

Networknews

A Newsletter from the Australian Women's Health Network



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AUSTRALIAN WOMEN'S HEALTH NETWORK

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Dear Members

The AWHN Network News will be sent to all members three times a year (February, August and December). The AWHN Committee values your input and invites submissions for consideration. Contact details for submissions are provided at the conclusion of this newsletter.

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PO Box 1160, Melbourne, Victoria, 3001

CONVENOR'S REPORT

Greetings AWHN Members!

Three major projects are occupying the Committee making 2009 probably our busiest year ever but it is one that promises to bear fruit.

Over the last three months, we have written our submission for the new National Women's Health Policy, an extensive document, which can be found on the website. In writing the document, we were ably assisted by Andrea Main, then a part-time employee of Women's Health Victoria. Thank you Andrea. The context is, of course, a social determinants approach to health and our focus is on an intersectoral strategy, covering our priority areas of economic health and well-being, mental health and well-being, freedom from violence, sexual and reproductive health and access to a full range of affordable services. In relation to the last point, our submission stresses the need for the expansion of comprehensive, community-based services that focus on preventive strategies, community development and which will reach those women at risk of having the poorest health outcomes. We are now turning our minds to how we can bring the recommendations of our submission to the attention of decision-makers, so that the new policy reflects our position.

I am delighted to report a huge interest in the new policy around the country: by the 30th of June the Department of Health and Aging had already received more than 80 submissions! This is a tremendous effort. Thank you to all those individuals and organisations who put in the necessary time and work: submission writing is a time-consuming business. As a member of Womenspeak, we were also involved in advising and assisting with the writing of that submission. The Department Of Health and Aging welcomes submissions throughout 2009, so if you haven't made one yet it is not too late.

The second project in which we are up to our necks, so to speak, is organising the sixth National Women's Health Conference to be held in Hobart in May

2010. Again, we can report enormous interest and enthusiasm. The program committee faced the enormous job of assessing and arranging into a program 240 very high quality abstracts, well over 60 of which were from Aboriginal and Torres Strait Islander women. Unfortunately, there is not the space on the program for nearly so many papers so some had to be rejected, a great pity because all met the standards required for a major conference. The organising committee has produced some very attractive conference bookmarks, carrying all the important information. If you would like some to distribute, please contact us.

Last, but certainly not least, is our Aboriginal women's Talking Circle project. This project aims to strengthen the Talking Circle and to consult widely with Aboriginal women in order to produce a submission to the NWHP, and later, an Aboriginal women's health strategy paper. The project, which is funded by the Australian Government through the Women's Leadership and Development Program, is generating enormous interest and our project officer, Sandy Angus from Brisbane, is being inundated with requests to meet with groups from all corners of the country. Dot Henry, as convenor of the Talking Circle, is chairing the working group that is managing the project, ably assisted by Karen Glover and Sandy Miller. The working group is drawn from four States and the ACT. If you want to find out more about the project, e-mail us at awhn@whv.org.au.

I am pleased to report that our membership, which is our strength, continues to grow steadily. Please support us by being on the alert for opportunities to recruit new members. A bigger membership will help us enormously in our work, not only by generating more interest in and activity around women's health, but also because we are heavily dependent on subscription money to be able to continue our work. Membership forms can be downloaded from the website and you can take them with you to any appropriate gathering or function.

Best wishes,
Gwen Gray
Convenor

PS: THREE REMINDERS.

Registration for the conference is now open.

Submissions for the National women's health policy can be lodged throughout 2009. Details are on our website at <http://www.awhn.org.au/>

Consultations for the new National Women's Health Policy will be conducted by the Commonwealth Department of Health and Ageing from October to December, 2009. If you or a group you know would like to be involved in those consultations, please e-mail us at awhn@whv.org.au.

TAKING ACTION TO PROGRESS THE NEW AGENDA
CONFERENCE REPORT

Women's Health: The New National Agenda
6th Australian Women's Health Conference
Letter from the Conference Convener

Dear AWHN Members

The Program Committee has been extremely busy over the past few months reviewing and considering the huge number of abstracts submitted from around Australia and internationally. A staggering 247 submissions of a very high standard had been received by the closing date, with good representation from all states and territories. On July 1, 2 and 3 the Selection Panel convened in Melbourne to tackle the difficult task of deciding those to be included in the Program and how they should be presented to best meet the needs of the Conference Aims and Priorities. It was three intensive days of challenging and rewarding work for the Panel, which consisted of Marilyn Beaumont (Program Committee Chair), Gwen Gray (AWHN Convener), Dot Henry (Talking Circle Convener) and myself (Conference Convener). Unfortunately, it just wasn't possible to accept all of the abstracts submitted but we're confident the Program will ensure the 6th Australian Women's Health Conference will be a stimulating, informative and galvanising event that can play a key role in shaping the future of women's health in Australia. **The preliminary Program will be published to the AWHN website on 21 August.**

Abstracts have also now been received from many of the keynote speakers, and to give you a sneak preview, I've included Marsha Saxton and Helen Keleher below.



Marsha Saxton
Senior Researcher and Policy Analyst
World Institute on Disability
California USA

Abstract:

The international movement of women with disabilities offers a powerful model for all women. This marginalised group of women, often perceived to be hopeless and helpless, is effectively organising locally and globally for increased visibility, self-determination, and access to the full life of the community. The work of disabled women leaders has been key to emerging new human rights legislation and increased political clout for disabled people.

Marsha Saxton will discuss the barriers and triumphs of the global disabled women's movement. She will invite the audience to explore the history, current issues and challenges of this diverse group of women. Disabled women face complex issues in all areas of life. Disability exacerbates the extremes of sexism, racism and class disparity. Disability is often used to justify mistreatment and exclusion from the mainstream life of the community. Poverty and rates of violence are worst among women and girls with disabilities. A crucial issue is access to health care, including reproductive health services for disabled women. Advances in medical treatments are resulting in an increased population of disabled people, particularly women; yet disabled women face huge barriers in receiving appropriate, accessible care. Reproductive technologies and genetic screening for the fetus who could become a child with a disability create ethical dilemmas for all women in a world that fundamentally misunderstands the nature of disability. The United Nations Convention on the Human Rights of People with Disabilities marks world wide recognition of people with disabilities as deserving protection against human rights violations. The successes and challenges of women with disabilities have relevance for all women around the world.

**Helen Keleher**

Professor and Head

School of Primary Health Care, Department of Health Science,

Monash University

Melbourne Australia

Abstract: Mainstreaming Gender: how are we doing in Australia?

Australia has developed national policies for women's health, men's health, a range of disease conditions and population groups including Indigenous and rural populations. Policies have been followed by organisational strategies, programs and services. The first National Women's Health Policy, launched in 1989, was based on the social model of health and had clear social justice intentions. Since then, the social model of health has been strengthened by the evidence base known as the social determinants of health. The WHO Commission on the Social Determinants of Health recognised that gender is a fundamental social determinant of health and it follows that gender equity should be a key outcome measure for policies and programs.

Australia's new policies for women's and men's health are ostensibly about gender but how do they shape up when analysed through gender frameworks? To what extent is Australia mainstreaming gender? How well do our policies show that government agencies understand gender and are willing to address gender inequities? Are our data collections sufficient to inform effective action on gender inequities? The extent to which major Australian health policies mainstream gender will be examined including their potential to deliver on health and social equity outcomes for women.

As I hope you would have seen invitation was made to all AWHN members with an interest in chairing sessions during the Conference. Thank you to those of you who have already responded, your support will be invaluable and is greatly appreciated. If you haven't yet responded but would like to be involved, please send your details asap to Andrea at andrea@leishman-associates.com.au under the subject heading of "Conference Chair proposal". Be sure to include a brief description of your areas of expertise and interest so we can match you to the appropriate session content as much as is possible.

While developing the Conference Program has obviously been a major priority over the past few months, a media promotions strategy has also been developed. Central to this is a campaign focusing attention on and attracting media coverage of women's health issues which simultaneously promotes our Conference in the lead up to the event. In doing so, we hope to build increasing public interest and momentum. It is intended that this will culminate in daily media briefings and significant coverage of those issues we wish to promote throughout the Conference. The first few media releases have been distributed and resulted in four newspaper articles I'm aware of to date, and national radio interviews as well as a current affairs television segment are currently under negotiation. As it is not possible for me to monitor the media throughout Australia, at least not without spending a large amount of money

we don't have, I would appreciate hearing about any coverage you see in your area that mentions the Conference.

Sponsorship has also been an ongoing focus recently. It has been terrific to know plans are being developed in each state and territory and approaches to potential sponsors undertaken in support of regional attendance. We have had some great success in relation to funding for the Conference itself, with Marilyn securing \$8,000 from the Department of Human Services, Victoria, towards keynote speaker sponsorship of Marsha Saxton and Donna Stewart. Negotiations are continuing with other potential national sponsors and I'll keep you informed of our progress in this area.

Thanks for all of the work being done on behalf on the Conference and for the support I've personally received in shaping what I believe will be an event not to be missed. Don't forget - there is less than three months to go before **Early-Bird Registration closes on 1 November, so make sure you don't miss out.**

Best wishes,

Kelly

Kelly Banister
Convener ~ 6th Australian Women's Health Conference
18-21 May 2010 Hobart, Tasmania

Talking Circle Convener's Report

The Aboriginal Women's Talking Circle has been having regular meetings by teleconference. A Project Officer, Sandy Angus, has been employed to undertake consultations with Aboriginal women throughout the states and territories. The Working Group, members of the Aboriginal Talking Circle will provide support to the Project Officer.

A draft report has been prepared by Sandy Angus in relation to consultations which have taken place, to date. More information will be provided at a later date.

Best wishes,

Dot Henry
Convener

STATE ROUND UP

VICTORIA

Victorian report: July 2009

2009-2012 Health Promotion Plans

Women's health services in Victoria are working towards developing new 2009-2012 Health Promotion Plans: A summary of priorities will be shared in the next newsletter

Women's Health Association of Victoria

Women's health services in Victoria have a strong history of working together to support positive systemic change for women. In 2008, Abortion Law reform was the focus, moving forward, work is about the reduction of unplanned pregnancies and access to appropriate SRH services across the state.

State Plan to Prevent Violence Against Women

The Victorian Government, (via the Office of Women's Policy) is currently developing the State Plan to Prevent Violence Against Women. The Plan will provide a 10-year, whole-of-government framework for promoting respectful relationships and gender equity in every part of our community.

The Plan will include policies and initiatives across five key 'settings': that is, areas where prevention strategies could be targeted and have been shown to succeed:

- *Education*
- *Local Government, Health and Community Services*
- *Sports*
- *Workplaces*
- *Media, Arts and Popular Culture*

Women's health services in Victoria are represented on the working groups for each setting

6th Australian Women's Health conference

The Department of Human Services in Victoria has confirmed \$10,000 sponsorship for the conference. This includes \$5000 from the Disability Unit for Marsha Saxton to speak with DHS staff the day before or after the Conference, and DHS Mental Health Division staff to meet with Donna Stewart the day before or after the Conference. It also includes 3 registrations.

Work continues to get as many women to Tasmania as possible

A snapshot of good work from Victoria: *Making Two Worlds Work*

Making Two Worlds Work is a highly original project designed as a catalyst for change. It's about changing hearts, minds and practice in ways that enable

mainstream health and community services to engage with, and respond in culturally appropriate ways to, members of the Aboriginal community. The Project, located in North East Victoria, also works to build Aboriginal peoples' trust in local services.

Making Two Worlds Work has been developed and implemented to mirror the project intention: it is jointly coordinated by Mungabareena Aboriginal Corporation and Women's Health Goulburn North East (WHGNE) and supported by the Upper Hume Primary Care Partnership (UHPCP) and Wodonga Regional Health Service. Community members and staff across agencies participated in developing the unique resource kit which includes the art work that is the heart of the Project; accessible web-based information, and practice improvement tools.

The Project values oral and written traditions; it has managed to be organic and structured, and addresses the practical and less tangible dimensions of knowledge building. *Making Two Worlds Work* is acknowledged as a good practice model attracting interest from across Australia. It has strengthened local partnerships between Aboriginal and non-Aboriginal services.



WESTERN AUSTRALIA

Women's Health Centres (WHC)

Funding for women's health services is now negotiated through the Australian Health Care Agreement Funding. This has replaced the previous public health outcome funding (PHOFA) agreement between the Federal and State government.

Currently organisational funding is provided under contract from the Department of Health's (DOH) Child and Community Health Directorate (CCHD). Women's health centres have received a one year contract 2009-2010 with the same level of funding. There is still no clarity around CPI and this has not been paid. There has been no increase in the funding of WHW health for 10 years. Up until 2008, CPI has not been indexed at appropriate levels

The new funding process, at the direction of the Department of Finance and Treasury will result in testing the market, through an "Expression of Interest" for service delivery in the next year. We have been told that Women's Health Centres already have "Preferred Services Provider" status and that we would

have an exemption from the tendering process. However, DoH representatives are not really clear at this point in time.

Certainly this process has been occurring within other government departments (in the name of continuous improvement) and has resulted in programs being broken up and outsourced. I am also aware that recently local not-for-profit (employment) agencies have already been given notice that they have lost their 09/10 funding to an out of town provider after that funding provider 'tested the market'. These in fact were given to agencies with no WA base and were not NGO's

WHC have secured quarterly meetings with the Minister for Health to assist in raising the profile of women's health.

CORE SERVICES FUNDED BY STATE DOH

While the programs and staffing structures vary with each WHC, the overall range of services provided fall under the following agendas:

- Services to Individuals: Counselling, Clinical Services, Information, Referral and Advocacy;
 - Services via Groups: Health Education, Health Promotion, Capacity Building and Self-support Facilitation;
 - Community Development Services: Local Partnerships and Collaborations in Community Initiatives, Joint Projects with other services and Systemic Advocacy for Women's Health;
 - Innovation: Centre-specific Projects or Services in response to regional or local needs or specific community needs i.e. CaLD and Indigenous Health.
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- Many centres also hold contracts with other health programs, such as Mental Health, Drug and Alcohol, the Department of Community Development for family and domestic violence services. In addition to these contracts, some centres receive Commonwealth funding and one-off program funding from the Department of the Attorney General, Lotterywest, local Government and some corporate sponsorship funding.

NWHP

- Various women's health centres and agencies/organisations representing women submitted submissions to the NWHP
- Various local consultations are being coordinated to provide further input from women.

Minister for Women's Interests

Robyn Mc Sweeney MLC - Minister for Child protection, community services, seniors and volunteering; *women's Interests* has taken a review of the two advisory committees associated with the Women's Interests Portfolio. As a

result of that review she has announced that a new women's advisory council will be established in the near future. They have had many nominations and we understand the first meeting will be held in September.

TASMANIA

(See conference report).

QUEENSLAND

QUEENSLAND REPRESENTATIVE REPORT - August 2009

Services Unsettled

Women's Health Services in Queensland have experienced a particularly unsettling period in recent months due to uncertainty surrounding the renewal of their service agreements with Queensland Health, which were due to expire at the end of June 2009. Services continued to operate into June despite having received no confirmation that their funding would continue into the next financial year.

This situation placed a huge strain on services, particularly in terms of recruitment and retention of skilled staff, which had already become difficult due to economic factors and disparities between government and non-government salaries and conditions. It also impacted on their strategic and organisational plans which are usually projected over a period of years, as well as specific shorter programs.

In early June the existing agreements were extended for a further six months, which was greeted with both relief and concern. Women's Health Services provide essential services of community support, health promotion, early intervention and prevention, and are utilised by marginalised communities. They target vulnerable women and children who may not access other health services, decrease the pressure on mainstream health services, and increase positive health outcomes. Their role is integral in community-based preventative health care.

Undoubtedly this has been a period of major change in the health portfolio generally, at both the Federal and State levels, and this seems likely to continue to be the case for some time to come.

Feminists Drive Change

Townsville hosted the Dunlop Townsville 400 V8 supercar races from 10 - 12 July this year. Almost 160,000 tickets were sold over the three days of racing. There has been a huge investment of public funds from by Federal, State and Local governments in developing the race track and pit building infrastructure.

The event has been broadly regarded by media and politicians as a great success and economically important for Townsville.

Women Concerned About Rights (WOCAR) is a group of Townsville feminists who lobbied organisers, corporate and public sponsors before the event, and now during the review period, to raise awareness about the implications the race has for the status and safety of women.

WOCAR recognises that the motor racing industry has traditionally used women as sexual decorations, thereby demeaning and trivialising women's status. Some prominent members of the industry have made changes, for example, ex-V8-Supercar boss, Cameron Levick was quoted in *The Daily Telegraph* in May as saying that the sport wants to raise the standard. Unfortunately some corporations persist, including a well-known beer manufacturer which promoted alcohol during the Townsville race through the delivery of sexualised entertainment for men. Also notable was the local modelling competition which saw young women competing against each other in bikinis and high heels during the weeks leading up to the race. The images from this became the dominant representation of women with respect to the V8 event in the local paper. Official website www.v8supercars.com.au overwhelmingly uses sexualised images of women.

Women fans attending the event, like the men, were overwhelmingly dressed in team branded clothing in support of the sport they are enthusiastic about. It is questionable then, why event managers and corporate sponsors persist in representing women as sexualised objects - the imagery and representations did not generally reflect the race attendees. There is a disconnect between reality and advertising, but the official message is very clear and serves to put women in their place.

An event where all sponsors and organisers decided to accord women equal status with men is certainly possible, but it does require a change.

WOCAR are encouraging State and Local government to provide leadership, at a political and bureaucratic level, with respect to the representation of women within sport and cultural life.

WWW.WOCAR.BRAVEHOST.COM

(Provided by Ryl Harrison on behalf of WOCAR)

Managing Patients

The recent report by the Auditor General into the management of patient flow in Queensland hospitals has revealed that while improvements can be made, generally there are good systems in place, and patients are being managed efficiently. This is further supported by the recent Federal *State of our Public Hospitals* report which reveals that Queensland's elective surgery waiting lists are the shortest in Australia, and waiting times in emergency departments have improved from sixth to third in national comparisons.

Abortion Charges Laid

Abortion-related charges have been laid in Queensland for the first time since 1985. The charges have been laid in Cairns, against a woman and her partner after they allegedly used misoprostol to end a pregnancy. Their committal hearing will begin in September.

A 19-year-old Cairns woman has been charged for procuring her own miscarriage and faces a possible seven year jail term if convicted. Her partner has been charged for assisting her - a charge that carries a potential three year sentence.

Police allege the couple arranged for a relative to bring a supply of the drug misoprostol, used in medical abortions, to Australia while on a visit from the Ukraine. It is further alleged the woman used the drug successfully to terminate her pregnancy at 60 days, after the couple decided they were too young to parent. Police claim the couple made no inquiries about the availability of abortion in Cairns. The couple face a combined 10 years' imprisonment if convicted of the offences, which have been brought under the antiquated Criminal Code provisions relating to abortion. This is the first time in over 50 years that a woman has been charged in Queensland for choosing abortion.

We were shocked and dismayed to hear of these charges, and also angered to see the couple's names published by the media before the case has come to trial. This couple faces possible jail time for making a choice that women and their partners may face at any time in their lives. It should be a private matter but in this case has become the subject of a criminal trial and possible imprisonment. This is completely unconscionable.

The Government needs to act now to reform abortion law in Queensland, to ensure no other woman has to face this. These laws are over a century old, and are completely out of step with community belief and practice. Statistics estimate that up to one in three Australian women will choose abortion during their lifetime - so Queensland abortion laws, which make it a crime to access or to provide an abortion, effectively criminalise a third of the women of this state, as well as the doctors and health professionals who help them. Nobody can argue this is acceptable.

What this means for women

Children by Choice is extremely concerned that Cairns doctors have ceased to offer medical abortion, and worried that other doctors will follow suit. The decision of these doctors is fully understandable. Their courage for offering this service for north Queensland women for so long, despite the legal uncertainty surrounding it, is to be applauded. They have put their careers at risk by doing so. It is only now due to the escalating concerns they hold for their patients that they have ceased to offer the procedure.

However, there are real concerns about the impact on women seeking abortion. The concern is not only at the outcome for the couple involved in the Cairns case, but the implications for the practice of medical abortion state-

wide. The risk of other doctors involved in the provision of medical abortion following de Costa and Carrette in withdrawing services, is a real one. When doctors are so concerned for their patients that they stop practicing, something is clearly very wrong and needs to be urgently addressed.

The Queensland Government has had countless opportunities to address this outdated abortion law, and has refused to do so. Now women have to suffer reduced access to these vital services because of fears of prosecution. The difference in cost between medical and surgical abortion in Cairns is quite substantial - hundreds of dollars in some cases. The fact that medical abortion has been an option for women has meant that the procedure has been more financially accessible to women on low incomes. What are they going to do now? We are very concerned that the financial barrier will result in some women being forced to continue with an unwanted pregnancy - or worse, to resort to backyard methods that put their lives and health at risk.

Abortion law reform in other states has been triggered by charges being laid. In Western Australia in the late 1990s, doctors across the state refused to offer pregnancy terminations until the legal situation was clarified. While parliamentarians were debating the issue, two women were hospitalised with septic abortions after attempting to perform a termination on themselves. Some women in Cairns may opt to travel interstate if they can afford it, in order to access a procedure, but we simply cannot put women into a situation where they would risk their lives and health to avoid carrying an unwanted pregnancy. It is Parliament's inaction on this issue, not the decisions made by these doctors, that could put women's lives at risk. This situation could have been resolved long ago by a more courageous government. With 80% of Australians supporting a woman's right to choose, the time to act is now.

Take Action

There has never been a more crucial time for pro choice voices to be heard in Queensland's abortion debate.

- Join CbyC's campaign mailing list, to receive regular updates with campaign news and ways to get involved. Email campaign@childrenbychoice.org.au to join.
- Write, fax or email your local member of Parliament. Contact details for MPs are available on the Queensland Parliament website.
- Join our cause on Facebook, 'Make Abortion Legal in Queensland', feature it on your page and invite your friends to join the cause. Visit <http://apps.facebook.com/causes/102573>
- Make a political donation to Children by Choice. Our campaign work is not covered by our government funding and is run completely on donations. Visit our website for more information: www.childrenbychoice.org.au
- Renew your membership with Children by Choice and encourage others to join. The larger our membership base, the more strength our political and advocacy has. Call us on (07) 3357 9933 for a membership form, or download one from the website.

- Forward any campaign updates to friends, family and colleagues.
- Contribute to online forums and news sites and write letters to the editor if a newspaper covers the Cairns case or anything related to it.

New Pro Choice Coalition

CbyC has been working to establish a new coalition of organisations throughout Queensland who are willing to publicly support a push for abortion law reform. The organisations include those with state and national membership bases and come from a variety of medical, political and community sector backgrounds.

This coalition will be launched very shortly, and part of its work will include an online campaigning resource specifically aimed at abortion law reform in Queensland. Stay tuned for the announcement.

If your organisation would like to be part of this coalition, please contact Kate on (07) 3357 9933 or email katem@childrenbychoice.org.au

(Provided by Children by Choice)

Maree Hawken

**Coordinator - Queensland Women's Health Network Inc
AWHN Queensland Representative**

Upcoming Events

23-25 August: AUSTRALIAN HEALTH PROMOTION ASSOC (QLD BRANCH) CONFERENCE & PROFESSIONAL DEVELOPMENT WORKSHOP – TOWNSVILLE, QLD. 'Connect Learn Activate' Inspiring Health Promotion Themes include: Social Determinants of Health, Empowering Communities, Advocacy.

For more information visit <http://healthpromotion.org.au/qldactivities.html>

31 August-1 September: QCOSS 50th ANNIVERSARY CONFERENCE – Brisbane, QLD.

Celebrating 50 years of working for a fair Queensland. Visit <http://www.qcoss.org.au>

New South Wales

AWHN JULY 2009-07-31

State Report NSW


NSW Health: Women's Health Policy

NSW Health has agreed to redraft the Women's Health policy although we are still negotiating that 'a gendered approach' be included. What has been decided is not to develop a long term policy pending release of the National Women's Health Policy. The department has agreed to a consultation with the Women's Health Sector prior to policy finalisation.

NSW State Budget - Cuts to NSW Health NGO Grants Programs.

NSW Treasury has not rescinded the directive to NSW Health to cut 4% from NGO Health Programs which would total \$11 million. In consultation with the NGO Peaks, NSW Health have committed monies to a NGO Program Review which will take the best part of 2009 - the review will look at the aims and objective, efficiencies (of course) management models, service provision and role of peaks.

NSW Health has employed consultant Adam Phillips from WA to conduct the review, he has had experience reviewing the Mental Health NGO services. Women's Health NSW has been appointed to a reference committee of key stakeholders, government and non government, which has been established for the term of the review. Information scope has begun.



NEWS FROM THE WOMEN'S HEALTH STRATEGY UNIT IN THE DEPARTMENT OF HEALTH AND FAMILIES, NORTHERN TERRITORY

Re-establishing a Women's Information Service in Alice Springs

Great news for women in the Northern Territory - we successfully recruited a full time Coordinator, Valerie Dearman, to the former Women's Information Centre (WIC) now called the Women's Information Service (WISe). Val has many years of experience as a Social Worker, lecturer and Community Development Officer in New Zealand and Australia and has a number of years experience in Alice Springs. WISe is managed by the Women's Health Strategy Unit (WHSU). We are also working closely with the Office of Women's Policy (OWP) who are now also based in the Department of Health and Families (DHF).

The primary role of the WISe hasn't changed and that is to provide information and referral services to women in Central Australia. The position no longer provides a drop-in centre however women are able to make appointments for meetings and Val is extremely active in the community, promoting the service and meeting women, both in urban centres of Alice Springs and Tennant Creek and building her networks in remote communities.

Collaboration with Office of Women's Policy

The two biggest collaborative projects for the WISe and OWP are

- i) the development of a website for women in the Northern Territory. This will be a first for the Northern Territory. While not all women will have access to the website, it remains an excellent way to collate the widest range of information and allow remote access and interaction. The development of this website will coincide with a revamping of the women's health pages in the DHF intranet. WISe and WHSU are also working to develop a sustainable WISe database which has not been electronic or comprehensive before now. WHSU and WISe have put in an abstract to describe the website and the work involved in its development at the Women's Health Conference in 2010.
- ii) preparations for the upcoming White Ribbon Day. Val is currently convenor of the Central Australian Family Violence Services Network and working closely with all relevant Central Australian agencies to address domestic and family violence using White Ribbon Day as a focus for community awareness.

OWP are also conducting three six month projects which WHSU and WISe are also involved. These are all projects linked to initiatives of the national Office for Women and are;

- i) developing a set of indicators for the status of women in the Northern Territory (as part of a set of national indicators). WHSU is a member of the Reference Group for this project.
- ii) working on piloting microcredit projects for women in a number of Aboriginal communities (linked to a national Office for Women initiative). WHSU and WISe provide advice and facilitation to this project.
- iii) examining pay equity (again linked to a national project). Again WHSU and WISe provide advice to this project and networks particularly in Central Australia.

Review of Health Issues for Migrant and Refugee Women

WHSU and OWP are also collaborating on a short term review project (over two months of August and September) looking at health issues and health service access and usage for migrant and refugee women in the Northern Territory.

Mandatory Reporting of Domestic and Family Violence

In March 2009 the Northern Territory Government passed amendments to the Domestic and Family Violence Act making it mandatory for people in the Northern Territory over 18 years to report all suspected or confirmed life-threatening or serious physical injury incidents arising from domestic and family violence.

DHF has established a Domestic and Family Violence Policy Team (a first for the Department) who have developed fact sheets, flowcharts, a toolkit and training packages which they have delivered to government and non-government agencies all over the Northern Territory since April 2009. They have also overseen a huge social marketing campaign which has yet to be launched but will target the whole Northern Territory community and explain the legislation and the responsibilities of the whole community to addressing and stopping domestic and family violence.

After being the primary work unit responsible for domestic and family violence, WHSU has lobbied for the establishment of a domestic and family violence unit in DHF so this is a big step forward. DHF still maintains a D&FV Reference Group.

WHSU and the new D&FV Team work closely together in a range of D&FV projects including the DHF D&FV policy and guidelines and D&FV screening in public hospitals.

Consultation re the new National Women's Health Policy

WHSU and WISe have supported Sandra Angus as she has consulted with Aboriginal women on Elcho Island, Darwin (and surrounds) and Alice Springs

(and surrounds) regarding the new National Women's Health Policy. There were at least 18 women with whom Sandra met on Elcho, 14 in Darwin and approximately 60 are scheduled to meet with her in Alice Springs. Again OWP and WHSU have been working to raise the profile of the new National Women's Health Policy and the importance of recognising the needs of all women in the Northern Territory with a focus on Aboriginal women. The NT Minister for Women, the Hon. Malarndirri McCarthy has placed the new National Women's Health Policy on the MINCO agenda in October and OWP and WHSU are consulting widely and preparing a comprehensive briefing paper for this meeting.

Branch Restructure

The WHSU and WISe sit in the Health Development Branch of the Health Services Division and are active participants in the restructure of the branch. There will be many opportunities for developing a women's health policy in DHF, strengthening women's health networks in the NT and working with a newly formed Men's Health Strategy Unit. The WHSU works closely with the Health Promotion Strategy Unit. The Unit Manager, James Smith, and WHSU have submitted an abstract to the Women's Health Conference regarding collaboration between men's and women's health services.

ACT REPORT

Development of the ACT Women's Health Plan is proceeding. A draft Plan is expected to be released for consultation very soon.

Work has begun on the development of a new ACT Women's Plan. A Summit involving individuals and community groups was held on Wednesday 22 July and will be followed by a series of consultation forums. An online survey is open and is available until mid-September. Responses to the discussion paper are open until 30 September. Further details can be found on the Women ACT website at www.women.act.gov.au

Members of the Ministerial Advisory Council on Women are conducting a series of Outreach Consultations, designed to reach women who do not normally communicate with government about public policy. The Council has developed an outreach consultation kit and individual members are consulting with chosen groups, some of which already have a work-related or other relationship with the member.

As part of its present focus on institutionalised women, the Women's Centre for Health Matters (WCHM), in collaboration with the ACT Women and Prisons Group (WAP) published a report recently on the health issues facing women with lived prison experiences. A copy of the report can be found on the WCHM website.

AWHN Bulletin is an online news digest from the Australian Women's Health Network, offering a combination of reporting on women's health topics and links to news stories and commentaries on issues in women's health. The bulletin is designed as a resource for an audience of policy makers, journalists, researchers, practitioners, and advocates. The bulletin aims to provide information and news on women's health issues. Contributions may be sent to Vicki Lambert at roates9@bigpond.com. All contributions are subject to editorial license to ensure that the AWHN'S principles are upheld through this bulletin.





Australian Women's Health Network Membership Form

ABN 84 238 300 000

INVOICE

Please use this as your invoice as organisations will not be separately invoiced.
The information you provide us with will only be used for AWHN business.
Your contact details will not be sold or distributed to other organisations.

The following items are compulsory.

Email is the major form of communication with AWHN members.

Is this a membership renewal? <input type="checkbox"/>	Or a new membership? <input type="checkbox"/>
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Individual Members	
Name	
Address	
Telephone	()
Fax	()
Email	

Organisation Members	
Organisation	
Contact Name	
Address	
Telephone	()
Fax	()
Email	

Signed: _____

Date: ____ / ____ / ____

Payment details (membership is GST Free)		Amount
Individual	\$33	\$
Student/Concession	\$11	\$
Organisation	\$77	\$
Total enclosed		\$

Please note: Membership is for one year and is due on 1st July

Optional: Tick if you are an Aboriginal woman and would like to belong to the AWHN Aboriginal Women's Caucus.

More information is available at: www.awhn.org.au or email us at awhn@awhn.org.au

Send a money order or cheque with this form to:

Australian Women's Health Network
GPO Box 1160
Melbourne VIC 3001

Internet banking option:

(please email a copy of receipt)
Westpac BSB: 032-727
Account Number: 112835
Account Name: Australian Women's Health Network

6th National Australian Women's Health Conference
Hotel Grand Chancellor
Hobart, Tasmania.
18-21 May, 2010.