and communities

Our work across 2022–2023 had significant positive impacts for those we work with, including:

- statewide and regional coordination and collaboration
- strengthening alignment across the public health sector
- helping turn ideas into action
- increasing Victoria’s gender lens
- increasing service accessibility and engagement
- empowering the workforce.

The following provides detail on the most significant changes reported by our partners, stakeholders and communities resulting from their engagement with the women’s health sector.

Statewide and regional coordination and collaboration

We provided crucial statewide and regional coordination for work across each priority area, ensuring advocacy and action across Victoria is aligned, evidence-based and mutually reinforcing.

“GenWest brings a **clear strategic focus to leading partnership work** that has catalysed significant change in the context and regional partnerships that Brimbank City Council are part of – Action for Equity (sexual and reproductive health) and Preventing Violence Together (prevention of violence against women). Both set out a framework and evidence base for collective action.”

– **Health and Wellbeing Policy Officer, Brimbank City Council**

“WHE plays an integral role [in the Together for Equality and Respect regional partnership], providing expertise to organisations across the Eastern Region to ensure this work is **inclusive, collaborative and continues to be at the centre of conversation.**”

– **Manager Community Wellbeing, Yarra Ranges Council**

“The [WHG-led] CoRE collaboration has helped us **identify and work with other like organisations.**”

– **CoRE Alliance member**

“This group is so valuable, you can **bring key players together and get local representation.** This has been an efficient way to find out who they are and what services they offer. Looking at what the service delivery gaps are that reflect the need in the area and doing advocacy from a local perspective.”

– **WHWBSW Sexual and Reproductive Health Reference Group members**



“The [GenWest-led Action for Equity] partnership brings people together from organisations that wouldn’t necessarily come together for sexual and reproductive health promotion. It’s a platform for **gathering information and connecting that to a bigger picture of the determinants**, and from there **creating shared pieces** that people can see themselves in and benefit and learn from.”

– Action for Equity Partnership member

The Director views WHV as “**critical allies**” and “**leaders in this part of the sector**”. WHV played a critical role in leading consultations on and input into the women’s reproductive health plan... She credits WHV’s contribution with helping the Department of Health to develop the reproductive health plan content which feeds into the strategy, stating, “this was a massive piece of work that contributed to where the sector is moving.”

– Director, Centre for Excellence in Rural Sexual Health

Strengthening alignment across the public health sector

Our expertise, experience and networks helped facilitate regional alignment and opportunities for collaboration and shared learnings with the state’s emerging Local Public Health Units.

“The interface with WHE across a variety of networks has enhanced opportunity for **alignment, collaboration and shared strategic planning** enabling **mutually reinforcing non-duplicative use of resources and efforts**. NEPHU has valued the opportunity to embed WHE subject matter expertise ... into development of the North Eastern Public Health Unit Population Health Catchment Plan, subsequent initiatives and associated governance structures.”

– Operations Director, North Eastern Public Health Unit

“The most significant changes include: the establishment and strengthening of a working relationship with WHIN; participation in **shared strategic planning processes**; and **alignment of future strategic direction, coordination and collaboration**.”

– Public Health Integrated Planning and Programs Branch, North Eastern Public Health Unit

“The Gippsland Region Public Health Unit (GRPHU) works with GWH as a key partner and collaborator to promote **shared priorities and aligned programs** that are: **custom-tailored to fit the local environments and community needs; foster community ownership, yield sustainable outcomes, and support a prevention approach** for sexual and reproductive health and gender equity in Gippsland.”

– Operations Director, Gippsland Region Public Health Unit



“WHGNE plays a significant role in working toward health equity for women in our Public Health Unit catchment, **leading the way to support and build capacity of organisations to understand and prioritise gender equity in their work.** Through WHGNE’s variety of system level projects/ initiatives, they successfully fill a gap in women’s health that very few organisations have the expertise, or resources to do on their own.”

– **Manager Planning and Prevention, Goulburn Valley Public Health Unit**

Helping turn ideas into action

Our commitment to long-term partnerships and multi-faceted engagement supported partners and stakeholders to move through the stages of embedding sustainable gender equity work, from getting the right people on board through to developing, implementing and evaluating tailored evidence-based actions.

“WHGNE have supported Mitchell Shire Council to **develop innovative solutions** to implementing Gender Impact Assessments to further our work in the gender equality space. This has included guidance and feedback to inform our Gender Impact Assessment App, a significant new platform that will support all staff to **apply an intersectional gender lens across programs, policies and services that impact our communities.**”

– **Team Leader, Community Development, Mitchell Shire Council**

“The most significant change in this project having had the involvement of WHIN has been their openness to **work with leaders in the community to progress/explore their ideas and bring an evidence-based women’s perspective to the project design and implementation.** WHIN has approached this work with an openness to the perspective of the community, their support has enhanced the project design with their ideas and experience.”

– **Councillor, Merri-bek Council**

“Collaboration [with WHGNE] has **strengthened our ideas and helped us to test them in the real world** and to have a positive impact ... WHGNE have participated in these conversations and the perspectives of staff and networks have fundamentally altered, and strengthened, the way we understand issues as intersectional and place-based.”

– **Co-director, Australia reMADE**

“The Action for Equity work provides a platform for bigger decisions and collaborative work across the region. GenWest **bring people together to do impactful work** – from submissions to government inquiries, to joint education work in local schools, to capacity-building work in our workplaces.”

– **Wellbeing and Equity Stream Leader, Maribyrnong City Council**



“WHISE has always been able to bring a voice to the table to represent the value of gender equity and apply the lens to conversations around health and wellbeing. Value add has always been in the willingness of WHISE to **engage and tease out the ideas** – and its non-committal in that its **focused on our journey and what we need.**”

– Frankston City Council

Increasing Victoria’s gender lens

Our advocacy, capacity-building activities, research and resources supported more people to incorporate a gender lens into their work at both program and policy level.

The Director said the publications and submissions produced by WHV and the Alliance on gender and mental health have **assisted her in applying a gender lens to her work**. These resources have led her to be more mindful of gendered factors in her clinical practice and helped her to identify gender-related issues. They have also impacted how [she] reflects on and addresses these issues: “I don’t think there is any other service that looks at things quite the same way.”

– Director, Statewide Women’s Mental Health Service

The CEO has found the breadth of system knowledge and gendered lens on women’s mental health that WHV brings through its work with the Alliance “very valuable” in informing her own organisation’s work and approach to advocacy. She states that her engagement with the Alliance has “equipped” her to “**better advocate using a gender lens**”. It has provided her with a deeper understanding of the issues young women face in the mental health system and how to approach and address these issues.

– CEO, Youth Affairs Council Victoria

“**Having a gender equity expert to tap into whenever needed is refreshing** ... Having the confidence that if it’s questionable, it’s always good to check in [with WHISE]. Mentoring, involvement in partnerships, regional projects, action agendas. Commitment to feminist approach. Resource sharing, influence and support.”

– Cardinia Shire Council

“Women’s Health Loddon Mallee have been key partners in the development of the local sexual wellness action plans providing valuable information and insights into women’s health issues. The wealth of knowledge and expertise the team provides **enhances the understanding of specific women’s health concerns, best practices and approaches to address them effectively.**”

– Senior Health Promotion Manager & Sexual Health and Wellbeing Project Officer,
Centre for Excellence in Rural Sexual Health



“The most significant change seen in the Office for Women in Sport (OWSR) since working with Women’s Health East is the **increased level of understanding on gender impact assessments** and how, as a defined entity, we ensure **our programs and services are benefitting women and girls in all corners of the sector.**”

– Policy Manager, Office for Women in Sport and Recreation

“I would like to thank [WHG] for your support, guidance and facilitation of our recent gender equality consultations. you made this process so **inclusive, informative and productive.** Verbal feedback so far is that staff felt listened too and welcomed.”

– WHG local council CoRE Alliance member

Increasing service accessibility and engagement

We supported services to improve their inclusive and intersectional practice so that more women felt safe, welcome and able to have their needs met by the health system.

“Since completing our training with MCWH, our program has increased its awareness of the broader contexts that shape migrant and refugee women’s experiences of violence and we have worked to build meaningful relationships with such women who use our service.”

– Team leader, Uniting (Epping)

“The most significant change ... from our engagement with MCWH comes in the form of designing health solutions and interventions that are culturally inclusive, address the values of the community and are also able to explore possible impacts of mainstream health approaches to multicultural groups in Melbourne.”

– Digital Access and Equity Program Co-lead, Melbourne Social Equity Institute

“The most significant change for my organisation, Cultural Perspectives, from our engagement with MCWH has been the opportunity to **connect with new and emerging communities** based in Victoria. MCWH have proven capacity in communicating and engaging with new and emerging cohorts – in particular women, young mothers and younger audiences.”

– Engagement Lead, Cultural Perspective



“Thanks for all the wonderful work you do and support you give us to **improve our organisations and make them more inclusive.**”

– **WHG CoRE Alliance member**

“[WHLM] is continuing to **pioneer breaking barriers, showcasing other health organisations on how to be accessible and inclusive.** This partnership is the greatest achievement for Deaf Hub Bendigo because WHLM has been the first organisation to collectively deliver accessible online, educational videos in Auslan and with Captioning.”

– **CEO, Deaf Hub Bendigo**

Empowering the workforce

Our capacity-building activities increased the knowledge, skills and confidence of practitioners and contributors to undertake best practice women’s health and equality work across the priority areas, including the emerging and future health promotion workforce.

“The Masculinities community of practice which is co-facilitated by WHIN and Whittlesea Council has been invaluable in supporting practitioners to develop their skills in the area of prevention of gender-based violence work.”

– **Prevention of Violence Against Women Coordinator, DPV Health**

“GWH is one of the first places we go to **seek expert advice and sound, sustainable solutions** in our efforts to prevent family violence and women’s health issues affecting our staff and communities. The **collaborative, collegiate approach taken by GWH gives us the best chance of success** in building our capacity and confidence in preventing family violence in our workplace and community.”

– **Free From Violence Project Office, Bass Coast Council**

“In the beginning I was unsure, not confident and didn’t fully understand. In the middle I developed a voice to express my understandings, hesitations and fears. In the end, I feel like I am **empowered to enable change in the sports settings.**”

– **CEO, South West Sport**



“Expertise is scarce in this field so it’s reassuring to know **we can rely on experts within our own region**, at WHLM, and that their work is evidence-based so we can be confident about engaging them. We also contact them for ad hoc advice and guidance on all sorts of things.”

– **Project Officer, Mildura Rural City Council**

“I could see through the [WHWBSW] training, it’s almost like we could see the penny drop for people that doing a Gender Impact Assessment does actually add value, and it wasn’t a box-ticking exercise that we were required to do. **We’re actually thinking differently, and we do get value out of it.**”

– **Manager People and Culture, Defined Entity**

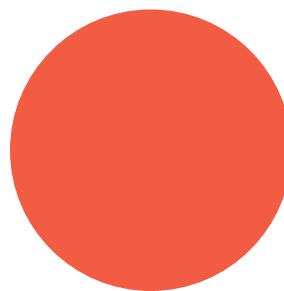
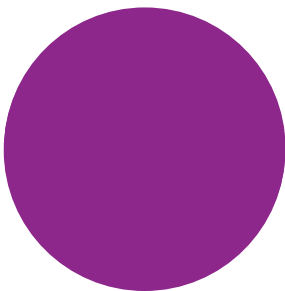
“Conversations with WHISE **helps employees to start thinking about gender equity in other projects**. It’s a flow-on effect. WHISE feels very approachable, new staff members being included and reaching out. They feel very supported and appreciate that emails are always responded to quickly. Indirect relationship is always present. WHISE keeps gender equity on the agenda for Enliven.”

– **Enliven**

“Ultimately, through my involvement in WHE, I have become more knowledgeable and experienced in health promotion work and the field in general, and I feel **much more prepared to enter the field than I would have with just my university degree alone.**”

– **Health Promotion Student Placement, Women’s Health East**

See appendix Q for detailed most significant change stories.





The impact of the funding uplift

In 2022–2023, we used the uplift funding to boost our workforce and strengthen internal operating systems, resulting in:

- increased capacity across all health promotion priority areas
- strengthened organisational capacity to deliver
- enhanced research, evidence-building and advocacy
- extended, expanded and new best and promising practice projects
- capacity-building for more workers and enhanced workforces
- enhanced communications to reach more people, in more meaningful ways
- strengthened foundations for meaningful long-term evaluation.

The following provides more detail on how we utilised the funding uplift and the impact for our sector.

How we utilised the funding

The additional funding uplift supported our sector to significantly enhance and extend our reach and impact across the state in 2022–2023, and to further develop the infrastructure needed to drive long-term change.

We boosted our workforce by:

- creating new positions and employing additional staff
- extending fixed-term contracts or increasing hours for existing staff
- pushing back on the gender pay gap by offering competitive salaries and job stability for our female-dominated workforce
- investing in professional development and career pathways for new and existing workers.

We are effectively utilising the uplift to enhance our reach, impact and ability to drive change.

While formal notification of the funding boost was received in late June 2022, funds did not arrive until September and November 2022. Delays in receiving funding (and therefore recruitment) meant many women's health services were able to employ a higher total additional staff FTE (full time equivalent) than initially budgeted. This included creating new positions, extending time-limited contracts, converting casual staff to part-time or full-time roles, and increasing EFT where possible (VWHSN 2023).

As of June 2023, the funding uplift has allowed the sector to employ an additional 67.98 FTE, consisting of 83 new, extended or expanded positions.

This includes:

- 32 health promotion, policy or community engagement staff
- 19 bilingual health educators or multicultural health promotion staff
- 10 training and capacity-building staff
- 8 research and evaluation staff
- 5 communications staff
- 5 managers
- 4 administration and corporate services staff.



We strengthened our infrastructure and internal operating systems by:

- investing in new CRMs (customer relationship manager systems), LMSs (learning management systems) and data dashboards to improve efficiency, compliance and data integrity
- improving and streamlining our operations and systems, including through engaging external providers to help create robust fit-for-purpose systems
- purchasing licenses and subscriptions for applications and platforms to improve our operations, engagement and reach.

The impact of the uplift on our sector

The impact of the uplift across 2022–2023 was profound. It enabled our sector to begin to put in place the people, practices and systems we have long known are required to do the work we need to do, reach the people we need to reach, and see the change we need to see. In the first year of funding alone, we have seen significant advances in our ability to deliver on and evaluate the government’s women’s health and equality ambitions.

Increased capacity across all health promotion priority areas

- More staff means greater capacity to undertake the breadth and depth of activity required to promote change across our health promotion priority areas.
- Not only can we now reach more people in more meaningful ways on the ground, but our executives and managers have greater capacity to provide strategic regional and statewide leadership, and expertise to support the Victorian Government’s strategic, policy and program design and delivery.

Strengthened organisational capacity to deliver

- We have invested in strengthening, streamlining and professionalising our infrastructure, operations and systems to support high-quality effective efficient delivery of our programs of work.
- We have recruited and inducted a significant number of new workers, in many cases nearly doubling in size our organisations (and demand on the back-of-house systems required to manage such growth).
- We have built the skillsets and specialist knowledge of our staff through a range of professional development activities, focused on both what the work is and the most effective way to do it.
- We have committed to and engaged in meaningful partnerships and relationships with specialist services to increase our ability to operate inclusively and with an intersectional lens embedded across our work.

Enhanced research, evidence-building and advocacy

- Our increased capacity has allowed us to enhance and expand our research and evidence base, building more robust datasets and capturing the distinct and differing experiences of women at a local, regional and statewide level.
- Our partnerships have strengthened and expanded to help ensure our evidence reflects the diversity of women’s experiences, and the intersections of other forms of discrimination and inequity with sexism.
- We have increased capacity to undertake effective advocacy through participation in more advisory groups, committees and working groups, providing expertise through consultations, and writing more submissions.



Extended, expanded and new best and promising practice projects

- We have been able to continue or extend time-limited projects that have demonstrated success and impact.
- We have expanded the reach of activities, delivering more sessions with additional staff and engaging with new communities, sectors or geographic locations.
- We have built strong partnerships to co-design and deliver tailored best practice initiatives for communities, sectors or cohorts new to primary prevention activities.
- We have undertaken scoping work in new priority areas, and to strategically plan our approach.

Capacity-built more workers and enhanced workforces

- By employing support staff to manage logistics, our trainers have been freed up to focus on enhancing content and increasing delivery.
- We have updated existing training and developed new courses tailored to new learner cohorts.
- We have invested in learning platforms and tools so that a wider range of learning options are available to meet the needs of different potential learners.
- Our enhanced communication capacity means better promotion and recruitment of learners to our capacity-building activities.
- More staff means greater capacity to provide expertise, advice and guidance to support workplaces and workforces to embed real change.

Enhanced our communications to reach more people in more meaningful ways

- We have recruited more specialist roles to oversee our communications, including capacity-building the rest of our staff to enhance their communication skills.
- We have seen an increase in uptake of our communications, as well as in the attendance and engagement with our events and activities.

Strengthened the foundations for meaningful long-term evaluation

- We have increased our monitoring and evaluation capacity by recruiting specialist roles to lead and guide this work, freeing up project staff to spend more time on delivery.
- Our increased evaluation capacity is supporting our evaluation to become more strategic, streamlined and aligned with other evaluation activities across the state.
- We have collaborated as a network to undertake the significant work supporting the design, piloting, refinement and embedding of the Victorian Government's Women's Health Services Indicator Framework.
- Our ability to undertake collective sector impact evaluation has advanced significantly through the Women's Health Services Statewide Evaluation Project and Working Group.

See Appendix R for detail on how each women's health service utilised the funding, as well as its impacts.





Most significant changes from the uplift

As a result of the funding uplift across 2022–2023, the women’s health sector has undertaken significant work to put in place the **people, plans** and **systems** needed to deliver the ambitious work of achieving women’s equality.

Below are the most significant changes for each women’s health service resulting from the uplift funding.

“The uplift funding enables us, to some extent, to **retain highly competent and dedicated staff** (versus diving into a vicious cycle of constant recruitment due to short-term funding.)”

– **Multicultural Centre for Women’s Health**

“This new funding has created an impact in **expanding our human resources, retaining and recruiting staff**, as well as **building capacity to scope opportunities** for the promotion of better health outcomes for women with disabilities across the state.”

– **Women with Disabilities Victoria**

“The most significant change for WHV and our work resulting from the funding uplift is **the expansion of our system engagement with the mental health reforms**, including through the Women’s Mental Health Alliance, enabled by increased staffing across our policy and advocacy, workforce development, and communications teams.”

– **Women’s Health Victoria**

“We’re now able to employ staff to **meet critical needs in communities** that we’ve known about for several years but have not been able to resource.”

– **GenWest**

“The most significant change for our organisation ... has been the expanded coordination structure across all three priority focus areas. This change has had a transformative effect on our work and overall impact. The funding uplift has allowed us to strengthen our coordination efforts by **establishing a more comprehensive and integrated approach to health promotion and gendered violence prevention.**”

– **Gippsland Women’s Health**



“The most significant change WHE has seen through the funding uplift has been the creation of a bicultural team ... We now have **four refugee and migrant women employed who have job security and a career pathway as bicultural workers** ... The team now focuses on long-term social change in their communities.”

– **Women’s Health East**

“**Staffing growth** across the organisation has been the most significant change for WHG. Specifically, this has meant **enhancing WHG’s diversity programs** – coinciding with our strategic focus on intersectionality.”

– **Women’s Health Grampians**

“We are acutely aware of the diversity of experience for women across our region and also acutely aware that we can only reach a portion of them in our normal course of business. The funding boost has ensured that we have **the capacity to reach further and deeper into our community.**”

– **Women’s Health Goulburn North East**

“Through the increase in funding, WHIN was able to **establish a migrant and refugee women’s health promotion workforce**. We recruited women with existing community networks through their work in the WOMHEn project as bilingual health educators and reoriented these roles through capacity-building and mentoring to health promotion officers within a community programs team.”

– **Women’s Health In the North**

“The funding uplift has enabled WHISE to **expand our team and outreach** ... The uplift has meant WHISE can invest in systems and structures such as professional development, software and tech. All these things **lift the quality of our work and increase our productivity.**”

– **Women’s Health in the South East**

“The lift in funding enabled WHLM to strengthen the skills and capability of the workforce. This has subsequently resulted in an increased ability to **deliver further into the region by engaging sectors of the community previously not reached, facilitated by providing high-quality evidence-based support to networks and partners.**”

– **Women’s Health Loddon Mallee**



“The funding uplift has allowed for growth in the team that allows us to **both deliver integrated health promotion initiatives and invest in rigorous systems that lay the foundations for evidence-based health promotion practice.**”

– **Women’s Health and Wellbeing Barwon South West**

See Appendix S for full most significant change stories.



SECTION 3:

The case for a well-resourced Victorian women's health sector



Section summary

The previous two sections have demonstrated our unique role, value and impact over time, culminating in our achievements across 2022–2023. This section draws together what we have achieved already with what we will achieve across the second year of uplift funding (2023–2024). By doing so, it demonstrates the significant capacity, reach, impact and momentum our sector will hold by the end of 2023–2024 in driving progress on women’s health and equality outcomes in Victoria. It also outlines what is at stake if the funding to maintain this momentum is not continued. This section closes with testimonials from our stakeholders and partners describing the unique value and importance of a well-funded Victorian women’s health sector moving forward.





What we will achieve by the end of 2023–24.

By the end of 2023–2024, the uplift will position us to deliver maximum impact and value on our funded contribution towards the government’s women’s health and equality ambitions.

Building on our previous achievements, in 2023–2024 we will continue to:

1. Expand our work across all five priorities areas and extend our reach across our regions, including:

- leading and supporting more best practice health promotion action across every region in the state
- increasing the evidence base, partnerships and coordinated action on our newer priority areas (mental health and women in a changing society)
- reaching more women, girls and gender-diverse people through work that is tailored, inclusive and empowering.

2. Drive strategic statewide and regional partnerships and alliances to advance women’s health and equality, including:

- regional gender equality, gender-based violence, and sexual and reproductive health partnerships and Communities of Practice
- the Women’s Mental Health Alliance
- the Abortion and Contraception Working Group.

3. Respond to gendered pandemic health inequalities and maintain an intersectional lens on recovery, as well as building resilience and the knowledge base in preparation for the next crisis.

4. Utilise our established and unique role within Victoria’s public health infrastructure to continue enhancing the system, including:

- continuing providing expertise and capacity-building to Local Public Health Units in their design, delivery and evaluation of Local Public Health Plans, including on an intersectional approach to health planning and the social determinants of health, and identification of opportunities for our sectors to align and collaborate
- contributing gender expertise to new initiatives such as the rollout of Women’s Health Clinics.

5. Advance best practice intersectional health promotion practice across the state, including through:

- our increased capacity to deliver on health outcomes for migrant and refugee communities through our newly established migrant and refugee workforce
- tailored co-designed health promotion activities led by workers and communities with lived experience, including Aboriginal and Torres Strait Islander women, women with disabilities and LGBTIQ+ people
- collaborating on mutual capacity-building projects with specialist organisations.



6. Deliver more high-quality training and capacity-building activities across the state for our sector, our regional and statewide partners and our stakeholders such as Defined Entities, key primary prevention settings and government.

7. Respond to the increasing demand in Victoria for advice, capacity-building and resources by those seeking to embed primary prevention into their everyday practices and policies, including:

- Defined Entities mandated to undertake and mainstream gender equality into their organisations and work
- other organisations and workplaces seeking to take gender equality action due to the current appetite, benefits and public support.

8. Coordinate strategic evidence-building, communications and advocacy at a regional, sector and statewide level to improve Victoria's women's health and equality legislation, policy and programmatic landscape.

9. Coordinate and undertake local, regional and statewide monitoring and evaluation, driven by our increased monitoring and evaluation capacity enabled by the uplift. This includes:

- piloting and data collection of the Victorian Government's Women's Health Services Indicator Framework across 2023–2024
- the second year of the Women's Health Services State Evaluation Project, building capacity and evidence around statewide collective impact evaluation.

By the end of 2023–2024, Victoria's women's health sector will have:

- the people and positions we need to deliver effectively on our priority areas, extending our reach across our respective regions, partners and communities to drive and build capacity for best practice health promotion work
- the internal systems and infrastructure required for operating efficiently
- the sector-wide mechanisms and governance practices for coordinated, collaborative and mutually reinforcing statewide reach and impact
- the capacity, processes and frameworks for robust, evidence-based monitoring and evaluation.

In turn, Victoria will be in possession of a robust, strong and value-for-money women's health services network that is unique to our state and is capable of undertaking the long-term population change work that will deliver on the government's women's health and equality ambitions. This will see Victoria continue to lead the way in primary prevention in Australia and internationally.

See Appendices T and U for more detail about our work in 2023–2024 and how we will continue to support Victoria's Local Public Health Units.





The risk of the additional funding ending

An end to the additional funding will result in reduced capacity, reach and impact, and harm Victoria’s progress towards gender equality.

The sector has been chronically underfunded since its inception. It is only through this uplift that we have been adequately resourced for the first time ever to do the work we need to do. The uplift funding is guaranteed until June 30 2024. Without further additional funding, there is a significant threat to all that has been achieved through recent government investment and strategic infrastructure planning.

Without continued additional funding:

We will not be able to maintain our current boosted workforce – threatening the jobs of 83 women representing 67.98 FTE – leading to:

- reduced organisational capacity, effectiveness and efficiency
- a loss in organisational expertise, including an inability to maintain our increased capacity across health promotion and monitoring and evaluation capacity
- an end to job security in a highly female-dominated industry
- the potential loss of talent and reduction in the wider health promotion workforce as people move into other sectors with more opportunities, higher wages and better security.

We will experience a **decrease in capacity to deliver on priority areas for government**, including:

- reduced capacity to deliver on the government’s gender equality, gendered violence prevention, and sexual and reproductive health reforms, strategies and plans
- reduced capacity to contribute our expertise to the design and delivery of the new public health system, including supporting LPHUs, the rollout of Women’s Health Clinics, and implementation of the mental health reforms
- stalled progress on new priority areas (mental health and women in a changing society), including supporting the state’s pandemic response and recovery, and disaster response and preparedness
- reduced capacity to ensure equitable access of activities across all geographic and community cohorts, and to embed inclusive and intersectional practice across all health-promotion activities.
- an inability to meet the increasing demand by Defined Entities and others for capacity-building and support to take action on gender equality and women’s health issues.

There will be a **loss in the high-levels of momentum, buy-in and opportunity** enabled by the funding boost, authorising environment and public appetite for this work, resulting in the **stalling of both short and longer-term progress towards gender equality**. While we have helped people see the benefit of gender equality to their work, workplaces and communities – and helped find the most efficient, effective and meaningful ways to incorporate this into their world – **we are not yet at a point where this work can be sustained or maintained without dedicated well-resourced coordination and support.**

Indeed, the **threat we experience – not only a stagnation, but a regression in progress, is very real**, as evidenced by the rise of backlash and



threats to women's sexual and reproductive health and other rights around the globe; our precarious Global Gender Gap Index progress; the negative impacts of the pandemic on gender equality here and overseas; and the persistent high rates of violence against women in Australia.

Continuing to invest in a well-resourced Victorian women's health sector recognises our unique role and infrastructure in Victoria's public health system, and best enables our sector to deliver maximum impact and value on our funded contribution towards the government's women's health and equality reform agenda.

A vibrant, well-funded women's health sector is vital to safeguarding and advancing women's health and equality into Victoria's future.

“Going forward, you need only to look at the statistics around women's health indicators to know why we need the women's health sector. You need someone to be putting together the evidence, developing advocacy and leading presenting that evidence to policy makers so that they fund responses and programs that make a change in the health picture of women.”

– **Cath Hannon, Project Manager, Clinical Champions Project, Royal Women's Hospital**

“I can't stress how vital the women's health service work is to everyone out there. It is about equality and recognising, responding to and preventing family violence, but it's also about representing more than half the population in a bigger conversation around equity ... The long-term and immediate effects of disaster due to ongoing climate change indicate that women and children are most likely to be adversely affected. Without the women's health sector, there is no other sector that is going to be adding this voice which is what women's health sector does consistently and strongly.”

– **Steve O'Malley AFSM, Manager of Emergency Management Sector Engagement, Gender & Disaster Australia**

“Without a well-funded women's health sector, we won't continue this journey for younger women. We need to ensure that younger women have access to what we've fought so hard for. Until we get everybody to have the same access to the freedom to live the life they want to live, then we still need a women's health sector to support everybody.”

– **Tricia Malowney OAM, Chief Accessibility Advocate, Department of Transport and Planning Victoria (Women with Disabilities Victoria, 2004-2012)**



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Appendix A: Women's Health Service Evaluation Working Group membership 2022–2023

- Amanda Kelly, CEO, WHGNE (Interim project CEO sponsor)
- Dr Belinda Crockett, Health Promotion Manager, WHE
- Carly Dennis, Regional Evaluation Coordinator, WHWBSW (past member)
- Claire Varley, Consultant (Project Worker)
- Emma Mahony, CEO, WHWBSW (Project CEO sponsor)
- Ellie Swindon, Coordinator of PGBV/GE, WHIN
- Helen Freris, Health Services Program Manager, WDV
- Dr Kate Johnston-Ataata, Manager, Policy, Health Promotion & Advocacy, WHV
- Kit McMahon, CEO, WHISE (Interim project CEO sponsor)
- Kirsten Campbell, Senior Coordinator – Impact, Evaluation and Development, GenWest
- Lauren Daly, Evaluation and Outcomes Coordinator, GWH
- Lauren Zappa, Manager, Gender Equity and Capacity Building, WHV (past member)
- Dr Lena Molnar, Workforce Capacity Building Officer Gender and Disability Equity, WDV
- Melanie Brown, Manager Health Promotion and Prevention, GWH
- Melissa Jolley, Women's Health Project Officer, WDV
- Mika Padiaditis, Research and Evaluation Advisor, WHG
- Dr Monisha Vaid Sandhu, Senior Project Officer, MCWH
- Dr Nicole Johnson, Senior Health Promotion Coordinator, WHLM
- Dr Rachel Bush, Evidence and Policy Lead, WHISE
- Rosie Brennan, Manager, Health Promotion, WHIN (past member)
- Rosie Goethel, Manager, Evaluation and Policy, GenWest (past member)
- Shantelle van der Leeuw, Regional Evaluation Coordinator, WHGNE
- Dr Sue Rosenhain, Manager Strategic Partnerships and Health Policy, WHIN
- Susan Timmins, Manger Primary Prevention, GenWest (past member)
- Tali Kalman, Senior Policy, Health Promotion and Evaluation Officer, WHV
- Tilly Mahoney, Sexual and Reproductive Health Coordinator, WHIN



Appendix B: Description of evaluation approaches informing this report

Gender transformative and feminist evaluation

A gender transformative approach “encapsulates a feminist approach to evaluation ... and grounds the evaluation process firmly in a process of transformation”. This includes assessing “the degree to which gender and power relationships – including structural and other causes that give rise to inequities, discrimination and unequal power relations – change as a result of [training] interventions for gender equality using a process that is inclusive, participatory and respectful of all stakeholders” (Ferguson 2018). This includes balancing quantitative and qualitative assessment techniques and recognising the value of participatory approaches.

We utilised:

- a focus on qualitative measures and techniques to balance the quantitative focus of the Victorian Government’s Women’s Health Services Indicator Framework
- a focus on collective impact over time, reflecting the long-term socio-ecological model for social transformation at the centre of a primary prevention public health approach; this includes examining structural/societal level outcome transformation as indicators of progress rather than outputs
- empowering stakeholders through their participation in the evaluation process. We wanted to make sure that they developed their

capabilities to participate in broader processes of social change and to be equipped with the knowledge to challenge existing programs, policies and procedures, rather than simply asking that they complete surveys that only benefit us as evaluators.

Developmental evaluation

Development evaluation assists in developing and adjusting complex social change initiatives that are delivered in uncertain or changing environments. It “supports innovation development to guide adaptation to emergent and dynamic realities in complex environments ... Patterns of change emerge from rapid, real-time interactions that generate learning, evolution and development – if one is paying attention and knows how to observe and capture the important and emergent patterns” (Patton 2010). It can assist in measuring collective impact of initiatives addressing complex social issues.

We utilised:

- a reflective process for generating learning on regional and statewide patterns of change as indicators of progress towards complex social change – what is and isn’t working, why, what adjustments can be made and what does mean for promising practice?



Realist evaluation

Realist evaluation grounds and tests theory in the lived world, exploring how contextual factors influence the delivery and success of interventions. This explores how and why different projects work in different contexts, considering what works for whom in what circumstances.

We utilised:

- qualitative methods such as case studies and descriptions to examine contextual factors that influenced the implementation of initiatives and how this affected effectiveness, as a means of evaluating our success and identifying learnings for future work.

Participatory action research (PAR)

Participatory action research “seeks to situate power within the research process with those who are most affected by a program”, engaging participants as equal partners in research (AIFS 2015). Feminist evaluation and PAR aim to capture voices that are local, place-based and intersectional. Together these approaches promote learning and inquiry within participatory communities; agency to affect change by those at the centre of the issue; create spaces for collective and individual reflection from which new understandings can emerge; and ensures the long-term objective to address structural gender inequalities is maintained (Johnson & Flynn 2021).

We utilised:

- most significant change (MSC) methods to allow stakeholders to identify the most important impacts from their perspectives of what mattered most to them
- identification of feedback mechanisms to ensure report findings are made available and are useful to participants.



Appendix C: Our ways of working

Our ways of working combines:

- the best practice health promotion principles and approach first articulated in the World Health Organisation's Ottawa Charter, including an understanding of health promotion action as: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services (WHO 1986)
- community development, empowerment and co-design principles, such as the NSW Health Capacity Building Framework
- intersectional, feminist and gender transformative practice
- the rapidly growing evidence base for effective primary prevention work across each of our priority areas
- best practice monitoring and evaluation approaches for measuring social change and collective impact.



Appendix D: Timeline of Victorian women's health services

MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

1977: Action for Family Planning established, running on a largely voluntary basis.

1982: Name change to Women in Industry: Contraception and Health.

1991: National Health Program Funding and name change to Women in Industry and Community Health. Receives Victorian Women's Health Program funding around this time.

1999: Name change to Working Women's Health.

2006: Name change to Multicultural Centre for Women's Health.

WOMEN'S HEALTH VICTORIA

1987: Healthsharing Women successfully tender for inaugural Victorian Women's Health Program statewide 'Women's Health Information Centre' funding.

1993: Healthsharing Women amalgamate with the Women's Health Resource Collective (established 1983) to form Healthsharing Women's Health Resource Service.

1996: Name change to Women's Health Victoria.

GENWEST

1987: Flemington, Kensington and North and West Melbourne Women's Coalition and the Western Women's Health Network successfully tender for inaugural Victorian Women's Health Program funding as Women's Health Service for the West.

1996: Name change to Women's Health West.

2021: Name change to GenWest.



WOMEN'S HEALTH LODDON MALLEE

1988: Loddon Campaspe Women's Health receives VWHP funding.

1996: Name change to Women's Health Loddon Mallee.

WOMEN'S HEALTH EAST

1990: Outer Eastern Women's Health Service receives VWHP funding, growing out of the Outer Eastern Women's Health Network (established 1988).

1997: Name change to Women's Health East.

WOMEN'S HEALTH GRAMPIANS

1991: WellComing Women's Health Service receives VWHP funding.

1999: Name change to Women's Health Grampians.

WOMEN'S HEALTH IN THE NORTH

1992: North East Women's Health Network receives VWHP funding, growing out of the NE Region Women's Health Network (established 1986).

1996: Name change to Women's Health In the North.

WOMEN'S HEALTH IN THE SOUTH EAST

1992: Women's Health in the South East receives VWHP funding, emerging from the Southern Women's Health Action Group (established 1990).

GIPPSLAND WOMEN'S HEALTH

1992: Gippsland Women's Health Service receives VWHP funding following a report produced by the Gippsland Women's Health Project.

WOMEN'S HEALTH GOULBURN NORTH EAST

1993: NEWomen (Goulburn North Eastern Women's Health Service) established with federal funding as a community health service.

2000: Establishment of independent regional women's health service and name change to Women's Health Goulburn North East.



WOMEN WITH DISABILITIES VICTORIA

1992/1993: Victorian Women with Disabilities Network established.

2004: Begin transition into fully incorporated independent organisation with auspice by and co-location with Women's Health Victoria.

2009: Fully independent organisation, and name change to Women with Disabilities Victoria.

2022: After a decade of operating through a range of changing Commonwealth and State funding sources – including state government WHSCBP funding since 2018 and periodic surge DFFH funding for COVID-19 women's mental health projects – receives VWHP for the first time.

WOMEN'S HEALTH AND WELLBEING BARWON SOUTH WEST

1995: Barwon South Western Women's Health Service commences, managed through community health centres.

2011: Women's Health and Wellbeing Barwon South West is incorporated and receives VWHP funding as an independent regional women's health service.

Source: Beaumont 2007; Malowney 2023.



Appendix E: Selected examples of research and evidence-building

Gender equality (GE); Prevention of violence against women (PVAW); gender and disaster (G&D); mental health (MH); sexual and reproductive health (SRH).

Year	WHS	Priority area	Research and evidence-building
2007	GenWest	PVAW	Building the capacity of organisations in the western region to prevent violence against women fact sheets.
2008	WHGNE	PVAW	<i>Raped by a partner</i> (with Upper Murray CASA) – Building the evidence on partner rape for rural women.
2011	WHGNE	G&D	<i>Women and disaster</i> – Research in women’s experiences during the Victorian Black Saturday bushfires providing new insights into increasing women and children’s safety during disasters.
2011	WHV	MH	<i>Women and suicide gender impact assessment</i> – Many recommendations were ‘endorsed and amplified’ by Suicide Prevention Australia in their 2015 paper <i>Suicide and suicidal behaviours in women</i> .
2012	Rural WHS	SRH	<i>Victorian rural women’s access to family planning services</i> – A survey into rural women’s access to family planning information and series undertaken by GWH, WHGNE, WHG, WHLM and WHWBSW.
2012	WHG	GE	<i>Advancing the gender agenda in local government: Best practice problem definition and solution generations</i> – Presentation to Population Health Congress on WHG capacity-building approach with local government to embed women’s health in municipal public health and wellbeing plans.
2012	WHLM	GE	<i>Around the kitchen table</i> – Documenting the stories and experiences of women in northern Loddon district to identify and prioritise actions that provide equality in women’s health.



Year	WHS	Priority area	Research and evidence-building
2012	MCWH	SRH	<i>Common threads project: Working with immigrant and refugee women in sexual and reproductive health</i> – A concise, evidence-based and easy-to-use reference guide with case studies, and a national cross-cultural research initiative into the experiences and perspectives of immigrant and refugee women in relation to their sexual and reproductive health.
2012	WHG	PVAW	Submission to the parliamentary inquiry into sexting, drawing on evidence into the gendered nature of sexting gathered from local project (webWise).
2013	WHV	GE	The Labia Library – A world-first resource on natural female genital diversity that has been (and continues to be) accessed by millions of people world-wide.
2013	MCWH	GE	<i>Culturally responsive palliative care community education peer education resource</i> – A resource developed in partnership with Palliative Care Victoria to support bilingual educators to deliver education about palliative care to their communities.
2013	WHGNE	G&D	<i>Men on Black Saturday</i> – Research into men’s observations and feelings about their experiences during and in the wake of Black Saturday bushfires in Victoria.
2013	WHGNE	GE	<i>Living longer on less</i> – Research highlighting the voices of women who having spent a lifetime caring for family members and are now facing their retirement years with financial hardship.
2013	WHG	GE, PVAW, SRH	Presentations at 7th Australian Women’s Conference ‘Gender Matters: Determining Women’s Health’ – The digital world: A new space for an old injustice; Local government: Gender health promotion, preventing violence, inclusion and integrated planning; Striving for optimal sexual and reproductive health for rural women; Advancing the gender agenda in mainstream services; Embedding gender in the population planning domain (PhD Research Project).
2013	MCWH	SRH	<i>Ensuring rights: Improving access to sexual and reproductive health services for female international students in Australia</i> – Journal of International Students.
2015	MCWH	PVAW	<i>Bringing the margins to the centre</i> in Our Watch, ANROWS and VicHealth. <i>Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia.</i>



Year	WHS	Priority area	Research and evidence-building
2016	MCWH	PVAW	<i>The ASPIRE Project: Promoting community-led responses to violence against immigrant women in metropolitan and regional Australia</i> – Research report, summary and knowledge paper (ANROWS).
2016	MCWH	PVAW	<i>Key issues in working with men from immigrant and refugee communities in preventing violence against women</i> – White Ribbon Research Series.
2016	WHE	SRH	<i>Sexual and reproductive health regional needs analysis</i> – Shaping an understanding of women’s sexual and reproductive health needs in the region by commencing women’s sexual and reproductive health needs analysis.
2016	WHWBSW	MH	Funded formal evaluation of Headspace Geelong’s Docs and Teens program by Deakin University.
2017	MCWH	PVAW	<i>Intersectionality matters: Engaging immigrant and refugee communities to prevent violence against women</i> – An essential guide for planning and working with immigrant and refugee communities on prevention activities.
2017	WHG	SRH	<i>Rural GPs and unintended pregnancy in the Grampians Pyrenees & Wimmera Regions. Centre for Health Equity, University of Melbourne & Women’s Health Grampians</i> – Research into the referral practices of general practitioners for unintended pregnancies in the Grampians Pyrenees and Wimmera regions. Report led to funding to expand this work through the Reproductive Choices Project in the Wimmera aiming to improve referral pathways and knowledge of options among general practice in the western part of the region.
2017	WHWBSW	SRH	<i>Condom access and availability in the Great South Coast and Barwon Region</i> – Mapping to better understand availability and access of condoms in the region to identify gaps and service needs.
2018	WHGNE	SRH	<i>Women’s sexual and reproductive health needs in the Murray Region</i> – Needs assessment examining the factors that impact on sexual and reproductive health outcomes for women, the current service system and the lived experience of women across Goulburn North East and Loddon Mallee catchments.



Year	WHS	Priority area	Research and evidence-building
2018	WHE	PVAW	<i>Women Online: The intersection of technology, gender and sexism</i> – Paper exploring the key drivers of violence and how these interact with the online environment to enable cyber violence against women and girls.
2018	WHWBSW	GE	<i>Here we are project report</i> – Research from women with lived experience of disability in the Barwon region to support increased responsiveness and inclusion through WHWBSW’s work.
2018	MCWH	GE	<i>Enabling social change with immigrant and refugee caregivers: Beyond dualistic difference to intersectionality</i> – Special Section on Medical Anthropology. <i>American Anthropologist</i> , 120(3), pp.551–554.
2018	WHV	GE	<i>Advertising (in)equality. The impacts of sexist advertising on women’s health and wellbeing</i> – An overview of significant literature currently published on the nature of gender portrayals in advertising, and the impacts of these representations on women’s health and wellbeing, gender inequality and attitudes and behaviours that support violence against women.
2019	WHV	GE	<i>Addressing and preventing sexist advertising: A snapshot of promising practice and Community responses to gender portrayals in advertising: A research paper</i> – Research into community responses to sexist advertising and opportunities for addressing sexist advertising.
2019	WHV/ WHS	MH	A significant body of work on gender and mental health, including research and submissions.
2019	MCWH	SRH	<i>The NETFA best practice guide for working with communities affected by FGM/C</i> – A clear and evidence-based guide for planning and working with communities on FGC prevention activities.
2019	WHE	SRH	<i>Young and queer research report</i> – Identifying the unique barriers and enablers young LGBTIQ+ women may experience in accessing sexual and reproductive health services, adding to the growing evidence base demonstrating the benefits of inclusive services.
2019	MCWH	PVAW	<i>The Equality@Work: Workplace Equality: A Model for Preventing Violence Against Migrant and Refugee Women.</i>



Year	WHS	Priority area	Research and evidence-building
2020	WHIN	SRH	<i>Sexual health information pathways project – for International Students (SHIPP) Project Report</i> – Research to improve sexual and reproductive education for female international students, advocate for their rights, equip them with the skills and understanding to negotiate safe and consensual sexual relationships, and increase their access to sexual and reproductive health services.
2020	WHWBSW	MH	<i>Preventing mental illness before it occurs: A gendered perspective for local government</i> – Guidance to support councils to plan for and respond to women’s mental health needs amidst bushfire recovery and the pandemic.
2020	MCWH	MH	<i>Migrant and refugee women’s mental health in Australia</i> – A literature review. School of Population and Global Health, University of Melbourne.
2020	WHE	GE	<i>The unheard story: The impact of gender on social inclusion for older women</i> – Discussion paper with Inner East PCP exploring how current narratives continue to disadvantage women by failing to recognise the lifelong impacts of inequality that are further compounded in later years.
2020	WHE	GE	<i>Why women’s employment is a critical issue for pandemic recovery</i> – Article on Croakey highlighting the growing impacts of COVID-19 on women and the threat that this posed to gender equality.
2020	MCWH	GE	<i>Apply intersectionality to gender equality planning and action</i> – Five ways to apply intersectionality to gender equality planning and action in the workplace.
2020	WHISE	GE	<i>COVID-19: An assessment of partner needs.</i>
2020	WHV	GE	<i>Seeing is believing: A national framework for championing gender equality in advertising.</i>
2020	MCWH	PVAW	<i>An evidence guide to address violence against women and family violence within faith settings: What works to address violence against women and family violence within faith settings</i> – An evidence guide.
2020	MCWH	PVAW	<i>Key contacts in migrant women’s prevention of violence</i> – A directory of key contacts working in preventing violence against migrant and refugee women.
2020	MCWH	PVAW	<i>Multicultural and settlement services supporting women experiencing violence: The MuSeS project</i> – Research report and policy and practice guidance (ANROWS).



Year	WHS	Priority area	Research and evidence-building
2021	WHG	PVAW	<i>Act@Play – Creating Cultures of Respect and Equality within Sporting Clubs</i> – Conference paper at Stop Domestic Violence Conference.
2021	WHISE	PVAW	<i>Violence against women snapshot southern metropolitan region.</i>
2021	WHWBSW	GE	<i>Women’s voices community engagement and consultation framework</i> – A framework for ensuring that a diverse range of women are engaged in issues that matter to them in the region.
2021	WHE	GE	<i>Creating safe and inclusive public spaces for women</i> – Resource on the role that design plays in creating spaces that are safe, welcoming and accessible for women, and emphasises the importance of women’s voices and expertise in creating spaces that are safe and inclusive for everyone.
2021	WHLM	GE	<i>The rural challenge: A gender equality leadership program</i> – Pilot program guide outlining the evidence and process for undertaking the program.
2021	WHLM	GE	<i>A snapshot of the Loddon Mallee</i> – Providing key regional data with a gender lens.
2021	WHLM	GE	<i>Identifying the impact of COVID-19 on regional Victorian women’s health and wellbeing</i> – Summary of community feedback utilising the Five Ways of Being Framework.
2021	WHS/ GenVic	GE	<i>Left Behind: Migrant and Refugee Women’s Experience of COVID-19.</i>
2021	MCWH	GE	<i>Community conversations: Talking about finding work in Australia.</i> HealthWest Partnership: Footscray, Victoria.
2021	MCWH	SRH	<i>Advance health equity for migrant and refugee women’s sexual and reproductive health.</i>
2021	WHISE	SRH	<i>African diaspora women’s voice in the South East: Consultation report and evaluation snapshot.</i>
2021	MCWH	SRH	<i>Data report: Sexual and reproductive health.</i>
2021	WHE	MH	<i>Parenting in a pandemic</i> – A qualitative research project that captured 18 local women’s lived experience of being a new parent against the backdrop of the COVID-19 pandemic and its impact on their mental health and wellbeing.
2022	WHG	PVAW	<i>Sowing and growing a movement: Regional primary prevention partnerships in Victoria</i> – a women’s health services panel – Our Watch and Safe + Equal PreventX Conference.



Year	WHS	Priority area	Research and evidence-building
2022	WHG	PVAW	WHG's experience of the Women with Disabilities Victoria Workforce Capacity Building Program – Primary Prevention of Violence Against Women with Disabilities Forum.
2022	WHWBSW	GE	<i>Women's voices – The experiences of Aboriginal women during COVID-19</i> – Research to improve understanding of the unique experiences of Aboriginal women during the pandemic and the learnings that come from this.
2022	WHIN	SRH	<i>Mapping availability of sexual and reproductive health pharmaceuticals in Melbourne's northern metropolitan region.</i>
2022	WHISE	SRH	<i>Case study clinic 185: Establishing a medical abortion clinic at Peninsula Health.</i>
2022	WHIN	MH	<i>Unpacking the determinants: Migrant and refugee women's mental health</i> – Research to guide effective community health promotion action that is driven from the lived experiences of migrant and refugee women.
2023	WHV	MH	<i>Towards a gendered understanding of women's experiences of mental health and the mental health system</i> – Brings together the evidence for a gender lens on mental health.
2023	GenWest	PVAW	<i>Family violence service utilisation amongst migrant and non-migrant populations in Victoria, Australia: A quantitative analysis</i> (with Deakin University) – Study examining differences in outcomes for family violence clients with migrant and refugee backgrounds to improve service delivery to diverse women and children.
2023	GenWest	PVAW	<i>Our clients our community: A comparative analysis of family violence clients' and community demographics in Melbourne's west</i> – Research informing primary prevention strategies as well as direct service delivery.
2023	WHE	SRH	<i>How to become a menopause friendly workplace</i> – Resource to assist organisations to better support individuals experiencing perimenopause or menopause.



Appendix F: Selected awards and recognition

Year	WHS	Priority area	Research and evidence-building
1997	WHV	GE	Commonwealth Awards of Excellence for Good Practice in Women's Health by the Commonwealth Secretariat in London: Being our age – Older women's voices project and Customer satisfaction: Cultural hurdles, non-English speaking backgrounds women's health information strategy project.
2007	WHV	GE	Victorian Public Health Award for Innovation in Models of Care: BreaCan.
2010	WHGNE	PVAW	Australian Crime and Violence Prevention Certificate of Merit (National) and Recognition of Excellence (National): Bsafe Pilot Project.
2010	WHGNE	PVAW	Australian Crime and Violence Prevention Certificate of Merit Award: Raped by a partner project.
2010	WHV	PVAW	Australian Crime and Violence Prevention Award for Victoria: Working together against violence/Stand up (now Take a Stand).
2012	WHGNE	GE	Australian Government Financial Literacy Board Highly Commended Award for Advancing Financial Literacy in Australia – Tools for Change.
2012	GenWest	PVAW	Victorian Health Promotion Foundation Awards Best Project (Building health through community and local government category) – Preventing Violence Together partnership.
2013	WHGNE	PVAW/ G&D	Winner VicHealth Award (Knowledge and Understanding) – Family violence after natural disaster research: Breaking new ground.
2014	WHGNE	GE	Gold Award Winner Australian Centre for Leadership for Women 'Sustaining Women's Empowerment in Communities and Organisations' (SWECO) Awards – No Interest Loans Scheme.
2014	WHGNE	GE	Highly Commended Award for Advancing Financial Literacy in Australia, Financial Literacy Australia Limited: Keep your boat afloat.



Year	WHS	Priority area	Research and evidence-building
2014	WHE	GE	Maroondah City Council Australia Day Award 'Community Event of the Year' – Gender equality forum.
2014	MCWH	GE	Heart Foundation award: Bilingual health educator for her work as a Spanish speaking health educator for women from immigrant and refugee backgrounds.
2014	WHGNE/ WHIN	G&D	Resilient Australia Award (Projects of National Significance) – Gender & disaster: Leading the change.
2015	WHGNE	PVAW	Regional Achievement & Community Awards (Regional Safety Award): Bsafe.
2015	WHV	SRH	Gold winner Victorian Public Healthcare Award for Excellence in Women's Health – The Labia Library.
2016	WHV	GE	Finalist in the Australian Not-For-Profit Technology Awards – The Victorian Women's Health Atlas.
2017	WHGNE/ WHIN	PVAW/ G&D	Mary Fran Myers Gender & Disaster Award: Victorian Gender & Disaster Pod.
2017	WHG	PVAW	City of Ballarat Community Safety Awards (Crime Prevention): Communities of respect and equality (CoRE).
2017	WHE	PVAW	Victorian Honour Roll of Women: Speaking out advocate Kristy McKellar.
2018	WHG	PVAW	Finalist Vic Health Awards: Communities of respect and equality (CoRE).
2018	MCWH	GE	The Inspirational Women of Yarra Award – Bilingual health education team.
2018	WHLM	GE	Highly commended National Awards for Local Government (Community Safety category): The rural challenge (Partnership and Leadership Program led by the Macedon Ranges Shire Council between 2017–2018).
2018	WHLM	GE	Finalist VicHealth Awards (Promoting Gender Equality category): The rural challenge.
2018	WHE	GE	Inner East Primary Care Partnership Board recognition for outstanding achievement in partnership advancement: WHE CEO, Kristine Olaris.
2019	WHIN	GE	Winner VicHealth award – Let's Talk Money.
2019	WHE	GE	VicHealth Awards (Promoting Gender Equality category) finalist: STEM and Gender equality program (with Girl Geek Academy).



Year	WHS	Priority area	Research and evidence-building
2019	GenWest	PVAW	The Chief Health Officer's Award for supporting healthy populations: Community champions take action (with the Preventing Violence Together 2030 partnership).
2019	GenWest	SRH	The Secretary's Award for excellence in culturally diverse health: Human relations education program for newly arrived young people (collaboration with cohealth, Maribyrnong Council, the Centre for Culture, Ethnicity and Health, and the Western English Language School).
2019	WHGNE/ WHIN	PVAW/ G&D	Resilient Australia (National Significance Award and Victorian Resilient Australia Community Award): Victorian Gender & Disaster Pod.
2020	WHV	PVAW	VicHealth Award (Organisational Development Victorian Community Sector Award) and runner up (New Approaches to Partnerships with Business and Philanthropy) – Working together against violence/Stand up (now take a Stand).
2020	MCWH	GE	Victorian Multicultural Commission Multicultural Award for Excellence in Health.
2020	WHE	GE	Australian Health Promotion Association Certificate of Recognition for ongoing support and commitment to create a healthy, equitable Australia.
2021	WHISE	PVAW	Garry McQuillan and Tony Fitzgerald Award from Cardinia Shire Council and White Ribbon: in recognition of continued efforts in raising awareness and preventing men's violence against women.



Appendix G: Selected examples of our work under each case study

Case study 1: Our leadership in putting women's health and equality on the state agenda

Women's health

- WHV-led sector research and consultations to inform the development of the 1997 *Statewide women's health plan* and a 2002 *Snapshot of the health and wellbeing of Victorian women* that informed the *Victorian women's health and wellbeing strategy 2002–2006*.
- Our 2006 *Women's health matters: From policy to practice – a 10 point plan for Victorian women's health 2006–2010* – was endorsed by more than 40 organisations and was influential in the development of the subsequent *Victorian women's health and wellbeing strategy 2006–2010* (WHW 2009; Jamieson 2012). This argued for a 'new approach to women's health policy – one which is integrated with other areas of government policy in a coordinated way and that incorporates gender as part of 'health determinants approach.' The sector starts to talk about gender-based analysis as a tool to improve policies and programs (WHAU 2006).
- In 2009, we produced an updated *10 point plan for Victorian women's health 2010–2014*, calling for a health promotion approach that utilises: a social determinants framework; gender equity and human-rights approaches; social inclusion

and diversity of women; and covering the four priority areas: violence against women, sexual and reproductive health, mental wellbeing and social connectedness, and women in a changing society (VWHN 2009).

- We jointly contributed to the development and dissemination of the *Priorities for Victorian women's health 2014–2018*, outlining clear disparities that exist in health outcomes for Victorian women.
- We have contributed hundreds of individual and joint submissions to senate inquiries, draft bill exposures, royal commissions and other government consultation processes over the years, bringing a gendered evidence-based analysis and identifying opportunities to reduce inequities and improve the effectiveness and efficiency of government policy and legislation.

Prevention of violence against women

- Following the 2004 release of VicHealth's ground-breaking study *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, our sector finally succeeded in having preventing violence against women recognised as a health promotion priority, with inaugural funding for prevention activities in 2007 (WHW 2009).



- We contributed to, and then undertook practical implementation of, VicHealth's 2007 world-leading prevention framework *Preventing violence before it occurs*, further building the impressive evidence base that sets Victoria apart from the rest of the country.
- When a change of government led to the shelving of *A right to respect: Victoria's plan to prevent violence against women 2010–2020*, we developed our own regional preventing violence against women and gender equality partnerships and strategies, taking it upon ourselves to pilot and evaluate mutually reinforcing, joint approaches to primary prevention that worked across the socio-ecological model in order to build the evidence base for what works. This includes some of Australia's first primary prevention pilot projects as well as coordinating regional communities of practice and campaigns such as 16 Days of Activism.
- We submitted responses to the 2015 *Royal Commission into family violence* (and supported our regional partners in submitting their own), with many examples of our primary prevention work cited across the final report. Our expertise and evidence-building helped ensure primary prevention was a distinct focus within the Commission findings and recommendations. We worked closely with the Victorian Government on the development of its 2017 prevention strategy, *Free from violence*. We have continued to play a leading role in both contributing to the systems architecture and design as well as translating government reform into action.
- At a national level, we contributed to the 2015 development of *Change the story*, the world's first integrated national approach to preventing violence against women and their children, as contributing to development of the first and second *National plans to end violence against women and children*.

Gender equality

- We have championed gender equality through centring and amplifying women's voices to identify how gender as a social determinant of health impacts all areas of women's lives, how this experience differs for women based on other intersecting identities, and the changes to attitudes, policies and programs that will reduce negative outcomes.
- We worked closely with the Victorian Government on the development of its 2018 gender equality strategy, *Safe and strong*, and have significant roles in leading and supporting implementation.
- We invested in long-term relationships, for instance, working with local governments over decades to build internal commitment and capacity and embed gender equality across their work priorities and plans and strategies, putting them in good stead to deliver on the obligations that would come under the future *Gender Equality Act*. Our sector was closely involved in development of this legislation, which was enacted in 2020, and has since played a key role in capacity-building and supporting Defined Entities meet their obligations under the Act, including conducting their gender audits and impact assessments and taking an intersectional approach to developing their gender equality action plans. Through the Action for Gender Equality Partnership (AGEP), we are on the Gender Equality Commissions list of preferred providers to help Defined Entities comply with their obligations.



Sexual and reproductive health

- Prior to delivery of the state government's sexual and reproductive health strategy in 2022, our sector filled the gap by coordinating and driving our own regional sexual and reproductive health partnerships and strategies (starting with GenWest's Action for Equity partnership in 2009).
- In 2016, WHV undertook a service capacity review alongside Family Planning Victoria and the Royal Women's Hospital which informed development of the Victorian Government's *Women's sexual and reproductive health strategy: Key priorities 2017–2020*.
- Our sector took the initiative to develop and launch our own 2019 *Theory of change in sexual and reproductive health for Victorian women* to build a shared understanding and common way of working across Victoria, as we led work across our regions. Prior to this, our sector had been advocating for a statewide sexual and reproductive health strategy for more than a decade (VWHN 2009; WHAV 2006).
- Our advocacy has informed delivery of the state's first *Sexual and reproductive health and viral hepatitis strategy 2022–2030*. WHV led a sector-wide consultation to support development of the first statewide plan under this strategy, resulting in reshaping of both the draft strategy and plan to have a gender lens and broadening from the initial disease focus.

Mental health and wellbeing

- In 2019, WHV led our sector to establish the Women's Mental Health Alliance in response to the lack of focus on gender from the *Royal Commission into Victoria's mental health system*. The Alliance now has 45 members comprising women's health organisations, consumer bodies, community services, human

rights bodies, clinicians and researchers.

It has produced a large volume of policy papers and research translation outputs and is a recognised source of expertise by key stakeholders involved in the implementation of the *Royal Commission into family violence* recommendations.

- The Alliance has provided briefings to the Mental Health Reform Victoria (now the MH Division in the Department of Health) on the need for a gender lens on women's mental health, as well as completing a response to MHRV information request following briefings in mid-2020. In October 2020, MHRV released a tender for a 35-bed specialist women's mental health unit. MHRV thanked the Alliance for its timely and informative reports and submissions and highlighted how our early meetings with the MHRV team had shaped their thinking on tendering for this 'flagship service'.
- The Alliance met with *Royal Commission into Victoria's mental health system* Commission staff in August 2020 to discuss gender and sexual safety in mental health inpatient units, resulting in a recommendation in the final report (Recommendation 13). WHV is now a member of Safer Care Victoria's Sexual Safety in Mental Health Inpatient Units Faculty to progress this work further.
- Under the migrant and refugee women's mental health advocacy project (WOMHEn), MCWH has led advocacy on issues related to migrant and refugee women's mental health and wellbeing. This has included policy briefs, submissions and public hearings on mental health and wellbeing broadly, as well as perinatal mental health and support needs for older Victorians from migrant and refugee backgrounds and carers' mental health.



Women in a changing society – climate change, emergency and disaster situations

- Established in 2012, the Gender & Disaster (GAD) Pod was the country's first initiative focusing on the link between disasters and violence against women (WHGNE and WHIN in partnership with Monash University Disaster Resilience Unit [MUDRI]). The GADPod has contributed a significant body of research to understanding the intersections of gender and disaster, including the gendered impacts of bushfire response and recovery, and now operates as independently with a scaled up nationally funded focus as Gender & Disaster Australia.
- Emerging work strengthening local responses to adapt to climate change will build the evidence base for building community resilience through a gendered lens on climate change.

Case study 2: Our role in driving state reform to improve the lives of women (abortion reform)

Non-judgemental, accurate information

- Since our beginnings, all women's health services have produced community resources to provide clear, accessible information on accessing abortion services in our regions.
- In 2016, WHV was funded by the Victorian Department of Health and Human Services alongside Family Planning Victoria and the Royal Women's Hospital, and partners Jean Hailes and Monash University, to undertake a service capacity review of pregnancy advice, contraception and termination services across Victoria. In response to these findings, WHV was funded by the state government in

2018 to develop and run 1800 My Options, a new service providing free information on contraception, pregnancy options and sexual health via a statewide telephone line and website. Each women's health service has worked closely with WHV to not only promote the service, but to increase the number of local providers publicly listed on the site.

Legislative reform

- As national coverage of abortion decriminalisation increased, 2004 saw the start of four years of intensive work across our sector to remove abortion from the *Victorian Crimes Act*. WHV produced an Abortion Issues Paper outlining the situation regarding data, legislation, privacy and access to abortion, followed by an event – Unfinished business: Abortion law reform – held in partnership with the Association for Legal Right to Abortion in Victoria (WHV 2019). Individual women's health services made representations to Members of Parliament across Victoria to discuss the crisis in accessibility of abortion services and the need for a statewide sexual and reproductive health policy, and to help them make informed decisions on the proposed reforms. Our work included media appearances and submissions to the Victorian Legal Reform Commission's report to government on potential decriminalisation options. We provided key government voices with the research and data required to support introduction of the private member's bill and government bill (WHV 2010). GenWest published a 'do your bit action kit' outlining advocacy actions members could take to. After 40 years of campaigning, the unamended *Abortion Law Reform Act* was passed in 2008.
- By 2015, our advocacy focused on legislating safe access zones around abortion services



in Victoria, with a WHV coordinating a sector campaign of media releases, interviews, submissions and representations to MPS, state government and councils. We worked together alongside partners like Human Rights Law Centre and Fertility Control Clinic, sharing research, statistics and data to create a suite of consistent statewide messaging tailored for our regions, with the safe access zone legislation passing without amendment in 2016.

Guidance to policy and programmatic responses

- In 2011, WHV conducted a forum to identify key access, legal and policy issues arising since the decriminalisation of abortion. The Abortion in Victoria Working Group was subsequently convened by WHV.
- Our rural services have undertaken extensive work to remove barriers to rural women's reproductive choices and address the low numbers of providers in rural areas, including joint research in 2011 into rural women's access to family planning services, the results of which were published and presented at the 2012 Public Health Association of Australia Conference, Melbourne. Other projects include WHG's *Increasing reproductive choices in the Grampians Pyrenees and Wimmera Regions* and a WHBSW case study utilising lived experience stories to explore the factors impacting on sexual and reproductive health rights in the Barwon South West.
- MCWH produced a series of *Sexual and reproductive health data* reports (2010, 2016 and 2021) highlighting the lack of data and research about migrant and refugee women's sexual and reproductive health, the sexual and reproductive health inequities experienced by migrant and refugee women, as well as the challenges they face in accessing culturally appropriate sexual and reproductive health

services. A national conference and advocacy report have also advanced this work.

- We have also contributed joint and individual submissions and advocacy such as the 2020 'Our health, our rights, our lives! Women say NO to the Religious Discrimination Bill' campaign, arguing the serious implications on women's sexual and reproductive health, including women's access to contraception and abortion.

Building capacity and strengthening referral pathways

- Each women's health service works to improve access to reproductive choices in their regions. For instance, GenWest and WHIN coordinate a north-west regional working group of abortion experts, including GPs, sexual and reproductive health experts, pregnancy counsellors, midwives, nurses, members of the Clinical Champion Project and 1800 My Options to share information, build capacity, and strengthen referral pathways for medical termination of pregnancy (MTO) provision. Alongside delivery of the eastern metropolitan region's five-year sexual and reproductive health strategy, WHE leads the Eastern Metropolitan Regional Sexual and Reproductive Health Strategic Reference Group, a partnership of 26 organisations providing strategic direction and leadership to promote the sexual and reproductive health and wellbeing of women in the region.
- A free online short course developed by 1800 My Options, 'Abortion, Contraception and Sexual Health: Supporting Client Access', seeks to build the capacity of medical professions and increase the number of providers.
- Across Victoria, we have supported the establishment of sexual and reproductive health hubs, whose services include contraceptive care, screening for



sexually transmitted infections and early medical abortion. WHISE documented the establishment of one clinic through a case study to provide a template for other community health organisations or primary practitioners and encourage medical abortion service provision in the region.

Case study 3: Leading the way in evidence-building and best practice approaches

Understanding local and community contexts through robust disaggregated data

- For the last decade, regional women's health services have produced gendered LGA data sets to guide our own primary prevention work and the work of others.
- In 2015, WHV led the development and launch the Victorian Women's Health Atlas (in partnership with Family Planning Victoria [now Sexual Health Victoria] and the women's health sector), providing free interactive up-to-date access to sex disaggregated health and socioeconomic data at a statewide and local level for all local government areas in Victoria. It covers violence against women, sexual and reproductive health, mental health, cancer, avoidable mortality and other areas of gender equality, and includes datasets not available elsewhere, such as medical termination of pregnancy (MTO) as well as gender analysis of the data to understand why the issue is important for women's wellbeing. This information is used by many organisations to support their work, including local government planning for Municipal Public Health and Wellbeing plans and to create baseline data for community prevention

projects and for public sector agencies reporting under the *Gender Equality Act*. In 2022, it enabled the Australian-first mapping of MTO and LARC (patient, provider, prescriber), highlighting differences in local demand and supply over time. Publication of this data is a game-changer – informing statewide and region-specific efforts to address service gaps.

Elevating women's voices and experiences

- Capacity-building program to empower and support women who have experienced violence to inform government reforms and community-level programs, as well as challenge and improve media portrayals of victim-survivors and violence against women: WHE's Speaking Out Program (a number of advocates went on to sit on the state government's Victim Survivors' Advisory Council).
- Projects and programs supporting women with disabilities to advocate for issues they are passionate about, including: GenWest's The Sunrise Program; WHGNE's Enabling Women Project; WDV's Experts by Experience Program.
- Elevating rural women's lived experience to inform health policy and service delivery: WHLM & WHGNE Storylines: Her Voice Matters project, and WHGNE'S Regions reimaged: A conversation series exploring what regional communities want for themselves and their communities.
- Building migrant and refugee women's advocacy capacity: MCWH's PACE Leadership program and Building Bridges – engaging migrant and refugee women in mental health and wellbeing system reform.

For more examples of our research and evidence-building in this area, see Appendix E



Piloting innovative primary prevention projects

Coordinated mutually reinforcing primary prevention approaches

- We were some of the first adopters of a primary prevention approach to addressing violence against women, delivering coordinated regional primary prevention partnerships in every region of the state for more than a decade. For instance, in 1990 GenWest established the Family Violence Prevention Network to support workers in the west to undertake violence prevention events, campaigns and activities that sought systemic change (nearly two decades before preventing violence against women was recognised as a health promotion priority). This approach has significantly contributed to the model utilised in the state government strategy, including our innovative approaches to evaluating regional primary prevention approaches.
- We have coordinated regional sexual and reproductive health partnerships for more than a decade, developing our own statewide 2019 *A theory of change in sexual and reproductive health for Victoria women* to guide coordinated work in lieu of a government strategy. Past partnership activities include delivering sexual and reproductive health Communities of Practice, education initiatives, developing local data sets and fact sheets, and supporting local government to embed sexual and reproductive health in their Municipal Health and Wellbeing Plans.
- shEqual, the first coordinated effort in Australia to address the drivers of violence against women in the advertising space, developed by WHV in 2018 with state government funding, which brings together stakeholders across the advertising industry, community and government to create meaningful changes

via implementation of *Seeing is the believing: A national framework for championing gender equality in advertising*.

- Some of the state's first tailored community-based prevention of violence against women projects, including working with multicultural and faith communities, new parents, and young people among others.

Whole-of-organisation primary prevention programs

- The first workplace prevention of violence against women programs in Australia, starting with WHV's 2008 *Working Together Against Violence* project with Linfox. The subsequent model (*Take a Stand*) expanded to take a whole-of-organisation approach, with similar models piloted by women's health services across the state with councils, sporting clubs, country fire brigades, the public sector and male-dominated sectors such as construction and manufacturing. MCWH's Equality@Work project was the first workplace-based preventing violence against women project in Australia to specifically engage migrant women aged-care workers.
- Some of the country's first whole-of-school respectful relationship programs, including GenWest's Girls Talk – Guys Talk in 2006, GWH's Respectful Relationships in Education in 2006, and WHGNE's Real Life in 2004. Our programs were highlighted in the 2009 Victorian Department of Education and Early Childhood Development *Respectful Relationships Education Report*. Since then, we have played a key role in supporting rollout of the state government's statewide Respectful Relationships (RR) program, including providing capacity-building to Department of Education and Training respectful relationships project staff and schools in our regions.



Education programs and resources

- Development and piloting of Australia's first accredited Gender Equity Training in 2018 by WHV as lead organisation in a consortium of industry and training providers, to skill the emerging gender equality and preventing violence against women workforce as well as embed gender equity across a broad range of vocational training qualifications so that it becomes a core part of all sectors and industries.
- MCWH's Health Education program, which began in 1978 as a small team of bilingual educators discussing family planning options with migrant and refugee women working in Victorian clothing factories. Today, the program reaches thousands of women across Victorian workplaces, education settings, prisons and community organisations in over 20 languages on 250+ health topics. Bilingual health educators receive training via a nationally accredited program. The model is now scaling to state-level, with a majority of women's health services receiving funding to implement the program and has also received funding to scale to national level as the National Health in My Language Program.
- The statewide Family and Reproductive Rights Education Program (FARREP) seeking to prevent female genital mutilation or cutting, the success of which has led to MCWH coordinating a national effort the National Education Toolkit for Female Genital Mutilation/Cutting Awareness – MCWH, WHIN, GenWest, WHISE.
- The Labia Library, a world-first resource on natural female genital diversity that continues to be accessed by millions of people world-wide. Launched by WHV in 2013, it has received over 26.6 million page views and has been promoted as a resource by health professionals

such as the Australian Government's HealthDirect website; Royal Australian College of General Practitioners – in their 2015 world first guidelines for GPs on female genital cosmetic surgery; the University of Melbourne and University of Western Australia's 5th year medical students in obstetrics and gynaecology.

Gender, disaster and climate change

- The Gender & Disaster (GAD) Pod, the country's first initiative focusing on the link between disasters and violence against women, which hosted Australia's first conference on natural disasters and family violence in 2012 – WHGNE & WHIN in partnership with MUDRI.
- Innovative work addressing the gendered impacts of climate change such as WHLM's 2020 ADAPT, supporting the capacity and confidence of regionally-based migrant women and their communities to adapt to climate change, and WHGNE's 2021 Stay or Leave project, which explores how gender roles, expectations and stereotypes drive violence against women in times of disaster. This work continues with a number of federally funded initiatives such as Helping Regional Communities Prepare for Drought Initiative (led by Food & Fibre Gippsland), which supports communities to adapt to and prepare for the impacts of drought and enhance the public good in agriculture-dependent communities. Gippsland Women's Health is providing a gender impact assessment on the co-design and implementation of the project and working collaboratively on co-facilitated active bystander training to communities well ahead of future drought(s) to assist in preventing gendered violence.



Translating theory into every day

- Examples of our communications expertise includes GWH's highly successful Make the Link campaign. Images and diagrams from this campaign have been used extensively by practitioners and organisations across Australia in training, presentations and other resources to communicate simply and accessibly the links between gender inequality and violence against women.
- The 2020–2021 Messaging for Gender Equality project (partnership between the WHE-coordinated Together for Equality and Respect regional partnership and VicHealth) undertook research on evidence-based messaging for gender equality, leading to the creation of the widely used VicHealth *Framing Gender Equality Message Guide*.

Case study 4: Our contribution to building capacity to undertake inclusive and intersectional women's health and equality work

Statewide specialist organisations

- MCWH delivers intersectionality training to support practitioners wanting to ensure that their service delivery, project work and policy planning promotes gender equality and social justice. Participating organisations included all women's health services, as well as multicultural services, community health, local government, universities, family violence services, and national and international not-for-profits. MCWH also assists employers in industry, as well as the health and community sectors, educators and policy makers to better understand and include migrant and refugee women's perspectives and voices and to incorporate principles of intersectionality, inclusivity and cultural and linguistic diversity, into their policy frameworks and service delivery. MCWH has produced a large body of work to support improved practice – see Appendix E for examples.
- In 2004, WHV provided the Victorian Women with Disabilities Network (VWDN) with auspice support, including providing office space, systems and procedures. The two organisations worked together in collaborative partnership – each learning from one another. WHV provided the organisational capacity-building and service development support to assist VWDN across a four-year partnership before it became fully independent in 2009 (taking the name Women with Disabilities Victoria the following year). VWDN supported WHV to increase organisational understanding and capacity on the intersections of gender and disability, with WDV continuing to support women's health services workforce development over the years.
- Since 2018, WDV has delivered the co-designed Women's Health Services Capacity Building Project for Disability and Gender Inclusive Prevention of Violence Against Women. Each financial year, WDV has partnered with two women's health or prevention of violence against women-focused organisations to build capacity of new and existing prevention workers. The project incorporates the lived experience of women and non-binary people with disabilities into the work of the women's health sector and provides ongoing support for organisational change. A toolkit supports organisations to audit and self-evaluate their organisational and programmatic level of gender and disability inclusive practice, and set goals towards measurable progress.



WDV provides advice, technical support and training, as well as participation in community-facing programs to maintain greater access to prevention of violence against women activities for women with disabilities in Victoria.

Advocacy for inclusive equity approaches

- For instance, our 2009 *10 point plan for Victorian women's health* identified the issues with the 'life course' approach adopted by the national policy and advocated in favour of a diversity approach that aligns with a social determinants approach to health that how sexism intersects with other factors to create poorer and inequitable health outcomes for some groups of women (VWHN 2009).

Internal capacity-building activities

- Development of guides by WDV, MCWH and Rainbow Health in 2017 to support women's health services improve intersectional and inclusive practice in their regional strategy planning and development (*Intersectionality matters: Engaging immigrant and refugee communities to prevent violence against women; Inclusive planning guidelines for the prevention of violence against women with disabilities*)
- Capacity-building Inclusion Project piloted by WDV within WHLM, GWH and WHE to identify ongoing improvements in women's health sector workforce and workplace capacity for including the needs and perspectives of women with disabilities, as well as an opportunity to build capacity to lead inclusive practice with women's health service partners and networks.
- WHIN worked with Family Safety Victoria on the Intersectionality Capacity-Building Project, piloting embedding the state government's

Embedding Inclusion and Equity: An Intersectionality Framework in Practice within the organisation and its work. This allowed testing and refinement of the framework prior to its public launch in 2021.

- In addition to specific projects, our sector has built strong partnerships with statewide and local specialist organisations, and have undertaken a range of internal organisational and staff capacity-building activities such as internal intersectionality working groups, reviews and action plans, and the development of key documents such as Reconciliation Action Plans and provisions and policies that support inclusivity and equity such as cultural leave, menstruation policies and gender affirmation leave. Our organisations have undertaken training and brought in specialist experts to help identify strategies for growth, and many have undertaken organisational development programs such as the Rainbow Tick.
- We embed an intersectional lens across the development and evaluation of our regional preventing violence against women strategies, research, training, policy, data collection and other resources, as well as a core value across our strategic and operational documents, and our human resources/recruitment processes. Additionally, many women's health services have incorporated an inclusive and intersectional lens into revisions to key documents such as Constitutions and Enterprise Bargaining Agreements and recruited bicultural workers to build both internal capacity and provide support and expertise to regional partners.
- Of particular note is sector work to ensure an inclusive understanding of 'women' and 'women's health', recognising and responding to the diverse experiences and needs of women, including trans women, as well as the



intersections and overlap of our work with the needs of many gender-diverse people and intersex people.

Regional capacity-building activities

- Human Rights and Quality Services: What Does Gender Have to Do With It?, a pilot workplace program developed by WDV to prevent VAW in the disability sector, co-delivered with WHWBSW at a regional disability service provider – WDV and WHWBSW in 2015.
- Here We Are project, partnering with WDV to build organisational capacity to take practical action to strengthen relationships with the disability community and increase accessibility and inclusivity across internal and external facing work – WHWBSW in 2018.
- Access and equity sexual and reproductive health webinar forum series, exploring priorities and opportunities for increasing equitable access to sexual and reproductive health services in Victoria, as well as an intersectional lens to addressing reproductive coercion – WHV across 2019–2020.
- Equality for All, supporting organisations to take an intersectional approach when developing actions to address family violence and gender inequality through a team of Equality Advocates (women with lived experience) – WHG in 2020.
- ‘Gender, intersectionality and the Royal Commission into Victoria’s mental health system’ webinar, exploring priorities and opportunities for implementation of the Royal Commission’s reforms being informed by an intersectional and gendered approach to benefit women, girls and gender-diverse people – WHV in 2021.
- Experts in Our Health project, delivering training to health and community service organisations in the Loddon Mallee to build

capacity of service providers to be accessible and inclusive for women with disabilities – WDV and WHLM in 2022.

- The WOMHEn project, currently led by MCWH in partnership with the women’s health sector, which builds regional health promotion and education capacity to meet the needs of migrant and refugee women to access health information about COVID-19 (see case study 5 for more detail).

Intersectional primary prevention programs

- Women Gathering providing a space for women affected by the Millennium Drought to share their experiences, grow stronger and develop friendships with other women to support them through the healing process. This was followed by two iterations of the model – Women Gathering in Dry Times (2008) and Women Gathering Online (2021) – WHGNE 2008–2021.
- It Takes Courage project, working alongside women from migrant and refugee backgrounds to raise awareness of violence against women and gender equality in their communities – WHG 2017.
- Empowered and Respected Communities, project building the capacity of multicultural and faith communities to prevent violence against women – WHISE 2018.
- Family and Reproductive Rights Education Program (FARREP), working with communities to prevent female genital cutting through community engagement, education and empowerment. Program development included extensive community consultation to develop an evidence-based sexual and reproductive health manual to guide the program pilot. Today, the program includes capacity-building for service providers to improve their practice and increase access – GenWest.
- Voices for Equality and Respect project,



building understanding of family violence beyond heteronormative frameworks and narratives and to elevate the voices of young queer people in discussions about equal and respectful relationships and improve local service providers inclusivity and practice – WHE in 2019.

- Women, Ageing and Social Inclusion Project, exploring the intersection of gender, ageing and social inclusion – WHE in partnership with Inner East PCP in 2020.
- Margins to the Mainstream: Preventing violence against women with disabilities, amplifying the voices of women with lived experience of disabilities and building the capacity of partners to prevent violence against women with disabilities – WHE in partnership with WDV and the Together for Equality and Respect partnership across 2020–2023.

Case study 5: Keeping gender in focus – COVID-19 response and recovery

Understanding the impact of the pandemic and pandemic-related policy responses on women

- *Impacts of COVID-19 on women's mental health and recommendations for action*, advocating for policy and decision makers to support a gender equal recovery from the pandemic, addressing the drivers and impacts of COVID-19 on women's mental health – WHV and the Women's Mental Health Alliance.
- 'Community-minded' Women's Mental Wellbeing Support Project, understanding the experiences of women living in smaller, rural communities through bushfire and COVID-19 recovery by gathering stories and providing the opportunity for women to engage in community capacity-building initiatives – WHGNE.
- *Future-proofing safety*, a major study examining how family violence in Victoria has changed since the COVID-19 pandemic began, intended to strengthen practice, systems, workforce capability and structures to withstand future large scale social crises – GenWest in partnership with Centre for Family Research & Evaluation, RMIT and AIFS.
- Women's Voices Community Engagement Project, centring local women's voices to understand the impacts of COVID-19, and what they needed to get through and recover from the pandemic. This informed the project *Determining change: Addressing the social and economic determinants of mental health for Barwon South West women* – WHWBSW
- *Women's Voices – The Experiences of Aboriginal women during COVID-19*, seeking understanding of the unique experiences of Aboriginal women during the pandemic through capturing lived experience – WHWBSW.
- *COVID-19 community feedback summary*, capturing the stories and experiences of the impact of the global pandemic on the mental health of women across Loddon Mallee – WHLM.
- *COVID and women: Shining a light on gender, inequality, and the pandemic forum*, unpacking the gendered impacts of the global pandemic on women and investigated the way forward for a gender equal recovery – WHE.
- GenWest undertook community informed advocacy to amplify the voices and experience of directly affected communities following the hard lockdown of the Flemington and North Melbourne high rise towers in July 2020. So often overlooked, GenWest recommended that women community leaders be directly engaged in the planning, implementation



and communication of any public health interventions. Fuelled by insights from those in lockdown, a report developed by GenWest and MCWH – Learning From the Hard Lockdown – was tabled to Victorian Government to ensure hard earned learnings from lockdown are incorporated into future crises planning.

- As a network, we provided information to inform a range of reports and studies released by Gender Equity Victoria, including ‘*This conversation is not over: Women’s mental health during the COVID-19 pandemic.*’

Utilising our statewide infrastructure

- Our sector collaborates on The WOMHEN project, led by MCWH, which builds regional health promotion and education capacity to meet the needs of migrant and refugee women to access health information about COVID-19 and other women’s health issues. From 2021, our sector mobilised to train and upskill Victoria’s first statewide coordinated workforce of bilingual and multilingual health educators who provide preventative health information to communities of women at risk. The project has employed 50 health educators speaking 22 languages across metropolitan and rural women’s health services to deliver in-language health education sessions. This in-language information and education about diverse women’s health topics and service navigation has supported thousands of women to make informed decisions about their and their children’s healthcare.
- Findings have supported women’s health services to improve inclusivity and accessibility across other areas of our work and contributed to the development of Gender Equity Victoria’s report *Left behind: migrant and refugee women’s experiences of COVID-19* as well as a number of region-based reports. New Let’s Talk

Mental Health funding will build capacity of health educators to deliver tailored education modules to migrant and refugee women in different regions.

Responding to changing needs in our communities

- WHG delivered a series of online forums putting a gender spotlight on COVID-19 and topics such as parenting, family violence and sexual and reproductive health.
- WHISE delivered a webinar series engaging leaders and decision makers who sit on COVID-19 recovery teams in understanding both the importance and benefits of taking a gendered approach to long-term recovery planning, as well as developing in-language COVID-19 resources and education events for Greek and Chinese communities.
- WHLM developed a five-part documentary series in conversation with women from across the Loddon Mallee Region, highlighting the importance of women’s mental health and wellbeing through the pandemic, as well as an audio series centring the voices of women living with compromised immune systems through the pandemic and an AUSLAN video series discussing COVID safety measures.
- WHWBSW developed a resource hub and Let’s Connect: Women’s Economic Security Through COVID-19 video series where experts shared evidence and tools to support women’s economic security.
- WHE delivered the It Takes a Village project, promoting mental health and wellbeing for mothers from migrant and refugee backgrounds during the pandemic. WHE also piloted a series of Gender Equity Walks to facilitate a space for women to provide their perspective and experience on public spaces in their local area, and collaborate with council in



a meaningful way, on an issue that impacts on their day to day lives.

- In response to the sudden lockdown of nine public housing estates in Victoria, MCWH delivered the DHHS-funded Emergency Public Housing Initiative, rapidly mobilising to contact public housing residents by telephone in their preferred language to speak with them about COVID-19 and testing, and listen to women's health concerns, offering further support if needed. MCWH also delivered COVID-19 information sessions as part of a priority response for multicultural communities, as well as COVID-19 vaccination information and education.

Advocating to keep gender in focus during the pandemic response and recovery

- Alongside Rainbow Health Victoria, we led the #SickofSmallChange campaign, which called for an immediate uplift in investment to secure the health and wellbeing of Victorian women, following the release of alarming data that shows Victorian women have gotten sicker, more anxious and depressed since the commencement of the COVID-19 pandemic, leading to a significant two-year funding increase for the sector in the 2022 Victorian State Budget.
- We highlighted the disproportionate impact of COVID-19 and the economic downturn on women already marginalised within society, such as the 2020 statement 'It's time to listen to migrant women' led a MCWH's Executive Director Dr Adele Murdolo and endorsed by 27 organisations on the need for federal and state governments to take action on the views and needs of migrant and refugee women, particularly in relation to COVID-19 pandemic response, information and recovery.



Appendix H: Full stakeholder testimonials

Shukria Alewi is GenWest's Health Promotion Coordinator, FARREP (Family and Reproductive Rights Education Program). Prior to joining GenWest in 2011, she participated in their 2004 Lead on Again leadership program for young women from migrant and refugee backgrounds.

When I first came to Australia at the age of 12, there was a sexual and reproductive health (SRH) program delivered at my school. There was nothing in it for me, or women who look like me, or those of us who have had female genital cutting (FGC). There was a session on leadership but no pictures of women who represented us or for women and girls of colour. When I started at GenWest, I knew there was a need to build a program specifically for young African women, because I had been that young woman. We built the material – undertaking research with young African girls and women, their parents, [university] lecturers – and created a manual for delivering SRH for young African girls and women in FGC communities caught between two cultures. FGC is a very confronting topic in the community and we needed to find ways to not only deliver information, but build women's confidence to understand and prioritise their health needs.

The program has come a long way. We've done so much work with young girls and women in the community. We've created resources and delivered training to health practitioners on how to best support women and increase their access to services. There's been a lot of trust-building,

and women are more comfortable accessing services because they're more welcoming now. The grassroots approach is what has made it a success. We know from the grassroots what the needs are – we talk to community women, we find out what they need and we take that and advocate to the department on what to fund.

One of the unique things about FARREP being delivered by the women's health sector is that it is built around human rights – women's health and wellbeing needs. Using a health promotion approach allows us to do work not only on FGC, but also providing various other tools and supports that newly arrived women need: financial literacy, mental health and wellbeing, family violence. It all impacts their health and wellbeing. I've seen framing on FGC that portrays women as perpetrators on their own bodies and this is so damaging for women. How am I the perpetrator of my own body? It's a cultural practice that needs to be stopped, but it can only be stopped by supporting, informing, educating and building confidence of girls and women's sexual and reproductive health needs. We're trying to avoid reinforcing the shaming and stigmatising of women and communities. We need to take a women-centred empowering approach.

I've worked in various places, and one of the advantages of working in women's organisations is the understanding you're not just a worker, you're a woman first and foremost. The organisation understands that and makes



the space much more safe and appropriate for women. There are now more women of colour working here because they've built that relationship and the needs of the community are met with having someone from their cultural background who understands their needs. And the thing about women from migrant backgrounds is we don't just wear our work hats – we bring our community knowledge with us.

One of the things about women's health services is that we are women, we know women's issues. We go out and ask women what help and support they need. We don't just make that decision ourselves – women are the ones responsible for shaping the work that women's health services develop, and this helps and builds our communities. Women are the building blocks of this work, and we are the ones who link government funders to the community. It's more likely to succeed because of this approach and it empowers women in many aspects of their life. It's not just FGC; we can see profound change across many other areas of their lives.

Marilyn Beaumont was the Executive Director of Women's Health Victoria from 1995 to 2010. She was inducted onto the Victorian Honour Roll of Women in 2007 and awarded an Order of Australian Medal in 2017 for service to the community, particularly to women's health. She continues to drive the women's health agenda as a consultant and on health boards.

The women's health services sector is a very different model to other states. This uniqueness is in the vision set by the first 1987 *Why Women's Health Victorian* policy paper. This led to eight regional and two statewide services being funded. Information development and provision, working with community and other organisations and capacity-building were strong themes within a dual strategy of working directly with women

and bringing mainstream change. They weren't to be clinical services, but would work across the social determinants of health. This statewide model continues to be unique. By focusing on both state level expertise and local relationships at the regional level, you can get more value than if you're all trying to do the same thing. 1987 was also the year VicHealth was formed – after a long public health effort, a world-first health-promotion agency funded by a tax on tobacco

When I began at WHV in 1995, while it was a difficult environment of competitive tendering of health service delivery, there was understanding in Victoria about the need to invest in health promotion organisations. The emergence of this approach – that health is created outside of health services – and the need to focus attention on the social determinants of health, including gender and equality, was being actively advocated.

With most health funding going to services for work with individuals, there was little resource scope to be working in collaboration with other organisations and at the policy and legislative levels. There is always strong pressure to count work as numbers of individuals interacted with, for funding agreements accountability, without understanding outcomes. Measurable immediate outcomes from health promotion work are difficult. It takes years of systematic work to build on the outcomes you have already achieved. These things take time, effort and planning. It is a long-term, consistent strategic approach over many years. The Victorian women's health sector, with its regional and statewide services, are well placed to put health promotion practice in this way into action.

By way of example about this way of working is the work that was done in early 2000 when the WHO's new burden of disease (BoD) approach



to inform and drive priority setting for health-funding decisions was beginning to be taken up in Victoria. Because what is measured matters, we had to develop our own expertise in understanding what was being measured in the BoD data. In 2001, WHV led work on what the new BoD approach meant, particularly for women and women's health. We developed evidence-informed issues papers and organised a think tank bringing together key informants from research, government and women's health. From this, we developed a shared understanding of the burden of disease with a women's health lens – identifying particularly that the health impact of violence against women wasn't measured in this. This led to a piece of research in collaboration with VicHealth that became the national pre-eminent research on the health impacts of violence against women. We also worked with some of the big accounting firms to look at the economic costs of the issue so that we could strengthen our advocacy on this issue. This led to advocacy for funding for development of primary prevention alongside secondary or early effective intervention. The Victorian Women's Health Atlas is also a product of this work on BoD. Coordinated evidence informed work through the women's health services, at national, state regional and local level, carries this forward.

Another example is women's sexual and reproductive health. The current-day enabling policy and legislative environment with a state strategy in women's sexual and reproductive health just didn't exist back then. In the late 1990s, the environment across Australia was becoming extremely toxic around access to termination of pregnancy. The work to establish and set a new agenda for women's sexual and reproductive health began with the campaign to get abortion out of the *Victorian Crimes Act*. The Abortion Law Reform Association of Victoria was

formed by women's health advocates, health and legal professionals coming together. A large number of volunteers worked together as we had no funding to do this work. The advocacy then continued post law reform with success in bringing safe access zones legislation into place and to make women's sexual and reproductive health a policy and funding priority. It is now a priority in the women's health services funding agreements. There is a positive environment about capacity-building and change in mainstream services.

While there will always be a large number of organisations and individual experts within the women's health sector, we can only get long-term sustainable change for women's health and wellbeing through an organised approach that brings these voices together. It takes working with the politics of the collective rather than letting the politics of the individual prevail. This collective way of working has been really strong and successful in Victoria because we have had the sector.

There's always the need to keep an eye on what you've achieved and to maintain what you've built. This is particularly the case in sexual and reproductive health. The other thing is the constant emergence of new knowledge and putting this into the context of where it has come from and how we can improve. A constant process of improving what we're doing, not starting from scratch. The translation of knowledge, the secondary research, the turning it into advocacy tools to bring about deep societal change is endless because understanding about people's lives are always changing and people's roles are always changing. You need to be in front of that all the time, asking how these things might impact women. You have to have good advocacy inside and outside of government for a healthy democracy.



Dr Robyn Gregory was CEO of Women’s Health West (now GenWest) from 2008–2021. She now consults for the women’s health, family violence and prevention of violence against women sectors and has held interim leadership roles in regional, statewide and national organisations.

It is important to locate the women’s health sector within the context of the long history of work feminists have undertaken on topics that impact on women’s health, safety and wellbeing. Advocacy for the establishment of women’s health services arose from multiple areas. One, the recognition that ‘the body’ – in medical science, research and approaches to service delivery – was a male body. Research focused on males (even male rats!) and findings were then incorrectly extrapolated to women, leading to poorer health outcomes from diseases such as heart disease. Two, women struggled to access quality healthcare specific to their biological needs, including sexual and reproductive health. And, three, gendered social and economic inequality led to family and domestic violence, sexual assault and a range of other impacts on women’s mental and physical health and wellbeing.

Until the late 1980s in Victoria, there were few funded services to deal with these impacts; only a fledgling recognition of the social determinants of health; and no recognised understanding of how to prevent violence against women before it begins. Right from the early days, the women’s health services began collecting information about women’s experiences so that we could provide evidence to influence understandings of women’s health at the policy, legislative and service delivery end, as well as shape and contribute to the research agenda.

Initially, Women’s Health West (WHW) focused on providing access to female medical practitioners, but soon realised that these services were not reaching those groups of women most impacted by health inequality in the western suburbs. The focus evolved to broader scale health promotion – getting more women’s health information out into diverse communities and working with other agencies to realise our ambitious agenda. This was alongside the evolution of feminism, as black feminism and disability rights became more prominent.

Health promotion provided an opportunity to influence communities and other organisations, as well as public policy and legislation for the benefit of women – and therefore all communities. This approach also reflected the absence of funding increases despite a rapid growth in population, diversity and complexity. During constant fights to retain, let alone increase, our funds, the parallels between the invisibility of and low value placed on ‘women’s work’ and our focus on women’s health, safety and wellbeing was an irony never lost on the sector.

The spectre of family violence loomed large over health and related outcomes for women, and the experiences of women seeking family violence services at alarming rates led WHW to consider how we could work more broadly to prevent violence before it occurred. In 2005, WHW made the decision to begin advocating for prevention of violence against women (preventing violence against women) as a stand-alone government health promotion priority. The expectation that regions must share at least one health promotion priority provided an opportunity to scale up our own work via a regional strategy. This was off the back of some groundbreaking VicHealth work – also strongly influenced by the women’s health sector – on the social determinants of



mental health, which included violence and discrimination as key factors in poor mental health outcomes.

At the time, there was little understanding of how primary prevention could tackle such a pervasive, overwhelming and systemic problem, and we faced considerable opposition, which only served to strengthen our focus. We knew that preventing VAW would not only improve gender equity, but also every aspect of health across the community. There was strong pushback from government and some partner agencies, who couldn't see why preventing violence against women was a priority, while we found allies in the PCPs and community health services. If we look at the last 10 years – the ways in which gender equity has become such a key part of our thinking – it is fantastic to see. But it was so hard fought for! Success led to the development of an inaugural regional strategy for the prevention of violence against women, which has continued to build from strength to strength. We were then able to leverage off established partnerships and extrapolate from lessons learned about prevention to establish a regional sexual and reproductive health strategy, and undertake other partnership work.

Other women's health services did the same, tailoring strategies to the particular demographics of their own regions. With the women's health services CEOs meeting on a monthly basis to plan statewide strategies for change that were then tailored and rolled out across every region, the collective impact of our work has been quite extraordinary.

One of the things the sector does beautifully is share what we have learned with each other at every stage of our work, building and refining that work along the way. One organisation will focus on a topic because it is important for their region. They undertake the projects – provide the

evidence, the information, the lived experience – then share that with other women's health services. The scale up that is possible is incredible. The women's health services have always worked like this, as a sector and with others, on mutually reinforcing work. Collaboration without ego is a feminist way of working – knowing that change relies on partnerships nurtured over time. We are standing on the shoulders of the women before us and other women will be on our shoulders, and so on and so on.

Despite the incredible amount of work undertaken on the smell of an oily rag, much of the sector's work has been hidden or isn't widely known. This reflects, in part, the political sensitivity of some of the work, like abortion law reform, where MPs were targeted with abuse and even death threats. The women's health services were crucial in providing information and a factual evidence base, during deliberations and in implementation of change, often behind the scenes. And MPs and GPs continuing to work in this area don't want to make their work public for fear of reprisals. The invisibility also reflects, in part, women's ways of working; not putting ourselves front and centre – or using funds for PR campaigns! Our focus is on the work, not the publicity.

Key to the women's health sector is the quality and breadth of relationships, partnerships, programs, projects and research – too numerous to specify; the quality and ambition of strategic and regional plans; the unwavering commitment of the staff; the constant willingness to share; and the creativity, quality and courage shown in the work over time, reflected in feedback from partners.

The women's health services are unique because their core business is gender equity and the social determinants of health as they impact on women. While other sectors have multiple shifting



priorities, the women's health services equity agenda does not change. This is an absolute strength. We can kid ourselves that the war is won when we look at how much we've gained in terms of gender equity understanding over the years, but those are just battles. The fundamental indicators of gender inequality remain barely untouched for the majority of women – unequal pay, ongoing rates of violence in the home, sexual harassment in the workplace, including in parliament, a paucity of women in leadership roles, and so on – showing there is still so much work to be done. Current proceedings in the USA remind us that we cannot take hard-won rights for women for granted – complacency is not an option when the patriarchy will find new ways to recreate itself when under threat to ensure ongoing privilege.

Cath Hannon is a Sexual and Reproductive Health Nurse and Midwife with more than 30 years' work experience in the hospital and community health sectors. She is the Project Manager of the Royal Women's Hospital's Clinical Champions Project, building capacity of health workers, hospitals and systems to provide best practice abortion and contraception service delivery to women and pregnant people across Victoria.

The Clinical Champions Project is a hospital-based project building access and equity to reproductive health services such as abortion. Because it is a statewide project, we really rely on partners in the community to be our local voice. We rely on local intelligence to tell us who the key players are and who we need to reach in the community to make connections. Women's health services across the state have been our local voice and have been very instrumental in developing these connections. They've really smoothed the pathways for us and amplified our efforts to have a truly statewide reach.

Increasing access and equity to reproductive health choice and services is rarely on the strategic agenda of health and related support agencies. The experience of the Clinical Champions Project is that it is really only the women's health services organisations that have improving reproductive health access in their strategic plans. The women's health services have made a significant contribution to representing the reality of surgical abortion services to government and highlighting the gaps in service delivery and absence of services in so many regions. WHV, 1800 My Options and the women's health services have been instrumental in representing this story to government, as well as in raising awareness for change at a local hospital level. Through WHV – and Di Hill's leadership, in particular – we've been able to advocate for change in public hospital responsiveness by lobbying state government to enhance lists so that surgical abortion is more widely available across the state. We've seen services either commence or be enhanced as a result of this.

Going forward, you need only to look at the statistics around women's health indicators to know why we need the women's health sector. You need someone to be putting together the evidence, developing advocacy and leading presenting that evidence to policy makers so that they fund responses and programs that make a change in the health picture of women. The women's health services play an important role in Victoria in raising women's health issues within the community and within political decision-making processes. In representing the context of women's lives to government and decision-making bodies, and having that recognised and addressed through a policy framework.



A key role of the women's health services is that they are able to focus on all the different women's health issues and draw connections between the various issues – for instance, rates of sexual violence, access to reproductive health services and mental health indicators – and look at the whole picture of women's health. All these issues coalesce and impact ultimately on health status for women.

Dr Philomena Horsley is a medical anthropologist and feminist activist. She was a co-founder of the Women's Health Resource Collective (1983), Victoria's first funded women's health information service. She was part of the Women's Health Information Network, which lobbied for the resourcing of specialist services such as Women in Industry, Contraception & Health, and the establishment of Healthsharing Women Health Resource Service (now WHV) where she worked from 1992–1996. Since then, she has worked with a range of health organisations and universities in research, education and leadership roles. She currently serves on a number of boards and committees responsible for services in the justice, disability, social housing and aged-care sectors.

The development of funded Women's Health Services in the 1980s built on the momentum of 1970s Women's Liberation activism. It foregrounded the importance of incorporating women's lived experience and knowledge into health services design, delivery and research. But also, most importantly, it positioned women's health issues within the context of the overall structure of a society that disadvantaged women and denied the legitimacy of our voices. This approach didn't have status or credibility at the time.

Until the 1980s, the traditional (and patronising) focus on 'women's health' was confined to our

reproductive and sexual health, and of course mental health, given the perception of women's mental 'fragility'. A big focus of Healthsharing Women (HSW – to become Women's Health Victoria) was on interrogating existing health information from a gendered perspective and 'translating' it for women so that we could make informed choices about our bodies and our lives.

Organisations like HSW were also fundamental to applying a critical lens to what were seen at the time as 'general' health issues, largely built on knowledge that regarded the male body as the 'normal' human body. This approach overtly excluded women from clinical trials and broader health research and furthered ignorance about general health conditions that were experienced by women. For instance, in the case of developing desperately needed treatments for HIV/AIDS in the 1990s, women's exclusion resulted from clinical trials in a far lower uptake of these life-saving treatments by HIV-positive women compared to men, and greater loss of life among this group.

We sought to better understand how important issues such cardiovascular disease and tobacco-related disease specifically affected women, despite scorn and resistance from the relevant health bodies. HSW's publications highlighted important new research about the different reasons women (and stigmatised populations) took up smoking compared to men, hence the need for more targeted interventions. HSW's statewide forum, 'Women have a heart too' (1995), brought together cardiologists, epidemiologists, psychologists, naturopaths and carers for the first time to highlight the fact that cardiovascular disease was the biggest killer of women as well as men. (Disappointingly, today women are still more likely than men to be under-diagnosed, under-treated and die when



presenting to hospitals with a cardiac event, especially when treated by male physicians.)

A feminist lens was just as important when turned towards women-specific issues. In 1983, the Women's Health Resource Collective conducted a statewide phone-in to inform the development of its resources on endometriosis. At the time, reliable information for women was non-existent because the condition was either ignored or belittled by the male medical establishment as just 'bad period pain'. Today, this woman-driven focus on endometriosis, which affects 10% of women globally, has progressed to a National Action Plan for Endometriosis.

Despite systemic resistance, women's health services have long been critical in advocating for the voices of marginalised women to be elevated and their specific needs recognised in service delivery and research initiatives. For example, the Australian Longitudinal Study on Women's Health began in 1995, fully funded by the Commonwealth Government for 20 years. However, it took years of lobbying by women's health services before a question about sexual identity was included. Similarly, though the National Cervical Cancer Screening Program began in 1992, women's services spent years fighting for better access to, and inclusion of, women with disabilities, First Nations women and immigrant women.

Women's health services have helped to expose the structural sexism and misogynist behaviours endemic in the health workforce and medical training. In past decades, women did (and still do) constitute the majority of those working in the nursing and allied health professions due to gendered stereotypes of women's 'caring nature'. However, women's health services and women

consumers have increasingly demanded access to female medical specialists, as have female medical students. Change in some areas remains slow. For instance, in 1994, women made up 3.2% of all surgeons; in 2009, 7.7% of all surgeons; and in 2020, women represent only 12.8% of surgeons in Australia. Meanwhile, both the paid and unpaid carer 'workforce' that Australia relies upon remains predominately female and under-paid.

The understanding of social inequities, and their impact on women as workers, carers and consumers, remains a fundamental focus of women's health services. From the 1980s to current times, women's health services have identified and actioned issues that, at the time, were invisible or of low status: ageism and older women's health is now a national conversation; women's mental health is a priority; LBQ women's health vulnerabilities are part of funded mainstream programs; the health impacts of sexual violence and family violence experienced disproportionately by marginalised women has been the focus of government inquiries. In all cases, the quality of the system responses has been founded in the methodologies pioneered by women's health services: talking to women and including them in the design, implementation and evaluation of health services – what we now call 'co-design'.

In 1985, the National Women's Health Conference resolved that there should be a National Women's Health Policy "based on a clear recognition of the position of women in society and ... the way this affects their health status and their access to health services appropriate to their needs". Women's health services today have continued to build on this once radical, now widely accepted, approach to improving the health of women in all our diversity.



Dr Wei Leng Kwok is an independent consultant based in Melbourne, Victoria. She has three decades of research experience and practice leadership in gender equality and preventing violence against women.

During my professional career, I have had many opportunities to work with Victoria's women's health services, as a sector and as individual organisations. I can claim previous and current associations with all nine metropolitan and rural women's health services, three statewide women's health services and the peak body for gender equality and women's health. These connections give me a unique vantage point from which to give credible, high-level testimony to the critical role and significant influence of women's health services in building a future where all genders are equal and Victorian communities are free from gender-based violence.

From where I stand, Victoria's women's health services have a distinctive specialisation that makes them *fundamental* to the work required for preventing violence against women. Women's health services are specialists in the social construction of gender, and how gender functions to sustain structural inequalities that in turn produce inequities in living conditions and disparities in population health. The links between gender and health permeate the principles and strategies of women's health services, including their work on preventing violence against women. Women's health services are unparalleled in their understanding and prioritisation of violence against women, and in their leadership, reach and practices for preventing violence. *They are like no other stakeholder in Victoria's prevention system in this regard.*

Understanding and prioritising of violence against women

Research shows that violence is experienced differently between women and men in prevalence, dynamics, forms and consequences. Intimate partner violence alone is the most influential factor contributing to the total amount of ill health burdened by women aged 15 to 44 years, something that isn't found in data for men of this age group. Women's health services recognise these gendered differences in violence, and the specificity and seriousness of women's experiences. They have joined forces with activism to end violence against women and long advocated for this issue to be on the public policy radar, not 'hidden' from view. They have consistently located violence against women in its proper context of structural, societal gender inequality. They have prioritised violence against women through successive planning cycles, not just a 'tick-a-box' for one planning cycle; and they will continue to do this until such violence is ended once and for all.

Given this understanding of violence, it is no coincidence that women's health services have been among the earliest adopters of evidence-informed frameworks to stop violence against women before it can start. I saw this happen with VicHealth's *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women* (2007). I saw this again with the successor framework in Our Watch's *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia* (2015 and 2021). Women's health services have integrated such frameworks into their business, which is why their prioritisation of violence against women cannot be compromised by shifting statewide priorities or other external



threats. Women's health services are in it for the long haul. They know that ending violence is not just a 'flavour of the month' priority because the end cannot come about without long-term endeavour – on their part and the part of many others.

Prevention leadership and reach across the state

Women's health services haven't only embraced frameworks to prevent violence against women; they have led the way in *applying* them through cross-sector partnerships, collaborative endeavours and coordinated action so that gender inequality can be disrupted as the first or primary cause of violence. Through their leadership, women's health services have made primary prevention everyone's business; since 2010, they have ensured that Victoria has a viable infrastructure for prevention that reaches right across the state and in every part of the state.

That this capacity *and* system build commenced in the absence of any meaningful statewide policy from 2010 to 2014 demonstrates the tenacity and commitment of women's health services to ending violence against women. Indeed, when it comes to prevention leadership and reach, I would say that the most enduring legacy and biggest impact of the women's health services are the capacity and infrastructure they have built over the last decade or so, so that the work of preventing violence against women can get done and done *properly*. Prevention simply won't stick without capacity or infrastructure for the work; and we simply won't ever get to long-term population-level outcomes of gender equality and freedom from violence without these core conditions for the work firmly in place.

At the forefront of effective prevention practice

Research shows that gender inequality never exists in isolation but intersects with other

entrenched social systems of discrimination and oppression. Gender inequality is one of several systems that influence lived realities, including women's experiences of violence. The women's health services know that intersecting systems must be considered among the social conditions that allow violence against women to exist and persist; that unless attention is given to intersecting systems, our prevention efforts will benefit some women leaving many others behind.

Women's health services are in the right place for the highly principled equity-driven work needed for effective prevention practice. They know intersectional prevention practice presents opportunities for collaboration, coalition building and allyship in exciting ways to move us *collectively* closer to a future of more equality and less violence. Over the last five years, I have seen women's health services seize these opportunities to lead the way once again. Today, the women's health services collaborate with a wide range of partners that support specific communities impacted by intersecting systems, bringing these partners into the existing prevention infrastructure they have helped to build. It is worth noting too that the sector itself includes specialist statewide services with expertise in intersecting systems, affording the women's health services opportunities for sharing and learning as a sector and as prevention leads.

My closing remarks

Women's health services are incredibly valuable prevention contributors. In fact, they are *indispensable* to Victoria's prevention system for they are like no other stakeholder in their understanding and prioritisation of violence against women, their leadership and practices for preventing it, and their reach into every part of the state. I am not the only one who recognises the *unique value proposition* of women's health



services. We find similar views in the final report and recommendations of the historic Royal Commission into Family Violence (Victoria); in the *Second Action Plan 2022–2025* of the statewide prevention strategy titled *Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women* and in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* in the section on core elements of an effective prevention infrastructure. I know for a fact that Victoria’s prevention system and infrastructure are the envy of other jurisdictions in the country; and that no other jurisdiction has anything like Victoria’s women’s health services sector.

All of this should put to rest any question or doubt in anyone’s mind of the role and necessity of women’s health services in building a future where all genders are equal and Victorian communities are free from gender-based violence.

Tricia Malowney OAM was the Convenor of the Victorian Women with Disabilities Network during its transition into Women with Disabilities Victoria (WDV). She served as inaugural Chair of the WDV board and has also been a board member at Women’s Health East. She has held leadership positions on a range of Victorian and National disability, health and equality Boards, and is currently Chief Accessibility Advocate for the Victorian Department of Transport and Planning.

When I started at the Victorian Women with Disabilities Network, we were a feminist collective of 16 women around the table. In 2004, we had received some funding but we weren’t able to hold it. Marilyn Beaumont, the Executive Officer of Women’s Health Victoria, said “we’ll hold the money and you run it”, and they

auspiced us, helping us develop the capacity and skills to transition and grow into a new type of organisation. Gradually, over time, we built ourselves up and separated from WHV in 2009.

Our initial funding was to be a women’s advocacy information service. The abortion law reform really cemented this for us. There were many different opinions – we had women with acquired disability who were old time feminists who said “an abnormal foetus should be aborted” and the other half of the room were people with congenital disabilities who said “so you think my life has no value?”. We had six-months of facilitated discussions around this, which were very painful conversations. And we ended up with “it’s a woman’s right to choose”, but it was about bringing everybody along with us and recognising that a woman with a disability has just as much right to choose as any other woman because in our world there is coercion to have abortions, and coercion to not have abortion, as well as pressure on women who have an abnormal foetus to have an abortion.

As a woman with a disability, one of the most significant impacts I see is the real opportunity now to be included in conversations. Back then, just inviting us into the room was radical. Asking how to factor women with disabilities into the conversation was not the norm. The beauty of women’s movement was that Marilyn took my hand and introduced me to the right people to get our voices heard. It was a process of mutual capacity-building, because we did a lot of work to bring women’s health staff along too and build their understanding. Today, WDV are consulted by the government. It’s not us going and asking to be included – they come to us and ask how to factor us in.

One of the biggest changes we’ve seen is women with disability being included in how policy is



made and framed. Getting a seat at the table for things like the Statewide Steering Committees for family violence and sexual violence. And acceptance from the feminist community – that women with disabilities are women too. Working with us experts and not subjects – not seeing us as burdens. For instance, as Chair of the Australian Women’s Health Network, Marilyn was instrumental in getting WDV in as a member in our own right. We were part the decision-making process. It showed us we were competent and able to hold our own at meetings, and for others, it broke down their stereotypes about disability – it was a partnership, rather than a parent-child relationship.

WDV has been able to open the eyes of the other women’s health services to the fact that the issues that concern them are the same as the issues that concern us. It’s not just educating about disability, but also being able to help people understand disadvantage – not only disability, but all the various forms of disadvantage that create compounding factors. We help hold the sector to account. We’re able to identify opportunities for improvement and when mainstream women’s health services get it wrong.

The structure of the women’s health network means that we can access women where they are. It allows the statewides to access the regions and regional knowledge held at each women’s health service. And, by capacity-building regional services, statewides like WDV are able to expand the reach of their work. Not by speaking for us, but by asking why we’re not in the room in all the spaces they are in. In understanding the societal barriers facing women with disabilities and seeking to remove these.

If you think of the women’s health sector in general, and how we’re still having to keep government aware of the fact we’re still disadvantaged, there’s still a gender pay gap. We still have to do that for women’s health services too, to keep them aware of the specific issues our community faces. Girls with disabilities are still being sterilised so they don’t get pregnant. We still have to remind people that is happening. We fought to get women into article six of the Convention on the Rights of Persons with Disabilities. We still have to remind people that article six – *women* with disabilities – are a key factor in inequality, and we don’t use this enough in the women’s sector yet.

We talk about the third wave of feminism, but women with a disability haven’t even got on the beach yet. We don’t get an education, we don’t get jobs and we’re more likely to live in poverty. There are more women with disabilities that are homeless than anyone else. You’re always going to need to have women with disabilities at the table – you’re never going to stop needing us to advocate for ourselves. We’re not here for charity, we’re here to be empowered: having women with disabilities on your board, employing us in mainstream organisations, seeking our advice and co-designing programs. It’s not just about seeing us as part of an intersectionality team or panel. There’s still work to be done to ensure women with disabilities are represented across all workplaces and all roles.

Without a well-funded women’s health sector, we won’t continue this journey for younger women. We need to ensure that younger women have access to what we’ve fought so hard for. Until we get everybody to have the same access to the freedom to live the life they want to live, then we still need a women’s health sector to support everybody. I’m not just talking about



women with disabilities, but transwomen – *all* women. All women who want to live the lives they want to live. To make sure that all the diverse voices are heard and that all women are included.

Sandra Morris held numerous roles across two decades at Women’s Health In the North: Manager Health Promotion (2009–2021), Family Violence Regional Integration Coordinator (2007–2010), and Health Information Officer (2002–2003). She has held senior positions across government and non-profit organisations. She is currently Senior Engagement and Strategy Manager at Birth for Humankind and serves on the Board of Directors for GMI (Georgina Martina) Family Violence Services.

The women’s health services are in a unique position because very few organisations receive funding for primary prevention work; it’s community health and women’s health. Women’s health services are in the unique position of being able to really focus on prevention and taking an effective health promotion approach. Because the sector had a mandate to address women’s health issues, they were able to use that and broaden their activities beyond just individual and clinical health. To broaden thinking around prevention and population impact, rather than just at the individual level. That’s been a really significant impact of the sector. Women’s health services have been a backbone organisation for primary prevention work, particularly for prevention of violence against women (PVAW).

In the early days of PVAW, they led a collective impact approach to the work because they created partnerships to address gender-based violence and worked collaboratively with other organisations to address the issue. That partnership work encouraged others to come together around the table and create a shared understanding of what violence against women

looks like and the distinction between response and primary prevention – and then those partnerships worked out how to work together. That was a critical foundation for the work. The sector wasn’t scared to have the public debate around PVAW. Often with partner organisations that were male-led, these were really difficult conversations, especially when we were focusing specifically on male violence, we had to use any tool we had to get those men into the room and get them to listen.

To me, the women’s health services led the engagement of community health and local government in PVAW work. By providing that backbone organisation to drive the work forward and working in collaboration, the women’s health services were at the frontline of talking about gendered language and gender transformative practice. They acted like a think tank around those issues exploring how we talked about gender, about supporting people to understand the difference between sex and gender. It sounds so basic now, but it was absolutely essential work. That just wasn’t a discussion people were having in the same way then. If you look at the conversation around sex and gender today, and how far that has come in 10 years, I really believe that the women’s health services have had a really significant impact on those conversations because we were working on a grassroots level. There’s all the work being done at a statewide and national level, but you can’t underestimate the impact of those personal relationships and the engagement and debate and discussion that was taking place out on the ground to bring people along in local government, in community health and in other settings. We prepared the groundwork for these organisations to be able to implement contemporary government reforms and strategies.



It wasn't only the PVAW discussions that we were leading; we prepared the groundwork for the community approaches to gender, gender equality and applying an intersectional approach. For example, the work we did with councils around gender, including applying a gendered lens to all areas of local government responsibility. How councils talk about this today is vastly different to 10 years ago. They have those tools embedded and now that is being supported by the *Gender Equality Act*. We were preparing the groundwork to have more sophisticated discussions and for that work to evolve to what we have today.

The many discussions the sector had around how we use inclusive language and practice also can't be underestimated. I've been constantly reminded of that since I left the women's health sector – how advanced our thinking was and how much thought and care we put into working towards implementing inclusive practice and bringing others with us. The small incremental changes we were helping others to make and supporting them to make were incredibly important.

Secure, sustainable funding for the sector is so important. If you're really serious about health promotion work – about population health work – we need to recognise that it's long-term work and we need government recognition of that. It's so important to be able to measure our work over the long-term way so we can see the changes; through a collective impact lens. Government having a long-term vision that matches the long-term vision of the discipline that underpins the work of the women's health sector is critical. It's difficult to plan for the long term without a long-term funding commitment. It's also important that we create mechanisms to feed information up to government to inform policy and funding,

and really make the most of the on-the-ground, local knowledge of the women's health sector.

Steve O'Malley, AFSM, is the Manager of Emergency Management Sector Engagement at Gender & Disaster Australia and a Senior Leading Firefighter with more than 30 years operational experience. He is a trainer, presenter and advocate for gender, diversity and inclusion, and the prevention of violence against women. Now an independent organisation, Gender & Disaster Australia originated as the Gender & Disaster (GAD) Pod partnership between WHGNE, WHIN and Monash University Disaster Resilience Unit.

I've been an operational firefighter since 1988 and moved into the Diversity and Inclusion space in 2006. Initially I was involved with the VicHealth Preventing Violence Against Women Short Course development around 2008, and first came across the women's health sector then. From there, I was riding on the shoulders of the women's health service providers. We've always been connected and over the last decade or so I've worked with just about every women's health service; they've enabled me to do the work I've done.

My work is in very male-dominated workplaces and the women's health services have enabled me to take their work and translate it into this context. While there is a lot of privilege and culture that open doors in the emergency services sector to me that feminist organisations don't have, the women's health services have always provided information and advice – *what can we do to support you to make change?* With the increase of women in the fire service, it's been a slow fraught journey creating cultural and organisational change. A number of female-relative cancers weren't initially included in the prescribed cancer list that guides compensation rights, clothes were one size fits all, there were no policies around pregnancy, caring and return



to work. Through discussions with reps from the women's health sector, we've been able to have these conversations and talk to female colleagues about what they need. We have conversations now around intersectionality in organisations; those discussions never ever happened before. Equal rights in the workplace, discussions of equity: these high-level issues have made their way into the functionality in the organisation around gender. The women's health sector has consulted with us and provided training and support on how to approach this – on what it looks like to make these structural changes. The information that firefighters need to have to make real changes.

With gender and disaster, it's predominantly historically been men in the room. When Deb Parkinson and Claire Zara's WHGNE research into family violence and disaster first launched, that's when it all fell into place for me. At Gender & Disaster Australia (GAD) we are absolutely cognisant of the impact the women's health sector has on all the work we do. I proudly say there is a necessary feminist overtone in everything we do, particularly our training. If people challenge that, we're really well placed to address this. It's the same degree of cognisance when talking around victim-survivor voices – you just don't hear that in any other sector. The answer is always around the victim-survivor voices in domestic and family violence and disaster and feminist viewpoints in this. GAD brings together the women's health sector and emergency management sector. It helps find the synergies between health promotion primary prevention and emergency preparedness and response. We've worked together to find a common language and approach. We look at tailoring this work – not forgetting feminist frameworks but finding ways to bring the framework into the organisation. It's a real

partnership, bringing together knowledges for success.

I can't stress how vital the women's health sector work is to everyone out there. It is about equality and recognising, responding to and preventing family violence, but it's also about representing more than half the population in a bigger conversation around equity. The women's health sector is a voice for and advocate on behalf of women, and makes the case for how this also impacts men. The long-term and immediate effects of disaster due to ongoing climate change indicate that women and children are most likely to be adversely affected. Without the women's health sector, there is no other sector that is going to be adding this voice, which is what the women's health sector does consistently and strongly. It's about representing a huge part of the community.

Matt Tyler is the Executive Director of The Men's Project at Jesuit Social Services where he leads a team focused on supporting men and boys to live respectful, accountable and fulfilling lives free from violence and other harmful behaviours.

In 2019, the idea of engaging men and boys in violence prevention work was a very different conversation relative to the conversation we're having now. Today, there's increasing recognition that this is a very important part of all violence prevention work. However, at that time, there was uncertainty about how, as a sector, things should proceed. Kit McMahon and Zoe Francis (WHISE) convened a 'Healthy Masculinities' conversation in the South-East of Melbourne and welcomed The Men's Project into that together with others. A lot of the work we're doing now has come off the back of Kitty's sponsorship and courageous leadership as chair of Gender Equity Victoria. Any work is built off the foundations of trust and Kitty, as well as others, were trailblazers in terms of



the women's health sector entering this healthy masculinities conversation.

Women's health services are very connected to the needs and related services that exist in their neck of the woods – they are anchored in place. Primary prevention work when done well should be grassroots. It's about hearts and minds and shifting behaviours at a grassroots level – and that comes from community-led work and the women's health sector does this very well.

A unique contribution of the women's health services is that they are across a number of related areas – sexual and reproductive health, primary prevention of violence, gender equality, mental health – these aren't separate things. The women's health services do a very good job of integrating across a number of issues that really have a profound impact on women's lives. There's also the political power that the women's health sector holds, and that takes a long time to build. The women's health sector is a foundational part of the public health system in Victoria. It's a really powerful advocacy voice.

We need long-term sustained funding and an expectation that funding for women's health sector is an expected part of each Victorian Government budget. The associated contribution of the women's health sector needs to be understood within the community at large. There is an opportunity for this government to really cement what is a really impressive legacy and ensure women's health services can continue their work for many years to come.

Michael Hail is the Manager, Primary Prevention and Community Engagement, at The Men's Project at Jesuit Social Services where he leads the delivery of a number of programs including Modelling Respect and Equality and Unpacking the Man Box.

If I was to attribute two words to the relationship between The Men's Project and the women's health services, I'd say trusting and empowering. It's a two-way trust we have built and continue to build. With some, we've sat around the table having conversations and sharing good practice. With others, our work together has been strategic including joint advocacy highlighting the root causes of male violence and recognising the role that men have in that conversation.

In terms of empowering, we're able to leverage off each other in meaningful and purposeful ways. Partnerships with women's health organisations gives us an understanding of realities of prevention work grounded in community. Our relationship with the women's health sector gives us a more holistic picture and reminds us of the reason why we do this work. We're an organisation that humbly recognises the decades of work that has happened before us.

In my interactions with the women's health sector, the work has been done with care, which aligns to my personal values and also that of The Men's Project. The women's health sector is a great example of collective strength. This word is usually understood as being tough and being resolute, but I think that strength is having an anchor point and being firm that 'this is the message we want to give'. The way women's health sector collectively shows this is a massive contribution.



The distinct identities of these women's organisations give us a lot to aspire to. We're a young organisation, so hearing and learning about how each women's health service deals with similar things in different communities helps us ask ourselves: how could it work, what could it look like?

It's inspiring to see what's possible when you have the opportunity to have long-term funding. When we look at what the women's health services is doing and have been able to do, that contribution is invaluable. Changing people's hearts and minds won't happen in the short term but takes a long-term and dedicated approach



Appendix I: Data collection template (simplified)

This is a simplified version of the template used for data collection. Data was collected from each women’s health service and synthesised to produce this report.

Section 1: About the women’s health sector	
Our history, role and ways of working	Desktop review of women’s health service histories, retrospectives and other key documents such as funding guidelines; stakeholder testimonials
Section 1: Our contribution to women’s health and equality in Victoria over time	
Key awards/ recognition	A list of key awards individual women’s health services have received over past 10+ years.
Key research/ evidence-building	Examples of key research/evidence-building undertaken over past 10+ years.
Collective impact case studies	<p>Description and examples of organisation’s contribution towards the following areas over the last few decades:</p> <ol style="list-style-type: none"> 1. Our leadership in putting women’s health on the state agenda. 2. Example of our role in driving state reform on key issues (abortion reform). 3. Leading the way on best practice approaches and evidence-building. 4. Our contribution to building capacity to undertake inclusive and intersectional gender equality work. 5. Example of our role in keeping a gendered lens on the agenda (COVID-19 response and recovery).
Stakeholder testimonials	<p>Testimonials created from stakeholder interviews based on the following questions:</p> <ol style="list-style-type: none"> 1. What role has the women’s health sector played in advancing women’s health and equality in Victoria over the last few decades? 2. What are some of the most significant contributions the women’s health sector has made, and what have been the impacts/results of these contributions? 3. What is the unique value of a strong, well-funded Victorian women’s health sector going forward?



Section 2: Our collective impact in 2022–2023

Total number of activities delivered in 2022–2023 via VWHP and WHSCBP funds	Y/N/NA for each of the activities described in the program logics of the VWHP and WHSCBP funding guidelines (by priority area).
Case studies	<p>Information on the work each women’s health service undertook under each priority area during 2022–2023, and for your overall evaluation work in 2022–2023:</p> <ol style="list-style-type: none"> 1. What initiatives/services did you deliver with VWHP/WHSCBP funds, to whom, where, how did you deliver them and why did you deliver them? 2. What the result/impact? (Did you do what you set out to do?)
Most significant change – partners, stakeholders and communities	At least five MSC stories from key partners, stakeholder or communities you have worked with in 2022–2023 using the following question: In the last 12 months, in your opinion, what has been the most significant change for you and your organisation resulting from your engagement with [women’s health service]?
Intersectional prevention practice	<p>A description of activities using the following question: Thinking about the last 12 months, have you undertaken any of the following work with specialist workers, organisations or community groups? Provide brief detail where relevant.</p> <ul style="list-style-type: none"> • Formal partnership. • Training, seminars, workshops. • Provision of advice or expertise. • Collaboration/ co-delivery of projects or programs. • Tailored resource development. <p>Consider the following specialist workers, organisations or community groups: Aboriginal and Torres Strait Islander communities; migrant and refugee communities; LGBTIQ+ communities; people with disabilities; young people; older people; others (i.e. sex workers, women in or exiting prison, faith communities).</p>
Description of uplift	A description based on the following question: What did the uplift enable you to do and how has this increased your ability to drive change?
Most significant change – WHS	An organisational MSC using the following question: In the last 12 months, in your opinion, what has been the most significant change for your organisation and your work resulting from the funding uplift?



Appendix J: Examples of gender equality work undertaken in 2022–2023

Increasing Victoria’s bilingual health education workforce – Multicultural Centre for Women’s Health

The uplift funding supported continuation of the WOMHEN 3 project, with MCWH playing a vital role in coordinating and supporting seven women’s health services to build regional health promotion and education capacity to meet the health and wellbeing needs of migrant and refugee women. MCWH supported bilingual women’s health sector staff to deliver and evaluate in-language education and provided multilingual resources on family violence, sexual and reproductive health, gender equity and mental health. MCWH conducted a mapping and needs analysis to understand what each women’s health service has done so far in their respective WOMHEN projects; to document their training requirements; and understand their expectations of MCWH. Training requests span all priority areas, as well as how to support their bilingual health educator workforce. MCWH has also formed a CoP with all seven women’s health services that meets quarterly. The purpose of the WOMHEN 3 CoP is to build and maintain relationships between women’s health services across Victoria around bilingual health education delivery;

promote a shared understanding of a feminist intersectional approach to health education and build understanding of effective delivery; share successes and challenges, and exchange expert knowledge and resources relating to health education delivery; and contribute to the professional development of women’s health sector health promotion/education staff.

Training the gender equality and supporter workforce – Women’s Health Victoria

Women’s Health Victoria focused on building the knowledge, skills and confidence of the gender equality and supporter workforces through the delivery of a suite of 12 high-quality training packages. Training was delivered to individuals and workplaces via online courses and micro-credentials, as well as interactive workshops and masterclasses. Bespoke training and consultancy supported organisations to build gender equality capacity and work collaboratively. The year saw the development of two courses for gender equality within the advertising industry and two courses on sexual and reproductive health. Participant feedback indicated the content and delivery of WHV’s courses was interesting and engaging.



Gender equitable and inclusive workplaces training modules – GenWest

Demand for consultation and training to support Defined Entities meet their obligations under the *Gender Equality Act 2020* continues its steady increase, including a request from a Defined Entity to develop a new training suite tailored to their unique organisational needs. The uplift funding allowed a co-design process to create a suite of four training modules, titled Gender Equitable and Inclusive Workplaces, that spoke respectively to all levels of the organisation. Each session explains the history of the *Gender Equality Act*, the impacts of gender inequality, and the specific obligations for the level in supporting and advancing the organisation’s Gender Equality Action Plan and undertaking Gender Impact Assessments. Evaluation indicates that all staff in the implementing committee, and team leader/coordinator sessions have an increased understanding of violence against women and the link to gender inequality. Further impact evaluation will be conducted in 2023–2024.

Supporting the rights of women undertaking seasonal work – Gippsland Women’s Health

The region is home to many women working temporarily in Australia as ‘seasonal workers’ in the local agricultural industry. Local community members and workers from the Pacific Australia Labour Facility raised concerns with GWH about

reports of family violence, sexual harassment and assault, and a lack of knowledge of their sexual and reproductive health needs and how to access services. The initial request was for GWH to run a ‘Women’s Health Day’ for the women to speak about topics relating to healthy relationships, consent, family violence; what it is and where to seek support. GWH consulted with Latrobe Community Health Services Strategic Engagement Coordinator to discuss best practice principles when engaging with this vulnerable group of women. Utilising an intersectional lens and understanding of the specific risks faced by this group, a workplan has been developed for implementation over the coming year under the banner of the *Healthy Women, Healthy Gippsland* strategy. Activities will include engaging with Australian employers regarding best practice in employing women from overseas by providing training around family violence and managing disclosures. GWH will also capacity-build both employers and DFAT to better embed gender equality in their workplaces to ensure the rights of these women are known, valued and upheld by applying a gender lens to their internal processes around recruitment. This will include ensuring all women who arrive in Australia to work in the agriculture industry receive both face-to-face and written information relating to their rights, family violence and sexual harassment/assault and how they can access support and services once in Australia. Additionally, consultation will take place with culturally appropriate services in other local LGAs to ensure they are aware of this cohort of women in the region and advocating for fair and equitable wellbeing support for women in these communities.



Providing a gender lens on the Latrobe Valley and Gippsland Transition Plan 2035 – Gippsland Women’s Health

Led by the Latrobe Valley Authority, the *Latrobe Valley and Gippsland Transition Plan* was developed as a partnership between government, business, industry and community across Gippsland. Its purpose is to provide a bold and optimistic guide for the region as it transitions towards a net zero economy. Gippsland’s transition has implications beyond the energy sector. The region’s forestry, manufacturing and agriculture industries are at the centre of global climate action driving transformation. The Plan sets out goals and guiding principles that will underpin the approach to achieving a successful transition – one that is inclusive and equitable, sustainably developed and enhances the environment, health, wellbeing and human rights of the community.

Gippsland Women’s Health has been pivotal in providing skills and resources to undertake a gender impact assessment across the draft Transition Plan with consideration of women’s health and safety, workforce participation and transition to new workforces, training and re-training opportunities and utilising the strengths of women in the region. This work has led to an in-principle commitment from the Department of Families, Fairness and Housing at a regional level to include a Gender Equality Action Plan for the region to accompany the Transition Plan.

Specialist support for the Warburton Mountain Bike Destination gender impact assessment – Women’s Health East

Throughout 2022, Women’s Health East was engaged by Yarra Ranges Council to contribute gender equality expertise to the planning and development of the Warburton Mountain Bike Destination project, a significant local multi-million-dollar project. Women’s Health East delivered training to build the project lead team’s capacity to undertake a gender impact assessment and embed intersectional, gender transformative practice throughout the planning and implementation of the project. Women’s Health East subsequently conducted an intersectional gender analysis of each stage of the project’s gender impact assessment, producing a series of comprehensive reports for Yarra Ranges Council aligned with the requirements of gender impact assessments under the Victorian *Gender Equality Act 2020*. Reports included gender transformative recommendations for the project’s design and programming; for instance, consideration of enabling factors and barriers to access and inclusion in mountain biking for gender-diverse people, people with disability, people from migrant and refugee backgrounds, and for people who experience other compounding forms of discrimination.

Women’s Health East also addressed the broader health, social and economic impacts of the project. The reports highlighted how project design, and organisational processes and policies, can challenge rigid gender norms and address gendered power imbalances. For instance, recommendations around social



procurement practices, local job creation and the equal representation of women in decision-making roles were designed to support women's economic participation and independence and the equitable distribution of the project's economic benefits. Informed by these reports, Yarra Ranges Council produced a gender impact assessment that included a breadth of intersectional, gender transformative measures. By implementing the recommendations in the gender impact assessment, Yarra Ranges Council will ensure that people of all genders can equitably benefit from the health, social and economic benefits of the Warburton Mountain Bike Destination.

Equality for All project – Women's Health Grampians

A program employing women from diverse backgrounds as 'Equality Advocates' to speak to communities, organisations and workplaces about their lived experiences of discrimination and inequity to build understanding and improve intersectional practice and workplace inclusivity. This includes building capacity of organisations who are part of Women's Health Grampians' CoRE (Communities of Respect and Equality) Preventing Violence Against Women Alliance. Ten women have been employed, including three women with disabilities, one woman from the LGBTIQ+ community (who is also a woman with a disability), one First Nations woman and six women from migrant backgrounds. Advocates have commenced induction and training in gender equality, prevention of violence against women, sexual and reproductive health, public speaking and speech writing. The program provides employment, skills and professional development, as well as supporting connectivity

and professional pathways. The program was able to re-start as a result of uplift funding.

First Nations Women Yarn International Women's Day – Women's Health Grampians

The first First Nations International Women's Day event in Ballarat was developed and coordinated by two First Nations women employed by Women's Health Grampians through uplift funding. The yarning panel centred around the region's First Nations women raising awareness, truth-telling and sharing their experiences of local workplaces and communities, as well as the impacts of the Stolen Generation, intergenerational trauma and racism. The sold-out event provided space for First Nations women to connect and share experiences, with requests for yarning panels to be held across the year. The event was self-determined, developed and guided by First Nations people, promoted First Nations women's voices, and created space for education, awareness-building and breaking down barriers.

WOMHEN Project phase II and III – Women's Health Goulburn North East

Drawing on learnings from WOMHEN Phase 2 project to support planning from WOMHEN Phase 3. This includes understanding the unique barriers to accessing health information and systems experienced by women from migrant and refugee backgrounds, including language and literacy barriers, transport barriers and limited access to childcare. To accommodate the shift to online delivery, support was provided



so that participants could confidently use online platforms. Incorporating learnings into the next phase will ensure increased participation by women to support their navigation and access to the health system.

Hearing Benambra project – Women’s Health Goulburn North East

Conducted between August and November 2022, the project piloted Women’s Health Goulburn North East’s Regional Community Consultation Framework to gain insight into the needs of the community’s women in relation to key social determinants of health (gender equality, integrity, housing, transport, environment and education). This information was presented to potential Benambra candidates during the 2022 Victorian State election, with the intention that candidate responses would be collated, and shared back to community. Three of the 10 provided responses. The project allowed the testing and refining of the Consultation Framework and consultation process, as well encouraging participatory democracy and amplifying community voices to a policy level.

Gender and Urban Design forum – Women’s Health In the North

The forum was held in April 2023 in response to a need identified by regional strategy partners to discuss how to apply a gender lens in the design of public spaces and urban settings. Sixty-eight participants from industry and the community services sector attended, including local councils, urban design agencies, community health organisations, academia and other Victorian

women’s health services. Gender equity and design experts presented on ways to create safe and inclusive spaces, highlighting the need to apply a gender lens to the design of public spaces. Panellists from Multicultural Centre for Women’s Health, Zoe Belle Gender Collective, Minus18, Dhelk Dja Koorie Caucus and Women with Disabilities Victoria also spoke to lived experiences of public space, and provided advice on ensuring public spaces are inclusive of all community members. Participants were guided by a practitioner through a public space to conduct a live gender audit (an activity known as a gender walk). Attendees were given access to valuable resources including current research, case studies and information to support the ongoing implementation of gender transformative design practices.

Building leadership capacity to support gender equality – Women’s Health in the South East

A capacity-building program delivered in partnership with Frankston City Council (FCC) to support implementation of its Gender Equality Action Plan (GEAP). FCC wanted to build a broad-based understanding across the organisation’s leadership on the value of gender equality, its impact and its relationship to the role of council. WHISE developed and delivered a capacity-building program that consisted of a series of webinars coupled with facilitated reflective in-person conversations to process, reflect on and apply the webinar content into practice. Around 150 FCC leaders and managers attended all three webinars and coaching/reflective conversations. Evaluation found webinars increased understanding of the



core concepts of gender equality, their value and role at Council, and the purpose of the *Gender Equality Act* and the GEAP, and a statistically high increase in the level of overall confidence of the participants from the program suggesting that participants are able and willing to support and drive the implementation of Council's Gender Equality Action Plan at FCC. Participants reported increased confidence and were able to describe how they would apply learnings to their roles.

Gendering in a new era in Mildura regional sports – Women's Health Loddon Mallee

A project co-designed and delivered with Mildura Regional City Council implementing the Victorian Government's *Guidelines for Taking Action Through Community Sport* in the Mildura region. The two-year 'whole of sporting club' gender equity and preventing violence against women model will build capacity and empower local clubs to embed gender equality into their systems and processes, while also building capacity of Council in taking gender equity and preventing violence against women action. Women's Health Loddon Mallee acts as content expert consultants, providing training, expertise and advice in undertaking gender impact assessments and action planning, intersectional practice support, mentoring and community of practice and evaluation, as well as support embedding sustainability beyond the two-year project.

Supporting Defined Entities towards gender equality – Women's Health and Wellbeing Barwon South West

Women's Health and Wellbeing Barwon South West is walking alongside 23 Defined Entities to build their confidence and capacity to meet their obligations under the *Gender Equality Act*. This includes regional network meetings for local government and health services, a suite of training packages tailored to each partner to support them to embed gender equality practices, and learning partnerships. In 2022–2023, seven network meetings were held and 23 training sessions delivered to over 300 Defined Entity employees. This has led to engagement of senior leadership within Defined Entities to garner support and resourcing for Gender Equality Action Plans; knowledge sharing between and within Defined Entities, through network meetings, presentations at the WHWBSW AGM and a new podcast 'Candid'; the uptake of regional strategies in gender equality action plans, ensuring consistency of effort and shared resource across the region; the completion of gender impact assessments in health services, local government and other Defined Entities that would not have happened without WHWBSW support; and the request from the network meeting members to build a regional evaluation plan to share the impacts and learnings of the *Gender Equality Act* process.



Appendix K: Examples of gendered violence prevention work undertaken in 2022–2023

Capacity-building the women’s health workforce for disability-inclusive primary prevention – Women with Disabilities Victoria

In 2022–2023, Women with Disabilities Victoria has continued to focus on developing the capacity, skills and confidence of disability-inclusive primary prevention of gender-based violence across Victoria’s women’s health services. WDV undertook auditing and delivery of tailored training for two partner women’s health services, as well as participating in webinars, symposium and Communities of Practice to disseminate evidence-based knowledge to further support intersectional practice and capacity. WDV also developed resources based on sector need such as the Facts on Violence factsheet about violence against women with disabilities, and the *Resistance & Backlash to Gender and Disability Inclusive Practice* resource. These tools help workers across the sector to challenge barriers of ableism and gender inequality in their programs, their organisations, and to promote ongoing practice in primary prevention against women and girls with disabilities.

Learnings from this work were reflected upon with other sector workers during WDV’s annual Statewide Forum. This year WDV invited previous partners to share how they have continued to develop and increase capacity for disability inclusive primary prevention in their regional context. The Statewide Forum this year was attended by 35 workers across the women’s health, community sector, prevention and local and state government workforces. The shared conversations from this event indicate significant appetite across Victoria to increase disability and gender inclusive primary prevention practices within organisations, and to develop conversations and share resources at an ongoing level.

Capacity-building the prevention of violence against women and supporter workforce – Women’s Health Victoria

WHV focused on building the knowledge, skills and confidence of the prevention of violence against women and supporter workforces through the delivery of a suite of eight high-quality training packages. Training was delivered to individuals and workplaces via online courses and micro-credentials, as well as interactive



workshops and masterclasses. Course participants consistently reported a high level of satisfaction with WHV's prevention of violence against women training.

Working Dads – GenWest

The Preventing Violence Together (PVT) Partnership designed and commenced delivery of a GenWest-led project supporting PVT partner needs regarding engaging men in gender-based violence prevention. The project surveys men working in PVT partner organisations to shed light on the experiences of fathers in the workforce, including balancing care and paid work, options and opportunities for flexible working arrangements in their workplace, and societal attitudes regarding men's wellbeing and connection to supports as new fathers (i.e. welcoming environments in parents groups, at school and during visits to the GP or hospital for their child/ren). The project is designed as a supporting evidence piece for partner organisations who are Defined Entities obligated under the *Gender Equality Act 2020* to inform Gender Equality Action Planning. The project also proactively prepares content for collective activities and campaigns undertaken by the PVT partnership such as the 16 Days of Activism/Allyship.

Gippsland Free from Violence Partnership and active bystander training – Gippsland Women's Health

Gippsland Women's Health focused on building the confidence and capacity of local organisations, including local government, through delivery of a three-day Active Bystander training program via a train-the-trainer methodology. Forty active bystanders are now trained across seven local government, statutory authority, community and corrections organisations. Organisations now have extensive resources including five training modules for implementation, with GWH continuing to support these organisations through shared delivery of further training sessions, and support in identifying innovative solutions in delivering training to best suit their organisational culture and needs. Feedback received from program participants overwhelmingly identified increased knowledge, confidence and capacity to implement Active Bystander programs within their own organisations. GWH saw an increase in requests from new organisations to expand delivery of this training across the region, particularly with Defined Entities implementing their Gender Equality Action Plans.

The Gippsland Free from Violence Partnership was revitalised during 2022-2023 and launched with a leadership forum which has now seen a significant increase in partner members and activities across the region. This has led to a significant number of new initiatives and broader partnerships including:

- collaboration with local government on submissions (led by GWH) to reduce gendered violence and sexual harassment in local government entities



- partnership with mining industry to embed active bystander facilitators on mining sites
- development of a 'Bar Stander' training module to be used with licensed venue staff and
- co-design with the Food and Fibre Industry, Men's Shed, Rural Financial Services and Gippsland Youth Space on a drought preparedness project with a focus on increasing community capacity to manage gendered violence during climate change events.

Scaling up the regional primary prevention of violence against women infrastructure – Women's Health East

Women's Health East leads the Together for Equality and Respect partnership – a cross-sector collaboration of over 30 organisations that work together to prevent violence against women in Melbourne's east. Over the past 12-months, WHE has scaled up and further strengthened its regional infrastructure and governance and partnership mechanisms. WHE restructured the leadership group to establish an Executive Governance Group that comprises twelve CEOs and directors that govern the partnership, its strategy and who drive collective action. The Local Public Health Unit joined the partnership to ensure efforts are aligned with the new catchment prevention plan. WHE, in partnership with the Executive Governance Group, led the development of an Advocacy Position Paper to promote the central role of regional primary prevention infrastructures to prevent violence against women. WHE implemented co-design workshops with partners to develop a new regional Action Plan – which includes 98 primary prevention initiatives – and sets out the actions needed for the partnership to progress its vision,

deepen existing partnerships to enable mutually reinforcing work, and identify new areas for collective action. WHE finalised and published the *Together for Equality and Respect Evaluation Report 2019-2021* that collated quantitative data from 38 projects that showed that over 12,000 people took part in a Together For Equality and Respect prevention of violence against women program, training or co-design process, demonstrating the partnership's significant impact and reach. WHE scaled up the delivery of communities of practice and introduced practice forums, which over 150 practitioners attended to increase coordination and integration of primary prevention activities across the region. Most importantly, WHE continued to centre the voices of women with lived experience via capacity-building work to promote best practice intersectional primary prevention approaches to prevent violence against women with disabilities via the Margins to the Mainstream Project, a partnership project WHE leads with Women with Disabilities Victoria.

Communities of Respect and Equality (CoRE) recruitment strategy – Women's Health Grampians

A new regional consultant was employed using uplift funding to grow the reach of the CoRE program, the Grampians regional alliance for the prevention of violence against women and their children. A membership recruitment strategy was developed based on recommendations from the CoRE Leadership Group and evaluation, as well as analysis of regional data and potential organisations based on reach, influence and organisational profile. Sectors identified include arts, the media, schools (primary and secondary),



disability services and real estate agencies (due to the link between family violence and housing instability). This has laid the groundwork for the next stage of targeted and strategic growth of CoRE.

Transforming and expanding workforce capacity-building approaches – Women’s Health Goulburn North East

Work built on the success of a short-term project delivered with Gippsland Women’s Health to deliver a Community of Practice across 2021–2022 to support five local governments navigate their *Gender Equality Act* obligations in the context of bushfires and the COVID pandemic. The uplift funding allowed Women’s Health Goulburn North East and Gippsland Women’s Health to establish the Gender Equality Act Peer Network, expanding reach across all local government areas in the regions and broadening membership to other Defined Entities such as hospitals and tertiary education settings. The network creates a safe space for participants to have frank authentic conversations and build rapport and trust to come up with shared solutions and resources together. With the existence of Gender Equality Act Peer Network and a new WHGNE eLearning platform launched March 2023, WHGNE have been able to strategically review the aims and objectives of its existing Gender Equity Community of Practice, pivoting this to consider systems-level changes required and how to work collectively at the regional level to enable this. This revised Community of Practice will be pivotal for shaping a regional gender justice strategy, also enabled by the funding uplift.

Gender Equality Pilot Project – Women’s Health In the North

A new student-led initiative of the Women’s Health In the North-led Building a Respectful Community (BRC) Partnership, an alliance of 24 organisations with the shared vision and mission to work together to prevent gender-based violence in the Northern Metropolitan Region. In 2022, BRC members identified working with population groups experiencing multiple forms of discrimination as a priority area for collective action, and within this the BRC committed to establish a student action group on gender equality. Led by WHIN and the Department of Education RR NEMA, the working group was formed with membership from Co-Health, Neighbourhood Justice Centre and Banksia Gardens Community Services. Through a series of capability-building workshops and co-design activities, the pilot will build capacity of student action group(s) (and/or teachers) to engage in gender transformative practice and strengthen students to take actions that support gender equality in schools. The pilot will establish a passionate community of students in schools that will mobilise action to address gender equality and prevent gender-based violence that is student lead and place-based. The project is currently in the process of recruiting schools in Yarra to participate in the pilot and scheduled for completion in June 2024.



Joint learning forums for Promoting Respect and Equity Together – Women’s Health in the South East

Promoting Respect & Equity Together – A Strategy to End Gendered Violence in the Southern Metropolitan Region 2021–2025 (PRET) is the second primary prevention strategy for the region, currently delivering on its year-two actions. A key activity is delivery of joint learning forums on topics identified by the partners to support their preventing violence against women work. There have been six learning forums in the last 12 months including: Applying a gender lens to health promotion planning and practice (Community Health Focus); Applying an intersectional gender lens to prevention of violence against women practice; Healthy masculinities; 16 Days of Activism; Reproductive coercion and violence against women; and Values-based messaging (with Common Cause). All forums resulted in participants reporting increased knowledge on the topics. Alongside the learning forums and bi-monthly PRET meetings, the WHISE lead meets with individual partners to further collective action to identify new initiatives and continue to build trusting relationships with them.

Collective Action for Respect and Equality (CARE) framework refresh – Women’s Health Loddon Mallee

CARE is the Loddon Mallee’s regional framework for the primary prevention of gender-based violence. Drawing on several theoretical frameworks, CARE is a long-term, multi-faceted intervention, designed to create cultural change through the individual and collective actions of CARE partners. The Framework is designed to provide high-level guidance for a considered, consistent approach to monitoring and evaluation across the five years of the CARE Strategy. WHLM undertook work to refresh the M&E and other frameworks to ensure they align with the current evidence base, including the updated national framework *Change the story: A shared framework for the primary prevention of violence against women in Australia* and its companion frameworks. This will ensure that the strategies and actions implemented by CARE Partners are informed by evidence and are therefore more likely to succeed. Work continues to ensure CARE is aligned with the forthcoming Women’s Health Service Indicator Framework to support the collection of state and service catchment level data aligned with population level outcomes.



Turning evidence into action – Women’s Health and Wellbeing Barwon South West

An online webinar was delivered to build the confidence and capacity of regional partners to undertake collective work to prevent violence against women before it begins. The webinar showcased four proven or promising practice initiatives before moving into a planning session for how to translate this work into regional action. This resulted in the launch of three pieces of collective regional work.

First, the launch of the first Respect 2040 signature project Community Sport: A Level Playing Field. Over six months, WHWBSW has focused on building the confidence and internal capacity of a regional sports assembly to implement the *Respect and Equality in Sport Standards* into their own organisation (prior to focusing on their leagues and associations), starting with executive support, policy development and gender impact assessments.

Second, the development of a Great South Coast 16 Days of Activism working group, comprising 10 organisations, groups and clubs, and the delivery of co-designed social media campaign ‘From 16 to 365’ for 16 Days of Activism. The group has expanded its scope to the co-design of a communication strategy for Respect 2040 and coordinated systems for collecting evidence of their work to prevent violence against women. Third, the development of a Baby Makes 3 working group aligned to the *Gender Equality Act*. This saw Defined Entities from across the region work together to map the antenatal journey and find ways to challenge rigid gender stereotypes in systems, policies and processes using the Gender Impact Assessment process.

Additionally, following an extensive partnership and strategy redevelopment process in the G21 region, the 12-month action plan for first Respect 2040 was developed and disseminated. As a direct result of the action plan, seven organisations have signed onto the Partnership Advisory Group and there is increased commitment to both working collaboratively in the primary prevention of violence against women and moving towards a Barwon South West approach for the first time.



Appendix L: Examples of sexual and reproductive health work undertaken in 2022–2023

Improving access to abortion and contraception across Victoria and nationally – Women’s Health Victoria

Improving access to abortion and contraception across Victoria and nationally remains a core focus of Women’s Health Victoria’s work. In 2022–2023, WHV continued their leadership of the Victorian Abortion & Contraception Working Group to share knowledge and undertake collective advocacy about abortion and contraception access with key Victorian stakeholders in sexual and reproductive health. This work led to ongoing research partnerships across abortion and contraception, including relating to stigma, conscientious objection and best practice abortion care.

WHV also led advocacy to strengthen the Victorian public hospital system’s abortion and contraception service provision. This included supporting the hospitals and health services, alongside the Department of Health, to build understandings of data issues and gaps, alongside mapping surgical abortion service provision and patient needs, to better inform advocacy and planning.

WHV formulated policy advocacy on sexual and reproductive health in partnership with the women’s health sector and other organisations, including via the Senate Inquiry into the Universal Access to Reproductive Healthcare. This resulted in a number of women’s health services providing evidence at public hearings into sexual and reproductive health access around Victoria’s system strengths and levers that require federal intervention to improve sexual and reproductive health access.

WHV also engaged in research and knowledge translation partnerships to build the evidence base on abortion and other sexual and reproductive health conditions affecting women and gender-diverse people and inform practice across the healthcare sector.

Sexual and reproductive health work in schools – GenWest

Across 2022–2023, requests to GenWest from educational settings and youth services to deliver programs with young people that are focused on consent, healthy relationships, safer sex, pregnancy options and the law have increased by more than 100% from previous years. Supported



by the uplift funding, GenWest has increased capacity to develop ongoing relationships with educational settings, including in-person delivery of workshops. A new sexual and reproductive health coordinator was employed to consult with young people and schools, develop educational programs, co-facilitate sessions and contribute to program evaluation.

An example is the Human Relations program, a five-week program delivered to newly arrived migrant and refugee students at the Western English Language School (WELS) in Braybrook. It delivers culturally safe, tailored and in-language education on complex topics, including puberty, healthy relationships, safer sex, pregnancy, body image and gender. In Term 2 of 2023, GenWest delivered the program to 23 newly arrived Vietnamese students, in partnership with local council and community health services. The program received very positive student and teacher feedback, and its success has led to further requests to deliver at other WELS campuses in the metro west. GenWest plans to deliver in Term 3 at two campuses, which will provide up to 60 newly arrived students with tailored, culturally safe sexual and reproductive health education.

Building capacity of the sexual and reproductive health workforce – Gippsland Women’s Health

In May 2023, Gippsland Women’s Health held its annual forum for Gippsland professionals who work in or have an interest in sexual and reproductive health. The forum was attended by doctors, teachers, school nurses, youth workers, council and community development staff, and created space to normalise sexual and reproductive health, build capacity and improve confidence of Gippsland professional to feel comfortable and supported working in this area. The forum included speakers, stall holders, resources and networking opportunities. Speakers covered topics including the importance of an evidence-based approach to teaching sexual health and consent to children, respectful relationships in the online world (e-Safety Commission), contraception, early medical abortion process and the local sexual health landscape. Participants committed to focusing on solutions-based approaches, increase information sharing and collaboration, new networks for referrals to specialists and implementing inclusive language.

GWH also led the revitalisation of the region’s sexual and reproductive health partnership with the launch of the *Are You Covered? Sexual and Reproductive Health Partnership 2023*, including production of the bi-annual *Are You Covered?* magazine and associated health literacy resources, Communities of Practice for frontline staff, and medical termination of pregnancy (MTOP) webinars in collaboration with other women’s health services.



Regional capacity-building to advance women's sexual and reproductive health – Women's Health East

Women's Health East delivered four sexual and reproductive health promotion capacity-building webinars and workshops to over 150 practitioners that focused on increasing knowledge about the social determinants of women's sexual and reproductive health inequities. In collaboration with partners, WHE delivered a medical abortion healthcare webinar to increase timely access to abortion services in the region. Evaluation data showed the webinar increased attendees understanding of medical abortion, knowledge of referral pathways and their capacity to provide medical abortion. WHE delivered training to practitioners on the sexual and reproductive health needs of trans and gender diverse communities. WHE also delivered two regional sexual and reproductive health capacity-building workshops that focused on research, advocacy and primary prevention approaches to improving the sexual and reproductive health of girls, women and gender diverse people in Melbourne's east. Evaluation data from these workshops showed that 100% of survey respondents stated that their understanding of sexual and reproductive health as a public health issue increased as a result of attending the first workshop, and 100% of survey respondents stated that their knowledge of service access improved after attending the second workshop.

Revising the Storylines project and embedding co-design – Women's Health Goulburn North East

Women's Health Goulburn North East and Women's Health Loddon Mallee have worked together to revise the 2018 *Storylines: Her Voice Matters* project, aimed at centring women's voices to increase organisational understandings of regional women's sexual and reproductive health issues, increase women's sexual and reproductive health literacy and advocate for systems-level change and improvements of the health system. A re-established joint project team was formed, bringing together health promotion, communications, research and community engagement expertise from both organisations to review and re-establish the project using a co-design element aligning with WHGNE's 2022 Community Consultation Framework and WHLM's 2023 *Her health matters* strategy (see WHLM example above).

Planning activities so far include convening an 18-member community advisory committee and commencing both a quantitative data profile on determinants impacting women's sexual and reproductive health and a high-level literature review utilising an intersectional feminist framework to understand the regions' unique barriers to equitable sexual and reproductive health access. Already the benefits of the co-design process have been noted, including the value of engaging interested community and health professionals with research and project planning at an early stage, encouraging conversation and reflection on core themes, trends and findings. Work continues in the second year of uplift funding.



Early medical abortion professional development – Women’s Health In the North

The education and ongoing support for healthcare professionals is an essential step in the improvement of abortion access in Victoria. In April 2023, Women’s Health In the North delivered an early medical abortion professional development session to 42 participants in partnership with GenWest, North Western Melbourne Primary Health Network (NWMPHN) and The Royal Women’s Hospital. Content for the session was developed collaboratively by a working group comprising of these partners, as well as local GPs, pregnancy counsellors and sexual health nurses. Of participants who completed the evaluation, 95% said that their confidence to become a provider of early medical abortion increased following this session. This will improve access to medical abortion across north-west Melbourne and has strengthened WHIN’s partnership with NWMPHN to deliver future professional development sessions to health professionals across the north west.

Improving understanding and workplace supports for people experiencing menopause – Women’s Health in the South East

Women’s Health in the South East teamed up with the Victorian Women’s Health Services, Epworth Hospital, Victorian Women’s Trust and the Women’s Spirit Project to offer a free panel discussion on menopause via a webinar, named ‘Hot topic: a free public webinar on menopause and how to manage’. It was aimed at a diverse

audience that included people experiencing menopause, community and practitioners in healthcare, and health promotion and community services staff. A total of 147 people attended, with feedback finding moderate to high increase in knowledge and understanding from participants. The information on the impacts of menopause on physical and mental health and wellbeing, and the impacts of menopause on women’s employment and experiences in the workplace particularly resonated with people as the biggest increases in understanding were found for these two topics. High support and interest for the webinar was a result of a dedicated communications strategy from WHISE’s Communications team.

Following the success of the webinar, WHISE has since led the establishment of a working group to address menopause and perimenopause in the Southern Metropolitan Region, with local government, community health, health promotion agencies and other services represented. The working group meets bimonthly, or as needed, to discuss the development and delivery of two key projects. One of the projects is a series of forthcoming informational sessions co-developed with the region’s two sexual and reproductive health hubs for community members to increase knowledge and awareness of menopause and perimenopause, common symptoms and long-term health impacts and hormonal and non-hormonal options for symptom management. The second project is a case study examining evidence from organisations that have successfully implemented, or are in the process of implementing, workplace menopause policies. This seeks to improve symptom management, quality of life and workforce participation for women and people affected by perimenopause and menopause. The case study will support



other organisations to develop and implement their own menopause workplace policies and may be used as an advocacy tool to generate discussions with relevant ministers and Members of Parliament regarding legislative changes that might be considered to support workplace policies for menopause, and women's reproductive health more broadly.

Her health matters: A regional approach to sexual and reproductive health in the Loddon Mallee region – Women's Health Loddon Mallee

Work was undertaken to refresh and update the region's inaugural *Her health matters* strategy (2018–2021), a prevention framework utilising the socio-ecological model. HealthConsult was engaged to undertake a 'systems thinking' review, including exploring the various known and unknown complexities within the local sexual and reproductive health system (such as the impacts of social, economic and ecological determinants). This assisted in identifying the different stakeholders, settings and contributing factors within the system, how they are connected and how they are impacted differently. It also helped identify barriers and enablers within the sexual and reproductive health system and how they impact health outcomes and contribute to sexual and reproductive health. Stakeholders consulted included Women's Health Loddon Mallee staff, executive and board, service providers from across the region, representatives from the Victorian Aboriginal Community Controlled Health Organisation and consumers in order to

highlight the voices and experiences of women throughout the strategy. The new strategy will contribute towards all women across the Loddon Mallee Region accessing supportive, evidence-based and culturally responsive sexual and reproductive health services that are provided free of judgement and discrimination.

Respectful relationships in independent schools – Women's Health and Wellbeing Barwon South West

In response to a school's request for Women's Health and Wellbeing Barwon South West's support to run the one-day Respect Cup program, WHWBSW suggested moving to a more holistic approach to respectful relationships and gender equality. This has taken the form of Respect Effect, a framework for delivering gender equality curriculum to Year 9 students at independent schools, alongside the aspirational vision of viewing schools as a workplace to implement change. It is a comprehensive program and curriculum that is evidence-based and aligned with the Department of Education's Respectful Relationships curriculum and the *Gender Equality Act 2020*. The schools have driven the development of the curriculum while WHWBSW have supported best practice, capacity-building of staff and the move to a whole school approach. 2022 saw an increase from two schools with 40 students participating to three schools with 320 students participating through their Year 9 program over a 10-week period, as well as the addition of the student-led advocacy project.



The region's first sexual and reproductive health strategy – Women's Health and Wellbeing Barwon South West

Following the development of a Sexual and Reproductive Health Reference Group, Women's Health and Wellbeing Barwon South West commenced leading development of the region's first sexual and reproductive health strategy. A staged approach over the past 12 months has seen the group develop a shared 12-month action plan; develop a regional submission for the Senate Inquiry into Universal Access to Reproductive Healthcare; and create a repository of evidence-based factsheets to ensure consistent information could be easily accessed by health professionals, teachers and the general public. There has been an increase in information sharing between practitioners, supporting understanding of key issues across the region and coordinated action, as well as an increase in 1800 My Options promotion.



Appendix M: Examples of mental health and wellbeing work undertaken in 2022–2023

Improving mental health outcomes for migrant and refugee women – Multicultural Centre for Women’s Health

Multicultural Centre for Women’s Health continued to play the vital role of advocating for migrant and refugee women’s mental health issues, building their mental health literacy and supporting them to access the services. MCWH provided professional development opportunities to their multicultural workforce through partnership with Neami National, as well as through leveraging internal funded projects. The capacity-building program focused on information about newly funded mental health local services across Victoria; the services they offer to migrant and refugee communities; and pathways for referral. The training also utilised resources developed by MCWH’s other internal mental health and wellbeing focused projects. These resources include the three modules on mental health and in-language video resources. MCWH workforce has started delivering in-language sessions on mental health and wellbeing to migrant and refugee women using the updated information and resources.

Advocating for a gender responsive approach to implementing Royal Commission recommendations – Women’s Health Victoria

In 2022–2023, Women’s Health Victoria continued its work advocating for a gender responsive approach to implementing the *Royal Commission into the Victoria’s mental health system* (2021) recommendations and providing expert advice to policymakers and service providers in collaboration with the Women’s Mental Health Alliance, which WHV lead. They supported a gender lens on mental health policy development via their membership of the Mental Health Ministerial Advisory Committee and Mental Health and Wellbeing Promotion Expert Advisory Group, policy submissions, and participation in a wide range of consultations on different aspects of the reforms. WHV also supported gender responsive mental health service development via their relationship with the statewide Women’s Mental Health Service and membership of Safer Care Victoria’s Improving Sexual Safety in Mental Health Inpatient Units Faculty.



Multilingual health education – GenWest

The funding uplift allowed GenWest to retain the WOMHEN team, first recruited and accreditation-trained by MCWH in 2021 as a multilingual team of health educators to deliver in-language COVID-19 information and other health education to multicultural women under the statewide WOMHEN project. GenWest was also able to establish an in-house Multilingual Health Education program to provide in-language evidence-based, culturally safe and effective health education to women from migrant and refugee backgrounds in Melbourne's west. Using a peer-to-peer delivery model, the program builds trust through long-term engagement and focuses on community capacity-building by nurturing community support groups to create more social inclusion pathways for family violence survivors. Since July 2022, more than 22 health education sessions have been delivered, reaching 326 people (289 women and 37 men) between the age group of 20–85 years from a range of cultural backgrounds including Indian, Pakistani, Arabic, Indonesian, Chinese, Vietnamese, Iranian, Persian, Burmese, Thai, Macedonian, Turkish, Spanish, French, Syrian, Bangladeshi and Tigrinya.

Building on and expanding community relationships established in the first phase of the program, findings show that the program supported communities to have safe spaces to share experiences of the health system, their physical and mental wellbeing, as well as build understanding of different health topics and health services such as 000, mental health services, and breast and cervical screening services.

Promoting Chinese women's mental health and wellbeing – Women's Health East

Women's Health East used its boost funding to establish a bicultural unit of migrant and refugee women who deliver evidence-based in-language health education and health promotion programs to migrant and refugee women. WHE Chinese bicultural workers facilitated several programs to Chinese mothers and older Chinese women to promote their mental health and wellbeing. WHE delivered a partnership program with Migrant Information Centre (Eastern Melbourne) with 71 women participating. Evaluation data showed that 92% of women who attended the program reported an increased understanding of local mental health services and community programs. WHE delivered a mental health promotion and healthy ageing program to the Mitcham Senior's Group, which included a four-week program that was attended by 90 women from Melbourne's east. WHE also delivered the Burwood Brickworks mother's group program, an eight-week program that 95 Chinese mothers participated in, which promoted mental health and wellbeing, healthy relationships, family communication and how to access local support services. WHE also delivered the six-week Lift Program to Chinese women over 50 years of age that focused on building social connection, mental health promotion and healthy ageing. Over 100 Chinese women participated in the program. WHE also hosted a Mooncake Festival morning tea to promote Chinese women's health and social connection, which was attended by 100 participants. Evaluation data showed that 98% of participants reported that they would take action to prioritise their health and wellbeing as a result of attending the event. The work of WHE's bicultural unit has a strong focus on community capacity-building



and increasing opportunities for women's engagement, participation, and co-design of health promotion programs.

Creating firm foundations for future work – Women's Health Grampians

Mental health was adopted as a priority issue by Women's Health Grampians for the first time in 2022–2023. WHG undertook preliminary work to explore this issue from a local perspective and scope future work.

Understanding the mental health challenges for migrant and refugee women – Women's Health In the North

In 2022, Women's Health In the North surveyed and interviewed migrant and refugee women from the northern metropolitan region of Melbourne, specifically exploring themes of social connectedness, economic participation and freedom from discrimination and violence, which the evidence identifies as key factors contributing to high prevalence mental health disorders. Participants were asked to reflect upon factors that might negatively impact their mental health as well as protective factors promoting mental health and wellbeing. These reports of lived experience were compiled into a project report that explores the mental health challenges for migrant and refugee women in the context of COVID-19, and the factors that determine these challenges. The outcome of

this project is a series of recommendations to guide effective community health promotion action that is driven from the lived experiences of migrant and refugee women.

Developing the new 'Gender and Mental Wellbeing' portfolio – Women's Health in the South East

Mental health was adopted as a priority issue by Women's Health in the South East for the first time in 2022–2023 under the portfolio 'Gender and Mental Wellbeing'. This year, WHISE played an active role in consultations for Victoria's first ever State Wellbeing Plan. WHISE held consultations with new and existing WHISE partners from mental health services and prevention and early intervention providers to develop a regional submission to inform the forthcoming plan. This included gaps in services meeting intersectional needs, including for First Nations women and women from migrant and refugee communities. Consultations also highlighted the limited use of gendered analysis currently being applied to mental health services in the region.

The consultation work and key findings will inform WHISE's work under the new portfolio, and have already created considerable awareness and interest in the region about the sex and intersectional gendered determinants of mental wellbeing, as well as a commitment to building gender transformative practice in mental health and wellbeing strategies, policies, programs and practice in the south east region.



Creating firm foundations for future work – Women’s Health Loddon Mallee

Mental health was adopted as a priority issue by WHLM for the first time in 2022–2023. WHLM took a preliminary approach of building partnerships and a localised evidence base to inform the direction of core activities. Core documents such as the mental health theory of change informed thinking and the portfolio lead undertook extensive liaison with both organisations and community across the region to document the existing networks that it would be beneficial for WHLM to be involved in, and gaps that the organisation can advocate for addressing or work with communities to improve. Consequently, WHLM now has involvement in social prescription work in Mount Alexander Shire and is leading a dance and wellbeing project with multicultural women. There is also a significant role of mental health and wellbeing work within the flood recovery project as well.



Appendix N: Examples of women in a changing society work undertaken in 2022–2023

Increased capacity to support emerging community needs – GenWest

Increased funding has allowed GenWest to actively contribute to gendered climate change initiatives like the development, sustainability and implementation of the *Mobilising climate just and resilient communities in Melbourne's west: Collaborative action plan*. Partnering with Jesuit Social Services' Centre for Just Places and health and community service organisations across the region, GenWest ensures crucial gendered impacts of climate change are understood and embedded in the collaborative action plan and its implementation.

Planning has taken place for the Our Community, Our Voice (OCOv) program, which will engage Maribyrnong-based flood-affected migrant and refugee women to receive vital health and human rights information. It will also provide the space to share their stories in a safe and empowering environment and provide appropriate mental health support pathways for them to recover from

displacement and disaster trauma. Following a peer-to-peer model, it will be delivered by trained bicultural workers in-language. OCOv will also review the existing national *Gender and Emergency Management Guidelines (GEMS)* to ensure that disaster management services on local and state levels incorporate a gender sensitive approach to disaster management and recovery. This project will be implemented across 2023–2024.

Creating firm foundations for future work – Women's Health Grampians

Women in a Changing Society was adopted as a priority issue by WHG for the first time in 2022–2023. WHG undertook preliminary work to explore this issue from a local perspective and scope future work.



Flood recovery project – Women’s Health Loddon Mallee

All 10 local government areas covered by Women’s Health Loddon Mallee became eligible for Australian Floods Disaster Payments in 2022, collectively making up a third of local government areas affected by the 2022 floods across Victoria. WHLM are utilising a strength-based approach to support women in these local government areas and promoting positive mental resilience, recognising the effects on social and emotional wellbeing during and after extreme weather events, and anxiety and concern about future climate-change projections.

The flood recovery project applies an intersectional feminist lens to flood recovery and utilises the national *Gender and Emergency Management Guidelines* (GEM) to deliver a recovery model that centres the mental health and wellbeing of women and the unique needs of regional communities. It directly responds to community leaders’ identification of the need for community-led opportunities for women to come together, share experiences and rebuild their sense of community. WHLM have established partnerships with key stakeholders and are undertaking ongoing consultation across the region to understand the experiences of women, identifying the gaps, opportunities and resources that will support their recovery in order to advocate for and centre regional women’s voices in climate and emergency discussions.



Appendix O: Examples of monitoring and evaluation work undertaken in 2022–2023

Women's Health Victoria

Women's Health Victoria have undertaken the significant role of coordinating women's health sector feedback on developing and piloting the Victorian Government's Women's Health Services Indicator Framework evaluation. They collaborated with all women's health services to provide advice to government on finalising the data specifications and analysis plan and reporting template, and assisted them regarding the implementation of this template. WHV also facilitated discussions with the sector to identify issues and propose solutions to improve the quality and meaningfulness of data reported.

Gippsland Women's Health

Gippsland Women's Health continued to see an increase in engagement and commitment from their partners and communities, building on existing relationships and developing new relationships in multiple industry sectors. New industries such as mining were engaged as GWH partners. This has driven the creation of a dedicated Outcomes and Evaluation Coordinator role, which was advertised and filled in 2023. GWH have increased their maturity in measuring their impact and change during 2022–2023 with the introduction of an internal impact and outcomes measurement framework system and a Sharepoint-based platform to collect and analyse data.

Women's Health East

Women's Health East undertook a six-month pilot of the Department of Health's new Women's Health Services Indicator Framework. WHE focused on building the capacity of staff to integrate and operationalise this new framework in their health promotion programs, training, and capacity-building activities. WHE translated the outcomes measures into in-language evaluation



surveys for programs delivered to women who speak Mandarin and Hakha-Chin and tested the measures with women with disabilities who participate in WHE programs. Alongside this work, WHE developed a series of sub-measures to accompany the Indicator Framework measures to allow staff to capture more meaningful and appropriate evaluation data. The sub-measures are more specific and relevant to the diverse range of health promotion interventions delivered in Melbourne's eastern region.

Women's Health Grampians

The funding uplift allowed WHG to recruit a dedicated research and evaluation role, freeing up other staff to expand their activity output. Examples of tasks include – development of research briefings; Gender Impact Assessment research summaries; development of information sheets for the Local Public Health Unit; reviewing current data to inform a second iteration of Gender Inequality in the Grampians; provision of summaries on emerging national and state plans and strategies; and, report writing support. New work specific to this role includes: working with staff to develop program logics and evaluation plans for new projects; supporting staff to meet the requirements of the new Victorian Government's Women's Health Services Indicator Framework; and providing expertise on program research, design, implementation, monitoring and evaluation.

Women's Health Goulburn North East

The funding uplift allowed Women's Health Goulburn North East to create a dedicated Regional Evaluation Coordinator position, freeing up other staff who formerly undertook evaluation in addition to their project implementation duties. The new role oversees whole-of-organisation evaluation framework that aligns with statewide measures and indicators. This has enabled WHGNE to develop a robust evaluation framework to support and demonstrate their work in a systemic way. This role also supports the health promotion team greatly as it provides internal expertise on data collection processes and feeds into future work and embeds best practice now and in the future.

Women's Health In the North

Released in 2022, the third iteration of Women's Health In the North's *Stories of Achievement* series is a compilation of case studies that demonstrate the ongoing commitment of the Building a Respectful Community (BRC) Partnership – an alliance of 21 organisations that work together collaboratively to prevent gender-based violence and progress gender equality. The case studies in this booklet are evidence of the continued strong collaboration of local government, health and community organisations in the northern metropolitan region and demonstrate ways in which the BRC Partners continue to develop their prevention practice and pave the way forward with fresh approaches that respond to emerging community need. In particular, this edition includes innovative ways that BRC partners changed and adapted their practice to support this work to continue



throughout the challenging time of the COVID-19 lockdown restrictions. These stories support BRC partners to reflect upon what is working so they can continue to strengthen and grow prevention efforts across the region.

Women's Health in the South East

The uplift allowed Women's Health in the South East to recruit an Evidence and Policy Lead to join their existing Research Officer, enabling deeper and expanded evaluation work. With the additional priority area (mental health and wellbeing) and the three new community engagement officers, the number of capacity and capability building events has significantly increased so the additional evaluation staff enabled the efficient support of delivery teams by developing timely evaluation reports. The evaluation team also supported the delivery teams to build a feminist participatory approach to the implementation of Victorian Government's Women's Health Services Indicator Framework with the addition of interviews to support the delivery of the partner survey and a conference to highlight and share the work of WHISE partners who have increased or grown their work in gender equity, prevention of family violence and workplace discrimination. WHISE additionally conducts follow-up evaluations, which include surveys and interviews to measure the impact of training and learning forums by asking whether people have made changes to their practices or behaviour either in their role or their personal life. WHISE also held two webinars with partners to tell them about the new guidelines and indicator framework, and what evaluation activities

to expect in the near future. There was also discussion of how the Indicator Framework could support the work at their organisations and to discuss areas of alignment.

Women's Health Loddon Mallee

Women's Health Loddon Mallee has a series of project planning and evaluation templates and documents to assist with planning and evaluation.

- A detailed planning and evaluation document guides all projects and activities from conception through to completion. This document assists staff to develop clear aims and objectives, to identify the core elements of projects and to appropriately align these elements with ethics, risk considerations and evaluation techniques.
- Project planning and evaluation guidelines to assist in capacity-building, walking staff through best practice for project planning and evaluation and explain key concepts and requirements.
- A one-page preliminary proposal template. This allows WHLM staff to seek input and guidance on preliminary project ideas before progressing to a full program and evaluation proposal.

WHLM also undertakes online activity reporting for all activities undertaken by internal staff. This allows evaluation data to be compiled on WHLMs role (lead, support or observer); type of activity; activity measurement; local government area; portfolio. This data is then displayed in an online dashboard that allows easy comparison and analysis.



Women's Health and Wellbeing Barwon South West

Women's Health and Wellbeing Barwon South West undertook significant work building a culture and capacity of evaluation across the organisation, bolstered by recruitment of an uplift-funded Regional Evaluation Coordinator. To ensure evaluation is a core competency of staff and drives program design, workshops were delivered to staff alongside the development of new tools and processes to monitor and evaluate Integrated Health Promotion activities. This led to a significant increase in knowledge and confidence to undertake evaluation activities. Externally, WHWBSW worked with partners to encourage a shift towards strategic and sustained policy, program and service reform (rather than one-off events), with an evaluative mindset towards capturing change over time. In 2022–2023, activities included implementing most significant change with partners to understand how regional capacity-building initiatives are creating change; commencing an annual showcase of local primary prevention of violence against women action during 16 Days of Activism; and building capacity of *Gender Equality Act* partners to understand the importance and role of Gender Impact Assessments, which has resulted in a shared desire to collectively evaluate the impact of Gender Impact Assessments on the community over time.



Appendix P: Examples of intersectional practice action undertaken in 2022–2023

ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Examples of actions

- Employing First Nations staff to lead co-designed Aboriginal and Torres Strait Islander community-focused health promotion activities and primary prevention projects.
- Engagement of Aboriginal and Torres Strait Islander organisations and services, including consultancy, professional development and organisational capacity-building for women's health service staff, advisory and working group support for women's health service Reconciliation Action Plans, collaborating on Reconciliation Committees, and on 16 Days of Activism campaigns.
- Collaborating to deliver workshops on *Change the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait*, First Nations-led International Women's Day events, and tailored sexual and reproductive health and violence prevention training.

Impacts

- Relationships and partnerships have been established and/or strengthened with Aboriginal and Torres Strait Islander workers, services and communities.
- Strengthened women's health service practice regarding cultural awareness, safety and self-determination principles.
- Increasing health literacy for Aboriginal and Torres Strait Islander women.
- Partnering to create opportunities to centre and amplify Aboriginal and Torres Strait Islander women's voices and experiences, including building the evidence base of Aboriginal and Torres Strait Islander women's experiences of health inequity and for effective primary prevention practice.
- Increasing organisational and public awareness of the specific health and equality issues and barriers facing Aboriginal and Torres Strait Islander women, and Aboriginal and Torres Strait Islander-led solutions to increasing health equity.
- Capacity-building more Aboriginal and Torres Strait Islander women in undertaking effective primary prevention of violence against women action.



MIGRANT AND REFUGEE COMMUNITIES

Examples of actions

- Employing women from migrant and refugee backgrounds in health promotion, bilingual health education and other primary prevention roles.
- Development of internal strategies, policies and guidelines on supporting the wellbeing of bilingual workers.
- Formal partnerships with specialist organisations and communities to co-deliver projects, such as WOMHEn Project and Flood Recovery Project, as well as multicultural faith-based prevention of violence against women projects, climate change adaptation projects and expanding partners in regional partnerships.
- Membership on advisory groups, committees and Communities of Practice, and submissions to government inquiries.
- Partnering to further develop local, statewide and national evidence base and datasets.
- Provision of culturally appropriate, in-language preventative health information for migrant and refugee communities, including young people, as well as financial education.
- Delivery of tailored training and resources to communities, including gender equality and preventing violence against women.
- MWCH: provision of expertise and advice to a significant number of projects and work being delivered across the state by both women's health services and others, including through formal partnerships, co-delivery of projects, membership of Communities of Practice and working groups, presentations, reviews and other activities.

Impacts

- Increased women's health sector capacity to effectively recruit and support bilingual/bicultural workers, including understanding the unique support experiences of employees working within their own communities.
- Provision of professional development and creating employment pathways for migrant and refugee women.
- Relationships and partnerships have been established and/or strengthened with migrant and refugee services and communities.
- Capacity-building for women's health services and other organisations on designing and delivering culturally appropriate community-led primary prevention projects.
- Capacity-building for communities on understanding women's health and equality issues, and how to undertake effective primary prevention actions.
- Development of local, statewide and national evidence bases exploring the specific impacts of gender inequality issues for women from migrant and refugee backgrounds.
- Increasing health literacy and access to services for migrant and refugee women, and improving health outcomes through increased screening and vaccination uptake in hardest-to-reach communities.
- Increased financial literacy and capability for migrant and refugee women.
- Increasing social connectivity and physical and mental health.



Examples of actions

- Employing LGBTIQA+ identifying workers to support regional strategy work.
- Membership/participation in regional Rainbow Coalitions and Pride Initiatives.
- Internal diversity and inclusion working groups.
- Capacity-building for women's health services on implicit bias and inclusive practice.
- Formal partnerships with LGBTIQA+ organisations and communities to support design and delivery of regional strategies and to co-deliver projects, including flood recovery project, sexual and reproductive health equity project, community sports equity project and data collection for the Gippsland Rainbow Brick Road Project.
- Partnering with specialist organisations to deliver joint advocacy.
- Partnering with specialist organisations to expand the local, statewide and national evidence base and data sets.

Impacts

- Relationships and partnerships have been established and/or strengthened with LGBTIQA+ services and communities.
- Increased internal systems and practices to be safe, welcoming, inclusive workplaces.
- Capacity-building for women's health sector on designing and delivering safe and appropriate community-led LGBTIQA+ primary prevention projects.
- Capacity-building for LGBTIQA+ organisations on understanding women's health and equality issues, and how to undertake effective primary prevention actions.
- Increasing health literacy and access to services for LGBTIQA+ people.
- Improving health service provision for LGBTIQA+ people.
- Provision of professional development and creating employment pathways for LGBTIQA+ people.
- Embedding LGBTIQA+ voices and needs in project design and delivery, as well as regional strategy development and implementation.
- Building an inclusive local, statewide and national evidence base that highlights particular issues, service gaps and barriers for LGBTIQA+ people, as well as addressing knowledge gaps in LGBTIQA+ data due to current census data limitations.



PEOPLE WITH DISABILITIES

Examples of actions

- Employing women with disabilities to support regional strategy work and primary prevention activities.
- Empowerment and advocacy programs to centre women with disabilities in health promotion and primary prevention work, such as WDV's Experts by Experience group and Regional Hubs.
- Formal partnerships with disability services and with local communities to co-deliver projects, including preventative sexual and reproductive health information and COVID safety information for the deaf community, prevention of violence against women with disabilities projects such as WHE's Margins to Mainstream, and Women with Disabilities Victoria-Women's Health Services Capacity Building Project.
- Ongoing social support groups such as GenWest's Sunrise program.
- WDV-led statewide forum, resource development and capacity-building for women's health services to increase sector's capacity for disability-inclusive primary prevention.
- Membership of WDV's Disability and Violence Prevention Community of Practice and Program Advisory Group.
- Organisational capacity-building, including internal accessibility working groups and accessibility action plans.
- Partnering with specialist organisations to expand the local, statewide and national evidence base and data sets.
- Engaging WDV to deliver training and support organisational capacity-building to staff and to regional partnerships.

Impact

- Relationships and partnerships have been established and/or strengthened with disability services and communities.
- Increasing health literacy and access to services for people with disabilities.
- Increased social connection for people with disabilities.
- Increased internal systems and practices to be safe, accessible, inclusive workplaces.
- Capacity-building for women's health services on undertaking effective, inclusive, accessible health promotion action, including prevention of violence against women with disabilities work.
- Capacity-building for disability organisations on understanding women's health and equality issues, and how to undertake effective primary prevention actions.
- Development of local, statewide and national evidence bases exploring the specific impacts of gender inequality issues for women with disabilities.
- Embedding and centring the voices and needs of women with disabilities in project design and delivery.
- Provision of professional development and creating employment pathways for women with disabilities.



YOUNG PEOPLE

Examples of actions

- Formal partnerships with youth workers and services to co-deliver projects, including sexual and reproductive health education (healthy relationships, consent), sexual and reproductive health equity project, and active bystander project.
- Tailored co-designed training and resource development for young people on healthy relationships, consent, active bystander approaches, challenging the drivers of violence against women, and navigating gendered intersectional online harassment for young women and gender diverse people of colour.
- Professional development for staff.

Impacts

- Relationships and partnerships have been established and/or strengthened with youth workers and services.
- Capacity-building for women's health sector on undertaking effective health promotion work with young people.
- Capacity-building for young people, youth workers and services on understanding women's health and equality issues, and how to undertake effective primary prevention actions.
- Increasing health literacy and access to services for the young people.
- Building an inclusive evidence base that highlights particular issues, service gaps and barriers for young people.

OLDER PEOPLE

Examples of actions

- Formal partnerships with specialist services to co-deliver projects, including campaigns highlighting the drivers of violence against older people, tailored women's health online resources for older women, and primary prevention capacity-building for aged-care providers and the NDIS.

Impacts

- Relationships and partnerships have been established and/or strengthened with specialist services.
- Capacity-building for women's health sector on undertaking effective health promotion work with older people.
- Capacity-building for specialist services on understanding women's health and equality issues, and how to undertake effective primary prevention actions.
- Increasing community understanding of the drivers of violence against older people
- Increasing health literacy and access for older women.
- Building an inclusive evidence base that highlights particular issues, service gaps and barriers for older women.



Appendix Q: Most significant change stories – partners, stakeholders and communities

Question: In the last 12 months, in your opinion, what has been the most significant change for you and your organisation resulting from your engagement with [women's health service]?

Multicultural Centre for Women's Health

“The most significant change for my organisation, Cultural Perspectives, from our engagement with Multicultural Centre for Women's Health (MCWH) has been the opportunity to connect with new and emerging communities based in Victoria. MCWH have proven capacity in communicating and engaging with new and emerging cohorts – in particular, women, young mothers and younger audiences. This is enabled through a strong foundation of highly skilled and culturally aware health educators who are not only incredibly professional in the delivery of their engagements but also catered towards the cultural nuances of individuals attending. It is through the existing relations and networks held by MCWH that as a nationally operating communications, engagement and research agency, we have been able to successfully engage with cohorts who are often underrepresented and missed in engagement. So much is possible through the MCWH team – who are ever so supporting and determined to support their communities.”

– Engagement Lead, Cultural Perspective

“Since completing our training with MCWH, our program has increased its awareness of the broader contexts that shape migrant and refugee women's experiences of violence and we have worked to build meaningful relationships with such women who use our service. We have noted the importance of language when talking about intersectionality, culture and race and have edited any language in our program manual and various forms that only uses single categories to describe the complex issue of family violence. As a team, we have also engaged in a reflective practice session to discuss our own power relations and privileges and will do this on a regular basis.”

– Team Leader (Families@Home Program), Uniting (Epping)



“My team and I have been monitoring the progress of MCWH’s PACE participants since the training. There have been some great outcomes. ASRC PACE participants have recommended this Program for other ASRC women members and clients. My clients who participated in the 2022 PACE Leadership Program have gone from shy women with low self-esteem and without jobs to confident working women and entrepreneurs, and confident public speakers. I highly recommend MCWH’s PACE Leadership Training Program to women from culturally and linguistically diverse backgrounds as the program is tailored, appropriate and easy to understand by women from CALD background with minimum English and education.”

– **Women’s Empowerment Program Coordinator, Asylum Seeker Resource Centre**

“Collaborating with MCWH on a training series for bilingual health educators has been a valuable experience for True. It has provided an opportunity to raise awareness about the significance of sexual and reproductive health in multicultural communities to a national audience. Personally, I have expanded my knowledge through conversations and stories shared by bilingual educators, which strengthens my work with interpreters and clinicians to promote culturally responsive healthcare for migrant and refugee communities.”

– **Project Coordinator Culturally Responsive Health, True**

“Our partnership with MCWH over the last year and a half through the Health in my Language project, has been built on trust, reliability and knowledge. Through the high-quality training given and by demonstrating qualities such as leadership and reliability, MCWH has provided Red Cross SA with a qualified workforce of bilingual health educators. With South Australia Red Cross usually focusing on first aid and emergency response, our partnership with MCWH has opened new doors to the area of migrant and refugee women’s health and enabled us to provide communities with health education in their first language/s.”

– **Health in My Language Project Coordinator, Migration Support Programs, Red Cross SA**

“The WOMHEn Project (project/collaboration between WHSs and led by MCWH) has meant WHIN can engage with the large population of migrants and refugees in the north and regional areas. Employment opportunities were created to hire migrant and refugee staff through WOMHEn and, the project created the opportunity for their employment to be extended. WHIN never had ongoing positions for migrant and refugee staff before the WOMHEn project.”

– **Community Programs Coordinator, Women’s Health In the North**



“The contribution of the MCWH is significant on a number of levels from ability to engage with multicultural women not only in relation to workplace wellbeing but also more broadly, to designing and having programs and activities that are needs based, relevant and impactful. The most significant change for the projects I am a part of and have led from our engagement with MCWH comes in the form of designing health solutions and interventions that are culturally inclusive, addresses the values of the community and also able to explore possible impacts of mainstream health approaches to multicultural groups in Melbourne. This is significant because health interventions need to be relevant to their targeted communities. I look forward to continued positive engagements with MCWH.”

– Digital Access and Equity Program Co-lead, Melbourne Social Equity Institute and Professor (School of Computing and Information Systems) Associate Dean International (Faculty of Engineering and Information Technology), University of Melbourne

“Thank you to the MCWH team – we and our students are eternally grateful. This education not only impacts our current students, but also their family and friends. Below are some topics that have been specifically mentioned:

- Breaking down barriers: Very personal topics (breast care, domestic violence, etc.) were presented and discussed in a safe, professional, engaging manner by the MCWH program health educators. The participants were able to engage in a non-judgemental and familiar environment on topics that they may not have had due to language/culture/access to health professionals.
- Consent: Empowering the women to understand that consent (verbal, physical, emotional) is in their power – understanding and acknowledgement that irrelevant of age, gender, culture or language – consent is global!
- Understanding our bodies: Many of our students, due to lack of education and communication, have not had the opportunity to understand the ‘mechanics’ of their body. Heart, pancreas, uterus, bladder – not only are the (English) words unfamiliar, their functions are also unfamiliar. This education has been so vital to the students ‘taking charge’ of their health – including menopause, heart care/cholesterol/high blood pressure, diabetes/diet.”

– Business Manager, SEE Program, MAX Solutions



Women's Health Victoria

Eating Disorders Victoria (EDV) are a member of the Women's Mental Health Alliance (the Alliance), led by Women's Health Victoria (WHV). The CEO EDV has found Alliance meetings to be an important source of information on policy reform, programs and research relating to gender in mental health and credits the Alliance with making her advocacy work more informed. EDV has had significant engagement with the new statewide women's mental health service (SWMHS) because of the service's dedicated eating disorder beds; the CEO says the knowledge she has gained through the Alliance has provided her with an "extra lens" that she might not have considered when engaging with the SWMHS and helped her to consider the ethos behind other services. It has also nuanced her approach to gender-related issues in the mental health sector and helped her to be "far more considerate" of these issues in her advocacy work.

- CEO, Eating Disorders Victoria

Youth Affairs Council Victoria (YACVic) are a member of the Women's Mental Health Alliance (the Alliance), led by Women's Health Victoria (WHV). Given the breadth of issues YACVic needs to cover, their CEO has found the breadth of system knowledge and gendered lens on women's mental health that WHV brings through its work with the Alliance "very valuable" in informing her own organisation's work and approach to advocacy. She states that her engagement with the Alliance has "equipped" her to "better advocate using a gender lens". It has provided her with a deeper understanding of the issues young women face in the mental health system and how to approach and address these issues. As a result, she has been better able to "emphasise the gender lens" in her broader advocacy work. For example, when the Victorian Government established the Mental Health and Wellbeing Promotion Expert Advisory Group Committee for the statewide mental health and wellbeing plan, she advocated for WHV to be included to ensure that the unique needs of girls and women were addressed.

- CEO, Youth Affairs Council Victoria

The Director of the Centre for Excellence in Rural Sexual Health (CERSH) at the University of Melbourne chairs the Victorian Government's advisory group on Sexually Transmitted Infections, which provides advice to the Departmental Advisory Committee. She is a member of the Abortion and Contraception Working Group, convened by WHV, and worked with WHV to provide input on the Victorian sexual and reproductive health and viral hepatitis strategy 2022-2030. She views WHV as "critical allies" and "leaders in this part of the sector". WHV played a critical role in leading consultations on and input into the women's reproductive health plan, conducting a large sector consultation and providing feedback on the draft plan. She credits WHV's contribution with helping the Department of Health to develop the reproductive health plan content which feeds into the strategy, stating, "this was a massive piece of work that contributed to where the sector is moving".

- Director, Centre for Excellence in Rural Sexual Health



The Director of the Statewide Women’s Mental Health Service is a member of the Women’s Health Victoria (WHV)–led Women’s Mental Health Alliance (the Alliance). She said the publications and submissions produced by WHV and the Alliance on gender and mental health have assisted her in applying a gender lens to her work. These resources have led her to be more mindful of gendered factors in her clinical practice and helped her to identify gender-related issues. They have also impacted how she reflects on and addresses these issues: “I don’t think there is any other service that looks at things quite the same way”. She has subsequently used the knowledge she has acquired to “close the gaps” identified. For example, she has introduced more mandatory training courses for her unit relating to gender equity and preventing violence against women and refers other women’s mental health units to WHV resources when asked for help on gender-related issues.

– Director, Statewide Women’s Mental Health Service

GenWest

Action for Equity is a regional partnership and strategy led by GenWest that incorporates primary prevention initiatives that work to improve sexual and reproductive health outcomes for the community by redressing the social, cultural and economic drivers of sexual and reproductive health inequities. A strategic review and planning process led by WLK consultation is currently underway. Members have provided the following input:

“The partnership brings people together from organisations that wouldn’t necessarily come together for sexual and reproductive health promotion. It’s a platform for gathering information and connecting that to a bigger picture of the determinants, and from there creating shared pieces that people can see themselves in and benefit and learn from.

“The partnership is about sitting in a space with others who are trying to make a good impact. It’s about relationships, collaboration and co-investment in something shared in the context of the broader picture. At various points in time, this might not fit exactly with our own pieces of work as an individual partner organisation, but we’re still happy to play with Action for Equity partners on this.”

– Members, The Action for Equity Partnership and Strategy



“GenWest brings a clear strategic focus to leading partnership work that has catalysed significant change in the context and regional partnerships that Brimbank City Council are part of – Action for Equity (sexual and reproductive health) and Preventing Violence Together (prevention of violence against women). Both set out a framework and evidence base for collective action. While the prevention of violence against women field has significant investment and frameworks to support shared understanding and action at state and federal levels, the Action for Equity partnership and strategy is our key resource in sexual and reproductive health. Before I came to this role, I hadn’t worked in SRH – Action for Equity was critical in giving a clear, strategic framework and platform for shared understanding and collective action on, shaping our work in Brimbank.

“During the development of Municipal Public Health plans, GenWest undertook collective advocacy with local government areas. Brimbank prioritised sexual and reproductive health in their Municipal Public Health plan. GenWest’s leadership and the solid theoretical framework, clear strategic focus and action-oriented approach that the Action for Equity strategy provided significantly impacted this outcome. Supported by the Action for Equity partnership and GenWest, in November 2022 Brimbank and Maribyrnong Youth Services responded to emerging, significant identified needs of young people and parents to deliver a workshop on sexuality education for more than 60 parents and carers on human sexuality, respectful relationships and consent.

“The session opened my eyes to the importance of parents talking to our children about consent and sexual health. It is better coming from us than the internet.”

– **Health and Wellbeing Policy Officer, Community Strengthening and Social Planning, Brimbank City Council**

“Maribyrnong City Council and GenWest have partnered together in many ways over at least the past 20 years. It’s a reciprocal relationship. I value the feminist perspective that GenWest brings and their expertise in working in feminist ways. The Human Relations program at Western English Language School (‘WELS’) is something we have partnered together on for 20 years (and counting!). The Action for Equity work provides a platform for bigger decisions and collaborative work across the region. GenWest bring people together to do impactful work – from submissions to government inquiries, to join education work in local schools, to capacity-building work in our workplaces. The structure and documentation that GenWest bring to the work sets a standard of how this sort of work needs to be done, and means that it has a life and impact beyond individual staff members. It’s so important that councils want to do gender equity and sexual and reproductive health work. But they need to respect that there are different organisations that have a specialist role. GenWest helps inform and shape our work to be more nuanced in terms of gender equity. At the same time, we bring expertise to the work that they don’t have, like the ability to engage with young men. And so our work is reciprocal and informed by each other. It’s collaborative.”

– **Wellbeing and Equity Stream Leader, Maribyrnong City Council**



“Cohealth values GenWest as the leading practitioner in Family Violence and Gender Equity in our region. Cohealth has worked quite closely with GenWest, and individually, I have experienced significant impacts and changes in my work due to the partnership we have. I have been partnering with GenWest for the Action for Equity work, and the North West FARREP Governance work. The Action for Equity partnership enables me to expand health promotion activities education and information on Sexual and Reproductive Health to our community. The community is very diverse, with different health issues, chronic illnesses, and susceptibility to vulnerability and trauma. This enables our community to have a pathway to lead safe and healthy lives. The understanding and active advocacy for gender justice, social equity, and change spreads to our community advisor members who recommended Board of Directors continue to strengthen partnerships with GenWest to advocate for these issues.

“I have increased focus on primary prevention as the root causes of inequities to achieve optimal Sexual and Reproductive Health for the community and to be absolutely committed to fairness and opportunity for optimal health. Partners on Action for Equity have proved to be very collaborative and supportive in my work. We have a focus on co-investment and co-design and work together as collaborative players like connecting the Health and Wellbeing Team at Brimbank Council with cohealth’s new Mental Health and Wellbeing Hub, and connecting with partner agencies and the local community. We improve our partnering work with other organisations to advocate for equal rights, intersectionality, and prevention of family violence. The work of our FARREP team is strongly connected with GenWest work, sharing education to health professionals on the impacts of Female Genital Cutting, and improving understanding, and access to sexual and reproductive health services in the community. GenWest strategic planning process is building an impressive impact on Cohealth work to improve Sexual and Reproductive Health for the community that covers social, psychological and mental health comprehensively, and it’s building our capacity for our staff and workers are also fundamental to creating impact and change.”

– **Manager Community Programs, Cohealth**

“Liverwell is an Action for Equity partner, and being a partner has helped us to gain valuable connections and insights into the priority populations we seek to serve through awareness raising of viral hepatitis, especially in the inner west of Melbourne. It’s also meant we can ensure our activities align with other agencies. Being in the partnership has enabled LiverWELL to undertake direct consumer engagement in the redevelopment of our youth viral hepatitis program content for 2022–2023 among the populations we want to ensure a high impact. It’s also provided an excellent foundation for future collaborations and partnerships in support of multicultural and bicultural workforce development and provides unique communication channels to target harder-to-reach populations.”

– **Senior Manager, Health Services, LiverWELL**



“I have only been involved in the Action for Equity partnership for a short time. One of the benefits for me was to become aware of other services in the area and to also have a clearer understanding of the role of GenWest. It also assisted in informing the direction of providing services for diverse groups and this was a particular focus of staff from our community strengthening team who attended the meetings prior to myself. This resulted in IPC providing training to all staff about gender diversity. It has also provided a great opportunity for education and increasing knowledge about other services and sexual and reproductive health. Hearing about the innovative work that other agencies are doing was also motivating and has helped inform the direction of some of our work and identifying some of the gaps which need to be addressed.”

– **Nurse, IPC Health**

“CEH works in partnership with GenWest at two key levels – the Action for Equity partnership and the Human Relations Program at Western English Language School. The whole thing is about working in partnership together to form and reach strategic outcomes, to know what others are doing and work in complementary ways in the same direction and to advocate and to do effective work to redress determinants of sexual and reproductive health. I’ve been in this role for six years and it’s been fantastic to see how the team comes back from work at WELS, learning together and developing each other’s capacity to work more effectively with refugee young people in sexual and reproductive health.”

– **Health and Support Services Coordinator, Centre for Culture, Ethnicity and Health**



Gippsland Women's Health

“Bass Coast Council has worked closely with Gippsland Women's Health for many years but more closely in the last 12 months in delivering training to build capacity in tackling family violence as a workplace issue. As a result, we have seen a significant increase in our ability to take direct action in addressing family violence both in the workplace and in our community. This can be attributed to the safety that GWH provides through subject matter expertise, ongoing training development and delivery, support in policy writing, continual sharing of knowledge, tools and efforts in improving workplace culture.

We continue to mature in our approach to family violence and recently identified the need to improve our knowledge and communication of sexual harassment. GWH listened to the specific needs of our workforce and adapted our training accordingly, using evidence-based, best practice content, which is now integrated in our organisational processes. GWH is one of the first place we go to seek expert advice and sound, sustainable solutions in our efforts to prevent family violence and women's health issues affecting our staff and communities. The collaborative, collegiate approach taken by GWH gives us the best chance of success in building our capacity and confidence in preventing family violence in our workplace and community.”

– Free From Violence Project Officer, Bass Coast Council

“The Gippsland Region Public Health Unit (GRPHU) works with Gippsland Women's Health (GWH) as a key partner and collaborator to promote shared priorities and aligned programs that are:

- custom-tailored to fit the local environments and community needs
- foster community ownership
- yield sustainable outcomes
- support a prevention approach for sexual and reproductive health and gender equity in Gippsland.

Through existing governance structures, as well as specific project advisory groups and established relationships, the GRPHU values the work undertaken with GWH and look forward to a continued working relationship for improved health outcomes in Gippsland

– Operations Director, Gippsland Region Public Health Unit



Women's Health East

“I completed my student placement with Women's Health East in 2022 as part of my university degree of a bachelor of Applied Public Health and a bachelor of Global Studies. During my placement, I was supervised by the sexual and reproductive health (SRH) team. My main focus throughout my placement was assisting in the planning of a SRH health promotion programs and events. I also joined in on internal and external meetings. I came back this year to volunteer at these two SRH events and assisted in the running of the day. Through WHE, I was definitely able to network with other professionals in the health promotion field, I gained a greater understanding of the field and how it works. The gendered elements of SRH and health in general was only briefly covered at university, so my time at WHE did make me more educated in that sense. One key skill in health promotion that I was lacking somewhat was being competent in the planning process, programs logic models and evaluation models for health promotion programs. I was definitely able to master this skill with the real-life example of planning the SRH programs and events. Through my involvement in WHE, I was exposed to very important health promotion work, and being able to see a real-life example of the ideals of health promotion work that we would cover at university. Which not only meant that I was having a great placement experience, but also exemplifies the importance of the work that WHE does. I have also received a lot of guidance from one of my supervisors in the process of applying for jobs in the health promotion field. Ultimately, through my involvement in WHE, I have become more knowledgeable and experienced in health promotion work and the field in general, and I feel much more prepared to enter the field than I would have with just my university degree alone.”

– Health Promotion Student Placement, Women's Health East



“At the end of 2022, I was very passionate to talk about pregnancy options with Hakha Chin speaking women because talking about sexual and reproductive health-related topics is not discussed. At first, I was very nervous to talk about the specific topics due to religious concerns and culture awareness. I have been thinking for a month and got support from other Women’s Health East teams to support contents and evaluation surveys. Women trusted me in my community as I always keep information confidential and help them with individual or group needs as much as I can. We advertised the pregnancy option and contraception education flyer via existing Facebook groups. Most women got excited.

“Seven participants turned up and we discussed their religious, cultural and individual beliefs. At the end, we had a great discussion. They were amazed that abortion is legal in Victoria. There was a range of views expressed. Some women commented that ‘abortion is a sin, why would people do that’. One participant also commented that ‘using contraception is a prevention and therefore I will teach my three girls to use contraception if they are in any sort of relationship’. Another participant said that ‘before people [did not] know abortion was legal in Victoria’. One participant commented that ‘people still do it based on their own choice and reasons, they fled to other countries and did it, therefore I am glad that its legal for the safety of women’s health’.

“I asked my participants ‘What has been the most significant change for them resulting from their engagement with WHE and attending the sessions?’ They said ‘we increased our knowledge in many ways, especially sexually and reproductive health’ because I run several topics on sexual and reproductive health, mental health, gender equalities and prevention violence against women. They also comment that they had never had in-language information for Hakha Chin speaking women and thanked Women’s Health East. They want to keep having regular health education sessions as long as it’s free.”

– **Chin community members, health literacy workshops, Women’s Health East**

“Migrant Information Centre conducted a series of Mental Health workshops with the collaboration of WHE. The program has received very positive feedback from the participants. The outcome showed that the overall mental wellbeing of the participants improved a lot after the program. Migrant Information Centre was happy to collaborate with WHE to bring different resources and expertise together to serve the community. It indicated that joint effort could create a more significant impact on the participants.”

– **Settlement Worker, Migrant Information Centre Eastern**



“Engagement with Women’s Health East in the space of sexual and reproductive health has allowed a collaborative effort in cross sectorial work. Specific efforts to enhance the health sectors’ knowledge on the needs of students in schools, current initiatives targeting these needs and potential for improved partnerships has been a focus. Equally, working alongside Women’s Health East to improve targeted professional learning, specialised support for leaders in schools and the roll out of the whole school approach to respectful relationships has improved skills, knowledge and delivery. Without which, our goal of improved health and academic outcomes could not be as holistic.”

– Respectful Relationships Lead, Health, Wellbeing and Specialist Services Branch, Department of Education

“WHE leads Together for Equality and Respect, which is the eastern regional partnership to prevent violence against women. Over the past year, WHE has led our Executive Governance Group to rearrange our governance structure, led a new regional action plan and supported CEOs to develop an advocacy position paper to start a dialogue with government decision-makers to promote the central role of regional primary prevention infrastructures in creating communities free from violence. WHE plays an integral role, providing expertise to organisations across the Eastern Region to ensure this work is inclusive, collaborative and continues to be at the centre of conversation.”

– Manager Community Wellbeing, Yarra Ranges Council

“The North Eastern Public Health Unit (NEPHU) has gained increased visibility and understanding of work being undertaken in eastern metropolitan Melbourne by WHE and their partners to improve health and wellbeing outcomes for women. The interface with Women’s Health East across a variety of networks has enhanced opportunity for alignment, collaboration and shared strategic planning enabling mutually reinforcing non-duplicative use of resources and efforts. NEPHU has valued the opportunity to embed Women’s Health East subject matter expertise in advancing gender equity; preventing violence against women; and improving sexual and reproductive health, into development of the North Eastern Public Health Unit Population Health Catchment Plan, subsequent initiatives and associated governance structures.”

– Operations Director, North Eastern Public Health Unit



“The most significant change seen in the Office for Women in Sport (OWSR) since working with Women’s Health East is the increased level of understanding on gender impact assessments and how, as a defined entity, we ensure our programs and services are benefitting women and girls in all corners of the sector. We (OWSR) were already recognised for our work in the gender equality sector, and following training with Women’s Health East, we were able to formally apply a gender lens to our work, identify gaps, and propose practical solutions. This also meant being proactive in viewing our work with an intersectional lens, rather than being an afterthought. Additionally, by partnering with Women’s Health East, OWSR was also able to create opportunities for stakeholder groups to enhance their knowledge and understanding of the gender impact assessment process, passing the benefits on to their communities.”

– **Policy Manager, Office for Women in Sport and Recreation**

“In the past 12 months we have collaborated with Women’s Health East in running the Moon Cake festival and the Lift program. These two programs have enabled Trentwood Community House to actively engage our local Chinese community with specific courses. As a direct result of the programs, Trentwood has commenced a new English/Mandarin speaking class and added an extra Chinese Dancing class. The positive outcomes have been an increase in participation by the over-50 Chinese women age group coming to the centre and participating in social events, reducing their isolation and improving mental health outcomes. This would not have occurred without the valuable collaboration and support received from Women’s Health East.”

– **Community Engagement Coordinator, Trentwood Community House**

“Access Health and Community (AccessHC) successfully applied for a Women’s Health East Margins to the Mainstream (M2M) grant. We used these funds to consult with the M2M project experts to elevate the voices and lived experience of women with disabilities in mainstream work and strengthen the focus of our gender equity training to address ableism and sexism as key drivers of violence against women. The most significant change, as a result of this project, is the creation of a video featuring the M2M experts sharing valuable insight from their experiences and understanding of intersectionality and gender equity in the context of their lived experience of disability. This video will be incorporated into our mainstream gender equity training program provided to early childhood educators. Through the consultation process I strengthened my own understanding and capacity to recognise and address gender and ableist stereotypes and unconscious bias, but more importantly I learnt the value of committing sufficient time and resources to purposefully and meaningfully consult with any lived experience group.”

– **Team Leader Health Promotion – Access Health and Community**



Women's Health Grampians

“We have had feedback, post bystander training from staff, that they feel more informed about the risks in taking action without considering the consequences for those they are trying to defend/protect/support.”

– WHG CoRE Alliance member

“I would like to thank you for your support, guidance and facilitation of our recent gender equality consultations. You made this process so inclusive, informative and productive. Verbal feedback so far is that staff felt listened too and welcomed.”

– WHG local council CoRE Alliance member

“It's been an exciting piece of work to develop and after consulting with about five champions recently ... I'm sure this is only the beginning of some great work across the organisation.”

– WHG local council CoRE Alliance member

“The CoRE collaboration has helped us identify and work with other like organisations.”

– WHG CoRE Alliance member

“Thanks for all the wonderful work you do and support you give us to improve our organisations and make them more inclusive.”

– WHG CoRE Alliance member



Women's Health Goulburn North East

“Women's Health Goulburn North East have supported Mitchell Shire Council to develop innovative solutions to implementing Gender Impact Assessments to further our work in the gender equality space. This has included guidance and feedback to inform our Gender Impact Assessment App, a significant new platform that will support all staff to apply an intersectional gender lens across programs, policies and services that impact our communities.”

– **Team Leader Community Development, Mitchell Shire Council**

“I think a deeper understanding of gender equity and how it applies to our projects, services and works across the business, as well as a better idea of how to embed that knowledge through the organisation.”

– **Community Services Manager, Wangaratta Council**

“WHGNE plays a significant role in working toward health equity for women in our PHU catchment, leading the way to support and building capacity of organisations to understand and prioritise gender equity in their work. Through WHGNE's variety of system level projects/initiatives they successfully fill a gap in women's health that very few organisations have the expertise, or resources to do on their own. As a PHU our participation in the Gender Equity Community of Practice, partnership in Lower Hume 16 days of activism against gender-based violence collaboration, reMADE conversation series and Gender Equity capacity-building project (to name a few) have been an invaluable contribution to our own individual and organisational outcomes. Personally, their caring, inclusive and innovative approach and work continually challenges and expands my thinking and actions, and I believe this is imperative for sustained and transformational change in equity for women.”

– **Manager Planning and Prevention, Goulburn Valley Public Health Unit**



“Working with WHGNE over the last 12 months has been an absolute pleasure and joy and has had a significant impact on our work at Australia reMADE for a number of key reasons. Collaboration has strengthened our ideas and helped us to test them in the real world and to have a positive impact. We are an organisation with a focus on big picture thinking developed out of in-place conversations. “WHGNE have participated in these conversations and the perspectives of staff and networks have fundamentally altered, and strengthened, the way we understand issues as intersectional and place-based. We’re able to take WHGNE insights and weave them through our work ensuring that our work is useful and relevant to organisations on the ground.

“The Care and Disaster partnership between Australian reMADE and WHGNE has had a significant impact. Thanks to WHGNE support we have the capacity to take our high-level frameworks and explore how they apply directly to policy and place. The importance of our ability to link theory and practice cannot be understated and to do this with an organisation such as WHGNE who are across both means the chances of our work having an impact are high.

“Visible public support from WHGNE has helped us build networks and funding possibilities. Australia reMADE is a small team and so the opportunity to engage with WHGNE as colleagues and allies with a shared agenda is empowering at an organisational and personal level. What a joy it is to work with people and an organisation who see abundance rather than scarcity and who actively work to lift each other up. The culture WHGNE creates amongst those they work with is absolutely brilliant and is an extraordinary model for what it means to live in a society that prioritises health, care and community. Basically, WHGNE has helped us to do our work through material support and opportunities and the intangible but essential infrastructure of being a damn good cheer squad.”

– Co-director, Australia reMADE

“The most significant change that GOTAFE has seen from engaging with WHGNE is better project scoping. For example, the team at WHGNE have invested a lot of time to meet with and provide feedback on GOTAFE’s Women in Trades grant application to consider best practice and work already completed in other regions (e.g. Women’s Health Grampians). They have also connected us with relevant stakeholders, including the GMLLEN who have similar aims. This partnership will continue to see significant impact on this project, with WHGNE expressing an interest to be a part of the industry engagement/cultural change component.”

– Coordinator, Diversity and Inclusion, GOTAFE



Women's Health In the North

“WHIN has been working with Merri-bek Council across a number of projects towards the prevention of gender-based violence, since the commencement of the Building a Respectful Community more than 10 years ago. In this last year this has included working together on Courageous Conversations, a community-led project working towards men taking more responsibility for their own actions and holding other men to account.

“The most significant change in this project having had the involvement of WHIN has been their openness to work with leaders in the community to progress/explore their ideas and bring an evidence-based women's perspective to the project design and implementation. WHIN has approached this work with an openness to the perspective of the community, their support has enhanced the project design with their ideas and experience. This has included ensuring that equality, fairness and deliberately addressing patriarchal hegemony are central to the conversation. WHIN has been prepared to unpick difficult issues for men as part of the planning and community conversations. Having WHIN there kept the group on track and made sure that women's perspectives were represented and that we stayed true to our goal. This brought a crucial aspect to the partnership that hadn't previously been explored. WHIN's involvement has extended the group, adding extra layers of value to the work as we all grapple with the thorny problem of men taking more responsibility for their actions and holding other men accountable.”

– **Councillor, Merri-bek Council**

“Since North Eastern Public Health Unit's (NEPHU) remit expanded beyond COVID-19 on 1 July 2022 to include other communicable diseases, and health promotion, prevention and early intervention activity, a collaborative, multi-phase catchment planning process was undertaken across the catchment to determine NEPHU's areas of focus for the Population Health Catchment Plan 2023–2025. Women's Health In the North was one of the key organisations that participated in this strategic planning process, making a valuable contribution to the depth of information captured in determining the two priority areas for collective action (healthy eating and sexual and reproductive health). This has been a significant and positive outcome in our planning process and enabled us to better understand WHIN's strategy and work in context of the sector to avoid duplication. There are a range of existing sexual and reproductive health prevention initiatives and future opportunities in our SRH Action Plan that reflect our intent to maximise collaboration and demonstrate the breadth of work undertaken by organisations, such as WHIN. WHIN played an instrumental role via their Letter of Support for NEPHU's funding submission to secure Department of Health funding for a Sexual, Reproductive Health and Viral Hepatitis Project.

“The most significant changes include:

1. The establishment and strengthening of a working relationship with WHIN.
2. Participation in shared strategic planning processes.
3. Alignment of future strategic direction, coordination and collaboration.”

– **Public Health Integrated Planning and Programs Branch, North Eastern Public Health Unit**



“WHIN has contributed to significant change at DPV Health on three levels: organisational change, HP Team development and Professional Development/Capacity-building.

“MSC Organisation: The contribution WHIN to the development of the DPV Health Gender Equity Action Plan. WHIN contributed to planning and facilitation of Workplace Equality and Respect (WER) self-assessment process and undertook an independent analysis of the results from this workshop. This work was used to inform the development of a gender equality action plan 2022–2026, endorsed by DPV health Board. As a result, DPV Health now has a four-year commitment to gender equality, which is in line with WER standards and a leadership structure to support the implementation of the actions identified. As result of involvement from across the organisation in the process there is now much greater understanding of the gender equality and PVAW, across senior leadership and Board, including how it applies to all aspects of our work.

“MSC HP Team: The ongoing involvement of DPV Health largely through the HP Team in the regional prevention of gender-based violence strategy Building a Respectful Community facilitates shared work, enables connection with other prevention workers across the region. Key elements of this are the BRC website, regular email updates, newsletters, and the regional strategy. The BRC Partnership also enables DPV to showcase their work and learn from others and gives guidance and support to the development of the DPV HP plan.

“MSC Professional Development. The Masculinities community of practice, which is co-facilitated by WHIN and Whittlesea Council, has been invaluable in supporting practitioners develop their skills in the area of prevention of gender-based violence work.”

– **Prevention of Violence Against Women Coordinator, DPV Health**

“Working with WHIN this year has brought a few key benefits, including:

- frontline staff feeling more confident to deliver gender-based violence and gender equity education
- settings that we partner with have the opportunity to hear directly from their local women’s health organisation, and initiate those connections and relationships across sectors
- with recent changes to Community Health – Health Promotion funding and program guidelines, many organisations have had to reduce resourcing towards violence prevention and now have less capacity within their teams to allocate this work. This inevitable increases the need for support from women’s health services at a local level.”

– **Manager Community Wellbeing, Merri Health**



Women's Health in the South East

“Having a gender equity expert to tap into whenever needed is refreshing. Like a conscience: ‘What would Kit, Zoe, Laura, Dani say?’ [WHISE staff]. Having the confidence that if it’s questionable, it’s always good to check in. Mentoring, involvement in partnerships, regional projects, action agendas. Commitment to feminist approach. Resource sharing, influence and support.”

– **Cardinia Shire Council**

“Being able to have informal conversations with WHISE. Bringing together other organisations to hear what they are doing. Knowing that WHISE is a good resource to go to.”

– **Star Health (Better Health Network)**

“WHISE provides health information in a safe way for community, that highlights the importance of safety for the community that also discusses important public health messages. Even though WHISE is a feminist organisation, it still includes men. Conversations with WHISE helps employees to start thinking about gender equity in other projects. It’s a flow-on effect. WHISE feels very approachable, new staff members being included and reaching out. They feel very supported and appreciate that emails are always responded to quickly. Indirect relationship is always present. WHISE keeps gender equity on the agenda for Enliven.”

– **Enliven**

“Invaluable working with WHISE. Really important for PBR and what we do. Kept me sane through the GEAP – I was given the role of subject matter expertise when I wasn’t. WHISE has grown the knowledge and has helped change our culture.”

– **Puffing Billy**



“In terms of involvement through health and wellbeing plan, WHISE has been a part of our work for eight years or more. WHISE has always been able to bring a voice to the table to represent the value of gender equity and apply the lens to conversations around health and wellbeing. Previously around reference group meetings but more about reviewing draft documents and shaping priorities. Value add has always been in the willingness of WHISE to engage and tease out the ideas – and its non-committal in that its focused on our journey and what we need. WHISE has not pushed an agenda. To have the opportunities to come together and talk about the ideas and collaborative opportunities. Finding where best practice is – the experience with other council’s is also valuable. Willingness to talk and work together. Increased capacity – FCC can’t roll out training or do the work without WHISE. A skill set is available to deliver on it and to bring WHISE in to do the work. And the conversation around the needs have been super flexible – adaptable to make sure that the content is what we need. Not just the expertise but the learning styles of humans. E.g., L2P lot of discussion on the outcomes and how to achieve that. Also, they are super flexible and response. Working relationship – more than transactional as a partnership.”

– **Frankston City Council**

“Knowing that WHISE is local in the area and provides evidence-based information was the main value over the last 12 months. Knowing there is support in our catchment – we know that the resource [WHISE] is available even if we haven’t necessarily engaged in that support, when the time comes it’s nice to know.”

– **Central Bayside Community Health Services**

“I think it’s been role specific – the knowledge-building and skill-building of Good Health Down South and the Menopause Working Group, as well as the Values-Based Messaging workshops. They enhance my role, which supports me to deliver things internally or with the community. 16 Days of Activism activities, suggestions, etc. all lead to a stronger delivery to the rest of the organisation and to the public.”

– **Kingston City Council**

“Having that independent expertise to provide that advice or input into some of our work – particularly because sometimes the internal dynamics can be challenging/power struggles. It is useful to have an external expert organisation providing the evidence-based advice. For my role, it’s nice to check in, ‘am I heading down the right path, is this the right advice?’ It’s nice to test my thinking and get extra thoughts or ideas for the advice I would give. Support for me as gender equality advisor in my organisation.”

– **City of Port Phillip**



“WHISE has provided invaluable input to the change that we’ve made in the gender equity space at Bayside through expert guidance and resources and facilitation skills. Through networking and collaborating and listening and us learning from, not just other councils, but regional partners or organisations who operate in a different way, so they provide a different lens that we don’t think about. I think, too, that you come from a genuine place of objective influence. It’s not because you’re a community member and you want something; it’s a genuine place of influencing everyone no matter who they or where they are. From an advocacy point of view, WHISE allows different organisations to come together and councils. That’s something that we could take up as an opportunity to maybe advocate to other levels of government around supports that we need and challenges that we’re facing and the need for this work to carry on. WHISE is so generous and purpose driven. You always want to try to offer as much as you can in a way that is possible for council. So, whether that’s doing something for free or those sorts of things. It’s clear that you’re very committed to what you do.”

– Bayside City Council

Women’s Health Loddon Mallee

“It is with honour that we have begun our journey with WHLM since 2022. Together we are striving to facilitate better access to services and individual participation in access to health information. With the intention of reducing barriers for Deaf, Hard of Hearing, Deaf Blind and CODA community members accessing support and information, creating awareness across the Loddon Mallee and Regional Victorian communities.

“Successfully, our work together includes developing and delivering strategies to ensure organisational capacity such as: developing and providing access to health resources in Auslan to help create a culturally safe environment for Deaf and Hard of Hearing community members. Your organisation is continuing to pioneer breaking barriers, showcasing other health organisations on how to be accessible and inclusive. This partnership is the greatest achievement for Deaf Hub Bendigo because WHLM has been the first organisation to collectively deliver accessible online, educational videos in Auslan and with Captioning. This is ground-breaking for our community as we proudly submitted a recommendation to the Disability Royal Commission, of a simple solution to ensure equitable access to health information for Deaf and Hard of Hearing community members who are Auslan Users. I look forward to continuing our journey.”

– CEO, Deaf Hub Bendigo



“The benefits of being part of the CARE partnership:

- connected us with other organisations doing similar work, across the region but also in our own community
- when the *Gender Equality Act* was introduced, it was completely new work for us so these CoPs came at a really useful time.

“We’ve utilised the expertise within the partnership. Expertise is scarce in this field so it’s reassuring to know we can rely on experts within our own region, at WHLM and that their work is evidence-based so we can be confident about engaging them. We also contact them (WHLM) for ad hoc advice and guidance on all sorts of things. We’ve engaged with WHLM through the Partnership to deliver training to Council staff and community-wide through GEAS. We’ve utilised all of the foundational training courses offered through the CARE Partnership. I’d like to see everyone in our community do at least those top two if not three training courses.”

– **Project Officer, Mildura Rural City Council**

“Joint multicultural women’s dance project with LCMS: Enabling women to get together and experiencing activities and opportunities that they otherwise wouldn’t have had the chance if it wasn’t for the program partnerships that were created (with WHLM). Mums, as women with modest and conservative cultures, would not have had the chance to step into activities where they didn’t feel safe. I believe that the program has provided the safety and opportunities. The provision of a space where they could reflect on their wellbeing and self-care because family, kids and work most of the time come first for women.”

– **Community Development Officer, Loddon Campaspe Multicultural Services**

“In the spirit of collaboration, BreastScreen Victoria Bendigo and Women’s Health Loddon Mallee work together to help reach and support diverse communities who may be less likely to undertake health screening. We share an understanding of the importance of education and improving access to culturally safe and inclusive services. We recognise that particularly in rural and regional areas, collaboration between our compatible agencies has enabled a collective impact, improving health outcomes of our most vulnerable communities.”

– **BreastScreen Victoria Bendigo**

“Women’s Health Loddon Mallee have been key partners in the development of the local sexual wellness action plans providing valuable information and insights into women’s health issues. The wealth of knowledge and expertise the team provide enhances the understanding of specific women’s health concerns, best practices and approaches to address them effectively.”

– **Senior Health Promotion Manager & Sexual Health and Wellbeing Project Officer, Centre for Excellence in Rural Sexual Health**



Women's Health and Wellbeing Barwon South West

“In the beginning, I was unsure, not confident and didn't fully understand. In the middle, I developed a voice to express my understandings, hesitations and fears. In the end, I feel like I am empowered to enable change in the sports settings.”

– CEO, South West Sport (Respect 2040 partner)

“This group is so valuable, you can bring key players together and get local representation. This has been an efficient way to find out who they are and what services they offer. Looking at what the service delivery gaps are that reflect the need in the area and doing advocacy from a local perspective. You've been doing this for a while, and you'll make this new Public Health Unit (PHU) role so much easier as you've done the groundwork and they will have the accountability.”

– Sexual and Reproductive Health Reference Group Members

“The change is extraordinary given we have taken a one-day, superficial program, and developed a comprehensive program and curriculum that is practice-based evidence and evidence-based in nature, and aligned it with the *Gender Equality Act*, as we move toward applying the work of the Act to education-based workplaces. Respect Effect has been successfully delivered to three large secondary schools in 2022, including approximately 400 students and 30 staff. We have navigated each aspect of this program as a collaborative partnership which enabled the program to be aspirational and push the boundaries of what was possible.”

– Respect Effect Lead Partner

“We've done some training [that] was complex, and I think we heard on the grapevine about some of the work that you've done, and that's why we had engaged you. Because we wanted to take the complexity out of it. So, the change for us was that you actually did that, you worked with us in terms of our business requirements and delivered that in the most user-friendly way. To actually do a hands-on case study where we've got an outcome at the end as having completed a real-life Gender Impact Assessment (GIA). I could see through the training, it's almost like we could see the penny drop for people that doing a GIA does actually add value, and it wasn't a box ticking exercise that we were required to do. We're actually thinking differently, and we do get value out of it. As I said, there's no end at the moment because we're still on that journey. But I think from what we've seen so far, I'm actually really positive that the change will continue.”

– Manager People and Culture, Defined Entity



“There was the forum last year, Putting Evidence into Action. I found that that was a really great day, all of the speakers and the breakout sessions for that were really beneficial. And it was at that forum that I actually linked in with Baby Makes 3. Before I went to that forum, we were looking at how we were going to implement Gender Impact Assessments at Barwon Health and how we could tackle that in a manageable way. I didn’t actually know at that point that Barwon Health was already working with Baby Makes 3. We decided that maternity services would be our first Gender Impact Assessment, because they’re essentially already doing one by engaging with Baby Makes 3. Then we had a meeting with Rachel from Baby Makes 3 to understand what they do, and they provided us all their resources and talked us through their evidence base and how they come up with this model of best practice.

So, I think the outcome of that was that we identified a GIA and that it meant that Baby Makes 3 could potentially have an easier link or another link into Barwon Health and that we could then support maternity services from an internal perspective and improve quality in their service.”

– Gender Equality Officer, Respect 2040 and Gender Equality Act Partner



Appendix R: How the women's health sector utilised the funding uplift

Multicultural Centre for Women's Health

How funding was used

Total additional FTE 6.68:

- employed two coordinators for WOMHEN project, one evaluation coordinator and four training staff.

Systems, resourcing and activities:

- building internal systems (including human resources).
- increasing capacity of multilingual resources portal to respond to demand for in-language resources.
- extension of successful projects such as WOMHEN 3.

What this enabled

Allowed MCWH to continue to meet increasing demand for services through:

- extension of successful WOMHEN 3 project, with MCWH providing coordination, training and capacity-building for the other women's health services.

- increased capacity to provide expertise and advice, including writing more submissions and extending advisory role on committees and regional services
- increased capacity to undertake impact evaluation.
- increased staff security and reduced turnover as able to offer more secure or extended roles.
- reduced burnout for managers who can focus on supporting staff and strategic work, rather than constantly having to recruit and induct new staff.

Women with Disabilities Victoria

How funding was used

Total additional FTE 0.8:

- employed 1x Women's Health Project Officer in May 2023

Systems, resourcing and activities:

- professional development for staff.
- resource development and scoping for further opportunities to build capacity in project evaluation and design with women's health service partners.



What this enabled

- increase staff security and retention, and reinforcing of inclusive workplace culture.
- increased capacity, including capacity to scope and prepare for future work on priority areas.

Women's Health Victoria

How funding was used

Total additional FTE 5.2:

- employed four additional fixed-term staff to lead and support policy, health promotion, evaluation, training, and communications activities; and extended contracts for two existing senior positions.

Systems, resourcing and activities:

- covered cost of obtaining sexual and reproductive health data (long acting reversible contraception (LARC) data and 5 years of medical termination of pregnancy (MTO) data).

What this enabled

Increased focus on **evaluation work**, including:

- coordinating sector feedback, piloting and finalisation of the Victorian Government's Women's Health Services Indicator Framework, the Data Specifications and Analysis Plan, and reporting template.
- contribution to the design and measurement of collective impact across the Victorian women's health services program (VWHP and WHSCBP funded elements).

Enhancing **women's health data and reporting** through expansion and increased strategic focus for the Victorian Women's Health Atlas:

- reporting of additional sexual and reproductive health data (MTO and LARC by supplier, prescriber and pharmacy location)
- development of a strategy for the Atlas for 2022-2024
- commissioning of an evaluation of the Atlas.

Advancing **women's health policy and advocacy** through:

- increased capacity to write and disseminate submissions, policy briefings and issues papers relating to gender equality, prevention of violence against women, mental health and sexual and reproductive health
- increased capacity of staff to undertake new projects and complete work within designated timeframes.

Enhanced **training and capacity-building** through:

- the design of two new online courses focusing on gender equality in advertising (content and workplaces), improving WHV's ability to build the capacity of a new industry
- increased capacity for scoping of new training topics, new capacity-building mechanisms and new workforce development opportunities.
- increased capacity for extensive client liaison, leading to new work with expanded reach and application
- increased capacity to support and contribute to the design and implementation of the statewide framework and architecture of the prevention workforce
- increased capacity to support the uptake of the accredited Course in Gender Equity 22521VIC and Pathway Courses by TAFEs and training



providers, including embedding units in pre-service courses and qualifications

- increased capacity to lead engagement and collaborate with key partners including the women's health services, Safe and Equal, and MAV.

Increased **communications and media engagement**:

- increased capacity for active public and media engagement on WHV's five priority areas
- oversight and management of phase 1 of WHV's new brand strategy
- provision of senior level advice to WHV program and service areas on marketing, communications and media engagement
- strategic coordination of marketing and communications, including:
 - the creation of new shared processes and templates for more effective and cohesive comms activity across the organisation (e.g., regular Comms planning meetings, Aligned Comms Plan + accompanying social media calendar)
 - the development and rollout of a new social media strategy
 - the establishment of a new quarterly digital report.

GenWest

How funding was used

Total additional FTE 5.8:

- Employed nine staff across health promotion team: Three Multicultural Health Educators, a Multicultural Health Education team leader, a Coordinator, a FARREP coordinator, a Senior Coordinator Impact Evaluation and Development, a Project Lead - Training & Capacity Building, and an Early Intervention Manager.

What this enabled

Increased **capacity to meet critical needs in communities** due to growth in team from 17 to 25 people (a 47% increase in capacity). This includes:

- a second Family and Reproductive Rights Education Program (FARREP) worker to work with young women
- a second sexual and reproductive health worker to respond to critical needs in education settings
 - employment of a specialist multicultural health education team to support the mental health and wellbeing needs of migrant and refugee women in Melbourne's west.
 - increased capacity to meet workforce training needs regarding gender inequity and family violence prevention.
 - increased monitoring and evaluation capacity.

Undertaking **new and expanded work** across all GenWest's priority areas due to increased staffing and resources.



Gippsland Women's Health

How funding was used

Total additional FTE 5.2:

- four new coordination roles: Regional Health Promotion Coordinator, Regional Capacity Building Coordinator, Gippsland Free from Violence Coordinator, and Evaluation and Outcomes Coordinator
- employed a regional trainer role and a community partnerships position
- extension of communications roles and additional FTE to existing health promotion role.

What this enabled

Increased capacity to implement effective, efficient health promotion activities across the region through:

- a strengthened and expanded workforce, allowing more effective action on existing focus areas while also identifying and addressing emerging issues, and expanding into more communities and locations ((including through place-based community consultations through a regional roadshow)
- investing in necessary systems and structures to streamline internal processes through dedicated lead roles with subject matter expertise, enhanced communication and improved overall project sustainability, allowing more time and resources to be allocated to core health promotion activities

- establishment of a dedicated capacity-building team and the embedding of evaluation and outcomes expertise within the new structure to ensure initiatives are evidence-based and outcomes-driven, and development of an internal impact and outcomes measurement system
- increased capacity for collaboration on joint initiatives to undertake effective sustainable health promotion strategies and provide strategic-level input and guidance to influence systems-level change, including:
 - the revitalisation and launch of the region's gender-based violence prevention and sexual and reproductive health partnerships, strategies and actions
 - partnerships such as a cervical screening project with Cancer Council; Gender Impact Assessment on the Latrobe Valley and Gippsland Transition Plan; and gender-based violence prevention partnerships with local government, education and coal industry.

Investing in the emerging and future gender equity workforce and leaders through increased capacity and resourcing to develop a strong, diverse workforce and future leaders. This investment not only promotes a commitment to women's health, but also ensures the sustainability and effectiveness of current and future efforts.



Women’s Health East

How funding was used

Total additional FTE 7.3:

- three new roles: Team Leader Community Engagement, Health Promotion Coordinator – Preventing Violence Against Women, Health Promotion Coordinator – Sexual and Reproductive Health
- continuation or expansion of existing fixed-term roles: four Bicultural Workers, a Communications and Marketing Coordinator, and a Health Promotion Coordinator – Preventing Violence Against Women.

What this enabled

Increased backbone coordination support to regional violence prevention and sexual and reproductive health partnerships, including increasing strategic focus and membership structure of Together for Equality Respect Partnership.

Increased effectiveness and reach of regional health promotion activities including:

- enhancing effectiveness of existing projects through enhanced data platforms for tracking prevention activities (Action Planning Platform)
- two new capacity-building activities (Practice Forums) and a new partnership initiative with Boorndawan Willam Aboriginal Healing Service to prevent violence against Aboriginal and Torres Strait Islander women
- increased uptake and reach of sexual and reproductive health capacity-building activities, including workshops and training on sexual and reproductive health as a public health issue and MTOP, and increased

sexual and reproductive health-related communications

- increased delivery of in-language community engagement activities and health education sessions to Chinese and Chin communities
- increased capacity to provide expertise and support to regional health planning, including the Inner East Health Promotion Collaboration and North East Public Health Unit
- increased delivery of gender equality workforce development and training, advisory services and other supports for Defined Entities.

Women’s Health Grampians

How funding was used

Total additional FTE 7.5:

- employment of new CoRE staff (CoRE Admin Support Officer; CoRE expansion role)
- extension of current CoRE regional consultant roles
- increased hours for existing staff (Marketing and Communications Officer)
- research & Evaluation role
- first Nations Health Promotion
- first Nations Strategic Advisor
- migrant and Refugee Health Promotion role
- women with Disabilities role
- sexual & Reproductive Health Storytelling role.

What this enabled

Through the new specialised CoRE Support Officer:

- **Improved data capturing and reporting** through implementation and management of a Zoho CRM to ensure clean data capture clean data, manage changes, track changes, and generate reports within the one system. It also



created better status of partner relationships and areas for improvement, and informs and generates the WHG newsletter

- enhanced efficiency and consistency of delivery of the training calendar through taking over pre-training logistics, freeing up trainers to focus on content and delivery
- improving training data collection processes through streamlining and coordinating survey dissemination and collection, and overseeing results generation for analysis, comparison and compilation for reports. This frees up other staff to focus on and expand other areas of work.

Increased **communications capacity and reach**, including:

- significant increase in social media views (for instance, IWD related comms for 2023 was 4,514 on Facebook, compared to 1,100 in 2022)
- increased open rates for WHG newsletters (up to 50% up from an average of 17–21%)
- diversification of Instagram content to focus on younger demographic (to meet the different demographic who use this compared to Facebook).

Increased attendance at events, including all 2023 IWD events reaching full capacity. This was due to increased marketing, targeted communications and identifying the desire to centre marginalised voices in IWD events.

Women's Health Goulburn North East

How funding was used

Total additional FTE 6.4:

- eight new fixed-term roles: Operations Manager, Evaluation Coordinator, Health Promotion graduate, Gender Equality Facilitator, Health Promotion worker and three Bilingual Health Educators.

Systems, resourcing and activities:

- staff capacity-building and professional development, including whole-of-organisation investment in 18-month Systems Thinking Learning series for all staff, and compassionate decision-making reflective practice workshop series (all staff and board)
- new Learning Management System for self-paced online training
- Australian Social Values Bank licence fee.
- engagement of external providers to support social media and communications and training.
- extension of multiple projects.

What this enabled

The **extension and expansion of multiple successful and best practice health promotion projects** that had reached the end of their previous funding sources, including:

- the WOMHEn project
- Gender Equality Act Peer Network in partnership with Gippsland Women's Health
- revised Storylines project and collection of quantitative data profile.



Increased **organisational capacity**, through freeing up the CEO, managers and coordinators to focus on strategic functions due to increased staffing to deliver project work.

Increased ability to undertake **stakeholder relationship-strengthening activities** due to increased staffing.

Improved **communications** through engagement of external provider to deliver technical support and data analysis on social media communications and impact.

Improved **training** through new LMS systems and ability to employ an Instructional Designer to develop modules in-house.

Enhanced **evaluation and reporting** through creation of new coordinator position; signing up to Australian Social Values Bank to better capture and communicate social impact; and piloting and embedding Indicator Framework.

Women's Health In the North

How funding was used

Total additional FTE 5.6:

- a Health Promotion Officer (sexual and reproductive health priority focus), a Health Promotion Officer (gender equality and preventing gender-based violence priority focus), Health Promotion Officers (migrant and refugee women community focus), management support and corporate services.

Systems, resourcing and activities:

- internal capacity-building through Health Promotion Short Course.

What this enabled

Investing in emerging intersectional gender equality workforce through running an internal Health Promotion Short Course to reorient the work of staff previously employed as Bilingual Health Educators through the WOMHEn project to health promotion officers, with a corresponding increase in award category.

Extension of work across all key priorities of gender equality, preventing gender-based violence, sexual and reproductive health and economic equality, and the expansion of work to promoting better mental health.

Establishing new partnerships and work with Thorne Harbour Health, Zoe Belle Gender Collective and Women with Disabilities Victoria.

Increased capacity to implement **organisational capacity-building**, including progressing of commitment to development of a Reconciliation Action Plan through finalisation and submission of a draft plan to Reconciliation Australia.

Women's Health in the South East

How funding was used

Total additional FTE 7.5:

- six new fixed-term staff: Community Engagement Team and Health Promotion Officers
- two staff members in permanent ongoing roles: Mental Health and Wellbeing Lead and part-time Governance and Compliance Officer
- three fixed-term contract staff: Communications and social media; Research and policy advocacy; ongoing prevention of violence against women/capacity-building.



Systems, resourcing and activities:

- purchasing new equipment, software and subscriptions.

What this enabled

Expanded and deepened engagement in **strategic areas** of gender equality and women’s health and wellbeing such as gender equality and skills and labour policy and practice, including:

- providing support for TAFE network to build capacity around gender equality
- providing support to Defined Entities in the health sector in the SE region to understand and implement the health services with gender equitable outcomes
- becoming involved in more strategic partnerships such as the Greater South East Melbourne (GSEM) network.

Enhancing opportunities for **lived experience** to inform WHISE work, including through:

- establishing the Industry and Lived Experience Committee, which centres lived experience of women’s health and wellbeing in WHISE’s governance structure
- scoping and advocating for the creation of a regional lived experience framework for the primary prevention of violence against women and family violence sector.

Investing in **innovative ways of working**, including purchasing video equipment to enable creation of engaging health literacy webinars, workshops and video series.

Strengthening **organisational management, compliance and security**, and increasing productivity through new platforms such as Employment Hero, OnBoard and Lastpass, and continuing subscription resources such as Zoom,

Canva and Vengage.

Building organisational skills and expertise through **staff professional development**, including:

- gender mainstreaming training for the new Community Engagement team and other staff
- ‘Women in Leadership’ training to support staff career pathways
- values-based messaging training for interested staff.

Women’s Health Loddon Mallee

How funding was used

Total additional FTE 6.9:

- able to offer two-year contracts to multilingual health promotion team, and retain current staff.
- able to reflect market wages and conditions and offer above superannuation guarantee pay of 12% (acknowledging the gender pay gap).

What this enabled

Increased **organisational strengthening**:

- recruitment and capacity-building of new staff with skill sets (e.g. health promotion, research, evaluation, expertise in core portfolio areas).

Expansion of work into **two new portfolios** (Mental Health and Women in a Changing Society):

- localised evidence-building, partnership and network building and initial projects undertaken.

Improving **evaluation** systems:

- developed and implemented a new data dashboard designed to streamline evaluation



results, meet the requirements of the indicator framework and maintain an online, easily accessible and analysable record of all activities and core work undertaken within the organisation; this enables a live reflection in the shift in measurement outcomes.

Expanded **scope of work**, including:

- more extensive advocacy work, strategic engagement and participation with primary prevention policy reviews and updates
- more extensive engagement with and within communities across the region and research partnerships with regional universities (leading to potential conference presentation and publication outcomes); this addresses some of the areas of work that could not be engaged with previously due to staff capacity as well as being responsive to community and partner needs.

Women's Health and Wellbeing Barwon South West

How funding was used

Total additional FTE 3.1:

- three new coordinator roles, including a Regional Evaluation Coordinator, Learning Series Coordinator, and Partnership Coordinator
- increasing Respect 2040 staff to better cover both ends of the region (tripling capacity from .6 to 1.8 FTE).

Systems, resourcing and activities:

- professional development for staff.

What this enabled

Enhanced and increased **strategic region-wide work** through:

- senior staff responsible for laying the foundations for improved long-term, coordinated and sustainable work
- increased capacity to support Respect 2040 activities across the extensive geographic spread of the Barwon South West region
- increased staff knowledge and skillset to deliver evidence-based best practice health promotion
- commencement of scoping work into mental health, rural women and women in a changing society work.

Investing in **improved evaluation** internally and at a sector level:

- a dedicated role to drive internal processes and build the capacity of staff within the organisation, as well as support partners, and statewide evaluation work.



Appendix S: Most significant change stories – funding uplift

Question: In the last 12 months (2022–2023), what has been the most significant change for your organisation and your work resulting from the funding uplift?

Retaining staff expertise and skills – Multicultural Centre for Women’s Health

The uplift funding enables us, to some extent, to retain highly competent and dedicated staff (versus diving into a vicious cycle of constant recruitment due to short-term funding).

Resourcing organisational capacity to increase reach and impact – Women with Disabilities Victoria

While supporting the work of the women’s health sector for many years across the VWHP priority areas, this is the first year Women with Disabilities Victoria has directly received funding for this work as an organisation. This new funding has created an impact in expanding our human resources, retaining and recruiting staff, as well as building capacity to scope opportunities for the promotion of better health outcomes for women with disabilities across the state. Grounding our work in the lived experience of women with disabilities from WDV’s experts’ groups and across our wider

networks, we will continue to address the service gaps that women with disabilities experience, within the women’s health priority areas.

Expanding systems engagement with mental health reforms – Women’s Health Victoria

The most significant change for WHV and our work resulting from the funding uplift is the expansion of our system engagement with the mental health reforms, including through the Women’s Mental Health Alliance, enabled by increased staffing across our policy and advocacy, workforce development, and communications teams. Our capacity to advocate for a gender lens on the implementation of the recommendations from the *Royal Commission into the Victoria’s mental health system (2021)* and in a diverse range of consultation for and across key parts of the new mental health system architecture has been significantly strengthened. WHV have been invited to join the Mental Health Ministerial Advisory Committee and the Mental Health and Wellbeing Expert Advisory Group, and successfully applied to join Safer Care Victoria’s Improving Sexual Safety in Mental Health



Inpatient Units Faculty. We have also engaged with the Interim Regional Bodies, the Statewide Trauma Service and the Collaborative Centre. We have contributed to building and disseminating the evidence base by publishing *Towards a gendered understanding of women's experiences of mental health and the mental health system*, which we presented (by invitation) to the Office for Women, the Specialist Women's Mental Health Service and the Mental Health Division at the Department of Health on International Women's Day 2023. Finally, our evolving relationship with the Statewide Women's Mental Health Service has culminated in co-designing training on gender and mental health, which will pilot with the Specialist Women's Mental Health Service then extend to all mental health services interested in gender responsive care.

Meeting critical community needs – GenWest

We're now able to employ staff to meet critical needs in rapidly growing communities that we've known about for several years but not been able to resource. Our sexual and reproductive work has been able to expand by employing a second sexual and reproductive health worker to respond to critical needs in education settings – including a 100% increase in requests for sexual and reproductive health education. We're now able to expand our longstanding Human Relations program, run in partnership with Western English Language School, local councils and community health, to a second campus in Melbourne's outer west, providing an additional 60 newly arrived students with culturally safe sexual and reproductive health education tailored to their unique needs. In FARREP, we have long identified a need to recommence work with

young women. Our FARREP program has now doubled in capacity thanks to boost funding from the Victorian Government. We are able to re-establish the Young African Women's Program, which provides culturally responsive sexual and reproductive health education, as well as wellbeing, leadership and self-advocacy skills to participants. The program works to develop attitudes and behaviours among communities that promote the elimination of FGC practice.

The boost funding has meant that GenWest is now able to employ a specialist Multilingual Health Education team who support the mental health and wellbeing needs of migrant and refugee women in Melbourne's west. They deliver health information in multiple languages in a culturally safe way; respond to emerging health needs of different groups; deliver community education activities to build trust and create lasting connections across the west, and advocate for the health needs of women from refugee and migrant backgrounds. Since July 2022, the team has delivered over 20 health education sessions to over 326 people from a range of cultural backgrounds, including women from India, Pakistan, Indonesia, China, Vietnam, Iran, Burma, Thailand, Syria, Bangladesh and Arabic speaking countries.

The boost funding has increased our capacity to resource and develop new work across our priority areas. For instance, in 2022 we were able to co-design a suite of training with a defined entity in our region on the *Gender Equality Act*. The impact of this training was an increase across multiple levels of the organisation in nuanced understanding of the link between gender inequality and violence against women; the links between 2015 Royal Commission into family violence, the *Gender Equality Act 2020*, and the organisation's Gender Equality Action Plan;



the drivers of violence and essential actions to prevent violence against women; and actions to support and champion gender equality in their workplace and prevent violence against women. The increased resourcing has also enabled us to provide expert support and advice to the Western Public Health Unit catchment planning. We have provided extensive input into the Local Public Health Plan and engaged in multiple consultations to inform all of their health planning and program design. A full day of training on gendered primary prevention and health promotion run by GenWest for the Unit.

Our capacity to measure and evaluate our work has increased. We now have a dedicated role over 2023–2024 that is focused on high-level evaluation of the funding boost, as well as designing and implementing systems and support to increase quality of evaluation throughout the health promotion team. We are enhancing our evaluation capacity and strengthening all of our program monitoring and evaluation frameworks for continuous improvement of program design. This will enable us to best meet needs of community and contribute what we learn to emerging evidence of best practice in primary prevention. We are also able to provide more advice to government and others through submission writing and development of policy discussion and position papers on complex sensitive topics like coercive control and abortion access.

A more comprehensive and integrated health promotion approach – Gippsland Women’s Health

In the last 12 months, the most significant change for our organisation resulting from the funding uplift has been the expanded coordination structure across all three priority focus areas. This change has had a transformative effect on our work and overall impact. The funding uplift has allowed us to strengthen our coordination efforts by establishing a more comprehensive and integrated approach to health promotion and gendered violence prevention. This enhanced coordination structure enables us to align our strategies, programs and resources across multiple priority areas, ensuring a holistic and synergistic approach to addressing health challenges. By breaking down silos and fostering collaboration, we have witnessed a remarkable increase in our capacity to engage with partners and the community. Through joint initiatives and partnerships, we can pool our expertise and resources, leverage complementary strengths, and create a greater impact. This collaborative approach has enabled us to tackle complex health issues more effectively and reach priority populations. The evidence of this is in the increase of regional partners initiating contact with GWH because of their increased knowledge and awareness of women’s health and their connection to this space.

Additionally, the expanded coordination structure has allowed us to develop and implement targeted health promotion programs that address both existing and emerging health issues. With dedicated coordination roles, such as the Regional Health Promotion Coordinator and the Gippsland Free from Violence Coordinator, we can



focus on specific areas and allocate resources accordingly. This targeted approach has resulted in a more efficient use of our resources and a greater impact on the communities we serve. Furthermore, the funding uplift has enabled us to invest in professional development and capacity-building within our organisation. We have been able to recruit new staff members and provide training opportunities for our existing team. This investment in our workforce has enhanced our ability to implement health promotion initiatives effectively and efficiently, as our staff members are equipped with the necessary skills and knowledge to drive change. Overall, the expanded coordination structure and the investments in capacity-building have been the most significant changes for our organisation resulting from the funding uplift. These changes have not only strengthened our ability to address health challenges but have also fostered collaboration, improved resource allocation, and increased our impact on the communities we serve.

Investing in a bicultural workforce for long-term social change – Women’s Health East

The most significant change Women’s Health East has seen through the funding uplift has been the creation of a bicultural team. The uplift in funding has resulted in the recruitment of four bicultural staff, two Mandarin-speaking and two Hakha Chin-speaking women. We now have four refugee and migrant women employed who have job security and a career pathway as bicultural workers. The team deliver evidence-based in-language health education and health promotion programs to migrant and refugee women to promote their mental health and

wellbeing, sexual and reproductive health, and to prevent violence against women. The team facilitates community capacity-building and enables opportunities for women’s engagement, participation and co-design of health promotion programs. Prior to the uplift, we had three-month funding for one-off initiatives. The team now focuses on long-term social change in their communities. Over the past 12 months, the bicultural team has delivered numerous community engagement activities, including over 20 in-language health education sessions to Mandarin and Hakha-Chin speaking women. The expertise of the bicultural team is well recognised by our partner organisations who engage the team to support their program delivery with Chinese and Chin communities.

Growing our staff and enhancing our diversity programs – Women’s Health Grampians

Staffing growth across the organisation has been the most significant change for Women’s Health Grampians. Specifically, this has meant enhancing WHG’s diversity programs – coinciding with our strategic focus on Intersectionality. Three staff members have been recruited to this program – and 10 casual advocates (x 4 hours per week). The Equality for All was a program that had been previously piloted, positively evaluated and operating within this team. The uplift allowed WHG to restart the program with new staffing resources with greater capacity (higher number of advocates compared to the pilot) working within an already tested model that produced positive outcomes and feedback from participants, partners and the advocates themselves. This program enhances knowledge growth and understanding from multiple



diverse lived experiences across our community. Advocates are also available to elevate the gender equality and violence prevention work within Community of Respect & Equality (CoRE) work being conducted with 120 partners across our region.

Reaching further and deeper into our community – Women’s Health Goulburn North East

With a physical area of almost one-fifth of the state, Women’s Health Goulburn North East has a lot of ground to cover. Our stakeholders range from those living in cities of over 25,000 people to tiny towns of 20 people or less. Our local government areas range from small and relatively densely populated to large and sparsely populated – and everything in-between.

WHGNE is acutely aware of the diversity of experience for women across our region and also acutely aware that we can only reach a portion of them in our normal course of business. The funding boost has ensured that we have the capacity to reach further and deeper into our community.

While we have been able to recruit to the roles created through this boost, we have not been able to offer continuity of employment beyond the boost period. This has meant that we haven’t had access to the full pool of highly-qualified health promotion staff in our region. We are well aware that insecurity of employment is a key issue for women. Notwithstanding, we have recruited some very talented staff who are making significant inroads into our projects.

One of the really significant changes that the boost has supported is our ability to embed evaluation into all of our work in a systemic way.

While we have always evaluated our projects, we have not had a dedicated staff member to support this work. The boost has meant that we are building a systemic approach to the work that will feed back into future work and ensure we are continually improving our outcomes across all future work. This is a role that supports our health promotion team greatly.

We have also been able to work more closely with stakeholders that work with our migrant and refugee populations. We have been unable to do this until the boost as these populations require specialist health promotion/education that has been beyond the capacity of our team.

And, finally, we have been able to launch our online eLearning platform that we have wanted to develop for a number of years. Given our geography and the scarcity of resources for many of our stakeholders, we saw the need for a low-cost, easily accessible way for organisations to build their capacity to provide services that positively impact the lives of women in our region. Although only recently launched, the platform has been welcomed by our stakeholders. We are working with them to develop a suite of courses that bring our regional/rural focus to the forefront providing an accessible, recognisable set of learning tools that are easily applicable to their circumstances.

Reorienting from Health Educators to Health Promotion Officers through the Health Promotion Short Course – Women’s Health in the North

Through the increase in funding, Women’s Health in the North was able to establish a migrant and refugee women’s health promotion workforce.



We recruited women within existing community networks through their work in the WOMHEN project as bilingual health educators to newly formed roles as health promotion officers, and reoriented these roles through capacity-building and mentoring to health promotion officers within a Community Programs Team. To support this reorientation, WHIN ran an internal health promotion short course. Facilitated by the Strategic Partnerships and Health Policy Manager, who has previously facilitated VicHealth and (then) DHHS Health Promotion Short Courses, the primary target group for this course was the CP team; however, the course was open to all WHIN staff, and staff from PGBV/GE and Corporate Services team also participated. The 10-day course was conducted over 12 weeks in September–November 2022.

At the conclusion of the HP course, the CP team worked with the PGBV team to develop a community event for the 16 Days of Activism. This event saw 60 women from a range of cultural backgrounds get together to participate in awareness raising and self-care activities. The migrant and refugee health promotion officers were able to translate the messages in culturally as well as linguistically appropriate ways. Feedback included comments such as, “Empowers as women, doing things I thought I couldn’t do, but can”; “The value of being in community with women, sharing safe space, lived experience and taking things home”. This project is one example of how our newly established migrant and refugee health promotion workforce will enrich and enhance our work across all our priority areas.

Expanding our team and our reach – Women’s Health in the South East

The funding uplift has enabled Women’s Health in the South East to expand our team and outreach. For example, we’ve hired nine new staff members and many of the current team members have been promoted and/or received a pay rise. We’ve also been able to employ a team of community outreach officers who work with CALD communities.

The uplift has meant WHISE can invest in systems and structures such as professional development, software and tech. All these things lift the quality of our work and increase our productivity. We also have more capacity to be available to our partners without always relying heavily on fee for service work. While we still need to charge some clients a fee for services, we can be selective with who we charge and be more available than we were before. For example, we now have greater capacity to access community and grassroots groups that are not able to afford fee for service.

Activating strategic partnerships – Women’s Health Loddon Mallee

The lift in funding enabled Women’s Health Loddon Mallee to strengthen the skills and capability of the workforce. This has subsequently resulted in an increased ability to deliver further into the region by engaging sectors of the community previously not reached, facilitated by providing high-quality evidence-based support to networks and partners.



Evidence, partnerships and evaluation – Women’s Health and Wellbeing Barwon South West

Before the funding uplift, Women’s Health and Wellbeing Barwon South West was emerging from a major restructure, with a new and ambitious way of working. The existing resources covered a small team structure, which limited the speed and breadth of the work. The funding uplift has allowed for growth in the team that allows us to both deliver integrated health promotion initiatives and invest in rigorous systems that lay the foundations for evidence-based health promotion practice. Specifically, evidence, partnerships and evaluation. The aim is to sustain this level of funding to ensure our work leads to structural change within and as a result of partnerships that drive improvements in women’s health.



Appendix T: Continuing our work in 2023–2024

Multicultural Centre for Women’s Health

Multicultural Centre for Women’s Health will continue to source, update and disseminate tailored multilingual health information in different formats on all the four priority areas under WOMHEN 3 project. This will be done by utilising and sharing the resources developed through other internal projects; making the restructured resource portal available to multicultural workforce; and by ensuring support to other women’s health services to access MCWH’s educators’ pool. Through this, MCWH will continue to reach out to migrant and refugee women and gender-diverse people at various settings, including workplaces, community health centres, multicultural organisations and local governments. MCWH is also committed to facilitating a series of tailored capacity-building activities to women’s health services covering intersectionality, prevention in practice and working with migrant and refugee communities in preventing violence against women.

MCWH will also continue to build on the foundation work undertaken with Public Health Units and explore further in the second year and secure partnership and collaboration opportunities. MCWH will also continue to actively participate in strategic advocacy and communications through written submissions, participation in advisory groups and committees, campaigns and hosting webinars and

conferences on the issues impacting migrant and refugee communities including MCWH priority issues.

Women with Disabilities Victoria

While Women with Disabilities Victoria continue to build capacity for the women’s health sector to promote greater inclusion for women with disabilities in primary prevention, this funding will support the growth of capacity-building work towards the areas of gendered violence prevention, gender equality, sexual and reproductive health, and women in a changing society. In the first year of receiving this funding WDV recruited new staff for this program and begun to scope the development of this important work so that women with disabilities’ voices and lived experience can be implemented into the design and promotion of inclusive environments across these priority areas.

WDV will continue its history of partnering with women’s health services and their regional partners, adding technical expertise in disability inclusion to various initiatives promoting the health and social equality of women with disabilities across the state, and building the capacity of numerous workforces in health, local government, and community services. WDV will contribute to regional training, conferences and community capacity-building activities, and share learning from these activities with the wider women’s health sector.



Women's Health Victoria

During the second year of the funding uplift, Women's Health Victoria will focus on further developing partnerships, building the capacity of key partners in gender responsive approaches and collaborating on resource development. WHV will continue to deliver high-quality online, self-paced and interactive training programs on gender equity and prevention of violence against women. WHV also plans to continue its leadership role in convening intersectoral working groups to streamline policy, advocacy and systems change work across key priority areas, including the Mental Health Alliance and the Abortion and Contraception Working Group. In addition, WHV will undertake evaluations of its work across multiple priority areas, including sexual and reproductive health, mental health and preventing violence against women as well as the Victorian Women's Health Atlas, to enhance effectiveness and impact, and continue its coordination role for the Victorian Government's Women's Health Services Indicator Framework evaluation.

Gippsland Women's Health

In 2022–2023, Gippsland Women's Health effectively utilised core and uplift funding to establish a strong and sustainable health promotion program. This program actively engages in impactful and sustainable initiatives, achieving significant progress in terms of reach, impact and capacity-building. GWH implemented a systematic framework for collaborating with community and organisational partners to address three

key priorities: preventing gendered violence, promoting sexual and reproductive health, and advancing gender equality. By recruiting leaders and forming a training team, organisational capacity has grown significantly. GWH focused on expanding its presence and leadership within the Gippsland community. Through comprehensive approaches that built awareness, knowledge and confidence (such as Make the Link, GWH Active Bystander, and Are You Covered?), GWH enhanced understanding of gendered violence prevention, sexual and reproductive health, and gender equality. These approaches utilised various mediums, including partnerships, social media, specialised content toolkits, resources, community events, workshops, communities of practice and training sessions, enabling us to engage with diverse stakeholders and communities. GWH collaborated with local organisations such as schools, healthcare providers, local government and businesses to deliver targeted projects and programs, ensuring a comprehensive and intersectional approach. This approach also opened up new partnership opportunities within the private sector. To ensure the sustainability of projects and programs, GWH developed a strategic framework that facilitates a coordinated and effective response to the identified priorities, ultimately strengthening the organisation's approach.

Moving forward into the second year, GWH plans to expand its focus in all five priority areas. They aim to build upon the progress made during the first year and extend its reach even further. The women, girls and gender-diverse individuals of Gippsland face increasing vulnerability and risk due to the persistent health inequities and rates of violence prevalent in rural and remote areas of Victoria.



GenWest

During the second year of the funding uplift, GenWest will continue to extend its work across key priority areas that are critical to communities across the west of Melbourne. This includes:

Doubling GenWest work in FARREP and Sexual and Reproductive Health, including:

- delivering sexual and reproductive health promotion programs to women and girls from communities with high FGM/C prevalence, including young women, young mothers and older women to improve sexual and reproductive health outcomes across the lifespan
- doubling delivery of culturally sensitive sexual and reproductive health education to newly arrived young people via increased iterations of the Humans Relations program at the Western English Language School (WELS), to enhance understanding of affirmative consent, healthy relationships, sexual and reproductive health and navigating the Australian healthcare system, and build the capacity of school staff to support the sexual and reproductive health of young women.

New work targeted at increasing gender equity, including:

- the design and implementation of a financial literacy program to increase the confidence, skills and knowledge of women from refugee or migrant backgrounds to navigate financial systems, take control of financial decision-making and access economic resources
- several discrete projects that engage men to challenge rigid gender norms, model gender transformative approaches to traditional, gendered divisions of labour and promote

men taking an equitable share of care responsibilities, using creative and artistic project formats.

Employment of a Multicultural Health Education team (four staff) to lead mental health and wellbeing work that promotes the determinants

of mental health and wellbeing for women from refugee and migrant backgrounds by providing culturally responsive, in-language health education to strengthen and increase:

- community connection and social, civic and economic participation
- confidence to access and navigate health and other service systems
- health literacy and knowledge of preventative physical and mental health practices
- confidence to promote healthy relationships within their families and communities and to seek support when needed.

New and expanded work in gender-based violence prevention, including to engage with

multicultural organisations and communities to:

- better understand their conceptions and ways of addressing gender inequity in their communities
- strengthen GenWest's understanding of culturally-effective primary prevention practices
- strengthen the capacity of multicultural organisations and communities to prevent violence against women and to effectively respond to incidents of violence, including informal and formal supports.

The funding uplift has also meant that GenWest has been able to employ a Senior Coordinator to lead evaluation capacity-building work and provide specialist program planning advice



across the broader health promotion team, as well as an Early Intervention Manager to support the new Mental Health and Wellbeing work, and support the Sunrise Program, for women with disabilities. The funding uplift has given GenWest significantly more capacity to advise and support the work of the Western Public Health Unit, and particularly to increase their knowledge and skills to identify and implement gendered planning for population health outcomes.

Women's Health East

Over the next 12 months, WHE will expand its work supporting Defined Entities to implement the *Gender Equality Act*. WHE will continue to scale up the two regional primary prevention infrastructures and strategies that WHE lead in prevention of violence against women and sexual and reproductive health, with a focus on new sectors and expanding impact and reach. WHE's bicultural unit will deliver new health promotion programs in sexual and reproductive health and respectful relationships to promote gender equality, alongside programs to promote women's mental health and wellbeing. WHE will further support its Local Public Health Unit to undertake evidence-based primary prevention catchment planning and interventions that redress the social determinants of women's health, safety and wellbeing.

Women's Health Grampians

By the end of 2023–2024, WHG will have extended CoRE Alliance membership and capacity-building work to targeted sectors such as media and education. WHG will have built administrative and communications infrastructure, and data management systems that align cohesively with reporting requirements, annual planning and the overarching values of its strategic plan. WHG will have seen exponential growth in the number of training sessions they deliver due to the expansion of its workforce and the recruitment of a research and evaluation role to alleviate the workload of staff who previously delivered these tasks. WHG will have strengthened and deepened its work and the diverse needs of the community by learning from co-designed approaches across the First Nations Health Promotion program and First Nations strategic guidance role, women with disabilities program, and work with women from refugee and migrant backgrounds. Significantly, WHG will be evaluating the impacts of its Equality for All program – a successful program that recommenced with the uplift and employed 10 women from diverse backgrounds (First Nations, LGBTIQ+, migrant and refugee women, and women with disabilities – in a rural context) to enhance the capacity-building and workforce needs of partners. WHE will have understood experiences of stigma women face when accessing sexual and reproductive health and challenging these by engaging lived-experiences voices, storytelling, and campaigns. Should the uplift not continue as base funding for WHG – this work and investment will not be continued.



Women's Health Goulburn North East

2022-2023 was mostly focused on securing the staffing resources to be able to deliver more quality, in-depth activities. Now that WHGNE have a full organisational structure, 2023-2024 will be about consolidating the effort, synchronising the systems, processes and strategic frameworks that WHGNE developed and tested in the first year of funding, and delivering comprehensive health promotion activities that are connected, embedded and address its strategic goals. Scoping, needs assessment and community engagement activities in 2022-2023 are now ready to be utilised in program implementation, ensuring that they have a strong regional understanding and have built relationships with key partners and communities to progress this work.

Women's Health In the North

In the second year of the uplift, funding Women's Health In the North will continue to extend its intersectional gender equality work across the key priorities of gender equality, preventing gender-based violence, sexual and reproductive health and economic equality, and the expansion of work promoting better mental health. This will include workforce capacity-building for service providers in relation to provision of quality sexual and reproductive healthcare for trans and gender diverse people; workforce and community capacity-building towards the promotion of healthy masculinities; extension of key regional partnerships for prevention of gender-based violence and sexual and reproductive health; and extending the reach of its economic equality work. WHIN will also work to build an understanding of

primary prevention in relation to mental health in the northern metropolitan region in the context of intersectional gender equality.

Women's Health in the South East

In the second year of boosted funding, Women's Health in the South East will have the capacity and capability to respond to the demand for their services and work at both the individual community level, as well as across systemic/strategic level. WHISE will be in a position to provide services and support without having to consistently charge partners and members and invest in more innovative and tailored support and services for the region, addressing intersecting social determinants of health.

Women's Health Loddon Mallee

Throughout 2022-2023, Women's Health Loddon Mallee has developed strategic frameworks for key priority areas including sexual and reproductive health and prevention of violence against women. The first year involved strengthening the WHLM workforce and systems to monitor and evaluate the health promotion work. This has resulted in a growing and skilled workforce supporting partners across region. 2023-2024 will build on this work by activating the partnerships and action plans and continuing to build a regional evidence base the centres the voices of women and girls across the Loddon Mallee region.



Women's Health and Wellbeing Barwon South West

Women's Health and Wellbeing Barwon South West are in the process of developing a new Integrated Health Promotion Plan that outlines a myriad of work that will be enhanced by further recruitment of staff. WHWBSW will implement its newly-developed Stakeholder Engagement Strategy to build and maintain strong partnerships to support the delivery of goals in our three priority areas – gendered violence prevention, gender equality and sexual and reproductive health. WHWBSW will continue to build on its newly developed Learning Series Framework, delivering clear and consistent training modules and associated resources to partner agencies to support their transition to gender equitable organisations. WHWBSW will move into the next stage of development of its prevention of violence against women strategy, Respect 2040, following an endorsed agreement to merge the two current regional violence prevention plans. They will reinvigorate work in sexual and reproductive health, with a particular focus on the development of a collaborative, region-wide sexual and reproductive health strategy.



Appendix U: Strengthening Victoria's public health infrastructure

Multicultural Centre for Women's Health

In 2022–2023, Multicultural Centre for Women's Health made contacts with North East Public Health Unit (NEPHU) and South East Public Health Unit (SEPHU). The initial meetings focused around discussing their catchment plans and how best MCWH can support both PHUs with their population health priority areas. Potential partnership opportunities discussed include using MCWH's expertise in their programs' development, design, implementation and evaluation or delivering joint initiatives for aligned priorities. MCWH has also provided feedback to NEPHU's two catchment plans, i.e., *Improving Sexual and Reproductive Health Action Plan 2023–2025* and *Increasing Healthy Eating Action Plan 2023–2025*.

Gippsland Women's Health

Gippsland Women's Health has been engaged with the Gippsland Region Public Health Unit (GRPHU) since November 2022 and has progressed from initial meetings that focused on the funded priority areas of the two organisations, to monthly discussions of strategic collaboration and partnership through priority alignment. GWH and GRPHU are in discussions to formalise the partnership through an MOU. GWH will support

the GRPHU to undertake a gender assessment of their strategic planning and actions and embed a gendered approach to all future health priority planning. GWH are an active member of the GRPHU Steering Group and attend all place-based local networks as subject matter experts for community health-funded partners and other stakeholders. GWH have provided feedback to the GRPHU catchment plan. The GRPHU have engaged with the Gippsland Free from Violence Steering Group and will be a lead partner on the Gippsland Sexual and Reproductive Health Partnership.

GenWest

The increased resourcing enabled GenWest to provide expert support and advice to the Western Public Health Unit (WPHU) catchment planning. GenWest have provided extensive input into the Local Public Health Plan and engaged in multiple consultations to inform all of their health planning and program design. A full day of training on gendered primary prevention and health promotion has been planned and to be facilitated by GenWest for the Unit. This work is being extensively resourced by two managers and a general manager at GenWest. Without the uplift funding, GenWest would not be able to provide as much resourcing to the WPHU.



In the second year of the uplift funding, we will continue to work with the WPHU, to build their capacity to use a gendered approach to health planning, and use a social determinants model that includes gender as a primary determinant of health. They will be joining various infrastructure that GenWest lead, including the Action for Equity Partnership. GenWest will support the WPHU to bridge an identified gap between connecting with communities in the west and establishing public health priorities that reflect on-the-ground community health needs. GenWest will also support the WPHU to effectively measure their primary prevention work.

Women's Health East

Women's Health Grampians has a strong working relationship with the North-Eastern Public Health Unit (NEPHU). WHE's CEO is represented on the Catchment Plan Executive Steering Group and WHE's Health Promotion Manager sits on the Sexual and Reproductive Health Control Program Group. WHE has actively participated in NEPHU catchment planning and priority setting processes and advocated for sexual and reproductive health to be one of two catchment plan priorities. Through our participation on NEPHU committees and sector workshops, WHE has helped to shape the catchment plan and associated action plans, providing specialist gender equality knowledge and expertise on the social determinant of women's health and wellbeing to inform the plan's development, implementation and evaluation.

Women's Health Grampians

WHG is represented on the Grampians Public Health Unit Population (GPHU) Health Planning Committee, which includes representatives from

key health services across the region, community health and local government. WHG's role is to ensure a strong gender lens and focus on access and equity, particularly regarding sexual and reproductive health services across the whole region. In addition, WHG staff have been actively contributing to the GPHU data workshops and catchment planning in every sub-region.

Women's Health Goulburn North East

Women's Health Goulburn North East have developed a strong partnership with Goulburn Public Health Unit (GPHU) in working together to better understand capacity and confidence of GPHU staff to embed gendered practices into their everyday work, as well as that of the broader community health/health promotion workforce. The project started with a survey administered to both cohorts, with results analysed and recommendations developed and presented back to GPHU. This partnership has enabled greater understanding of the potential untapped expertise that exists within community health/health promotion workforce and links to *Gender Equality Act* obligations of Defined Entities. As GPHU is situated within a Defined Entity, it has also opened conversations for how GPHU can assist in meeting these legislative obligations and build gendered practices into their work, including with population health planning.

Women's Health In the North

WHIN was involved in a multi-phase planning process for North East Public Health Unit's (NEPHU) Population Health Catchment Plan 2023-2025 and was a key voice in determining the two priority areas for collective action



(healthy eating and sexual and reproductive health). WHIN also played an instrumental role via a Letter of Support for NEPHU's funding submission for a Sexual, Reproductive Health and Viral Hepatitis Project. WHIN's expertise in sexual and reproductive health promotion and applying an intersectional gender lens to other health priorities, are critical to guiding gender equitable population health action across the region.

Women's Health in the South East

The South East Public Health Unit (SEPHU) recently held two rounds of consultations and workshops to get feedback on their choice of four public health priorities and their strategic plan for the region. WHISE provided advice on how to apply an intersectional gender lens to the selected priorities/strategic plan and, as a WHISE partner, will continue to work with them to realise the recommendations WHISE put forward and support any capacity and capability building required.

Women's Health Loddon Mallee

Women's Health Loddon Mallee has supported needs assessment consultations and shared planning throughout the year with the Loddon Mallee Public Health Unit (LMPHU). WHLM participated in these sub-regional catchment planning sessions with the PHU to help inform their future work. WHLM also completed the PHU stakeholder survey that fed into this work. Additionally, WHLM were on the project reference group to develop a web-based Playbook resource, and were also on the project steering committee for developing a framework for Building Climate Change resilient Communities and Service System.

In 2023–2024, further engagement will strengthen the place-based planning and support the gender analysis of the key priority areas through the place-based community plans. WHLM will continue to support the governance of the LMPHU population and public health planning through the Bendigo Health Care Group Population and public health subcommittee.

Women's Health and Wellbeing Barwon South West

The Barwon Region Public Health Units Manager of Community Partnerships has attended the Respect 2040 G21 Partnership Advisory Group meetings since December 2022, as well as the regional Intersectional Practice Forum in May 2023. The Community Partnerships Team has also endorsed the regional strategy for the primary prevention of violence against women. In early June 2023, the PHU set up an Inaugural Barwon Region Prevention and Population Health Network, aided by the recruitment of a primary prevention worker, which Women's Health and Wellbeing Barwon South West attended and plans to continue to attend. WHWBSW also attended the PHU planning workshop, 'Harvesting Resilient Futures', in June 2023. More recently, the PHU has identified sexual and reproductive health as an area of focus and have recruited a sexual and reproductive health nurse to undertake a needs assessment. WHWBSW will join the reference group and has shared planning ideas to support their work and WHWBSW-led regional strategy. The PHU reached out to further this partnership in June 2023.

