

# Celebrating 20 years!

Working with women  
in the ACT and  
surrounding regions  
since 1991

**whm!**  
women's centre for health matters •

# *The history of the Women's Centre for Health Matters*

## *- Celebrating 20 years*

### **Preface**

The Women's Centre for Health Matters Inc. (WCHM) is a community based not for profit organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances which each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health, that is also firmly situated within a human rights framework.

WCHM focuses on areas of possible disadvantage and uses social research, community development, advocacy and health promotion to provide women with access to

reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing, and to advocate to influence change in health-related services to ensure responsiveness to women's needs, especially groups of women who experience disadvantage.

### **The WCHM's mission is:**

*Empowering women to enhance their health and wellbeing.*

### **The WCHM's vision is:**

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

### **Our values are:**

- We believe that women's health and ability to live healthy lifestyles is affected by social and economic factors known as the "social determinants of health"

- We recognise that women are their own experts within their own lives
- We respect and value the strength and diversity of women
- We believe that women have the potential and right to manage their health and wellbeing
- We believe in the principles of access, equity and equal opportunity
- We develop cooperative and collaborative partnerships
- We respect and support women's right to information and choice

This year – which also marks 100 years of International Women's Day - marks the Centre's 20th birthday. Over the past 20 years, there have been significant changes and many challenges, requiring commitment and support from members and staff.

The Women's Centre for Health Matters was formally established in 1990 and was originally located in Phillip. It was known as 'The Canberra Women's Health Centre', and commenced its operation as the result of identified need by ACT

women's refuges and the ACT government Women's Health Service. It was clear at the time that women's health and wellbeing needs could not solely be met by existing services.

At the opening of the Centre, Dorothy Broom stated:

*...our distinctive needs include reproductive and gynecological concerns, but to limit "women's health" to such concerns is a kind of medicalised version of the tabloid newspaper's page 2 photograph....our health needs as women can never be restricted to "complaints and conditions unique to women" without fragmenting us into a collection of unrelated organ systems, tissues, and body parts to be repaired, replaced, or removed like the elements of a faulty machine. So it is revolutionary when we move to reintegrate the fragmented parts, and to devise ways of placing ourselves back in the healing relationship as responsible agents...*

Dorothy's words were significant, and at the time revolutionary, paving the way forward for WCHM's

many years of work with women's health and wellbeing.

In 1992, the Centre moved to The Pearce Community Centre and has to date remained at this location. In the mid 1990's, the name was changed to Women's Centre for Health Matters Inc (WCHM) so that the Centre was acknowledged as a distinct service and not confused with the Women's Health Service.

Over the years the WCHM has constantly evolved to meet the changing needs of women in Canberra. Over that time, the emphasis of the Centre has moved away from a direct service delivery model and towards a community development capacity building approach using the social determinants of health model. With this change has come a new focus for the Centre on identifying and responding to the unmet health needs of ACT women through social research, project work, advocacy and health promotion.

***This is the story of the Centre's first 20 years!***



## ***The beginnings***

### **International and Australian developments in women's health policy**

As the women's movement in Australia gathered momentum in the 1970s, the declaration by the General Assembly of 1975 as the International Women's Year marked a turning point in the approach towards women's health. It led to a focus on a range of issues 'including equal pay, child care, women's health status and social equity..... Internationally, the United Nations Decade for Women 1976-85 also addressed issues of concern to women including health. The Decade culminated in a world conference held in Nairobi in 1985. .... In Australia, two national women's health conferences held in 1975 and 1985 focused on "Women's health in a changing society, the necessity for consultation in the development of the National Agenda for Women, and numerous reports and analyses which confirm the importance of health issues to women who would like to see a system that is affordable, accessible, and responsive to their needs". (National Women's Health Policy: Advancing Women's Health in Australia, Commonwealth of Australia, 1989).

### **National Women's conference**

A national women's health conference in 1985 saw the beginning of discussions on the need for a national policy concerning women's health. Over 700 women attended the conference, and in November of that year, following pressure from the women's health movement, Prime Minister Bob Hawke announced the Government's commitment to a national women's health policy "which would provide a framework and planned strategy to improve the health of women in Australia and to meet their health care needs to the year 2000" (National Women's Health Policy: Advancing Women's Health in Australia, Commonwealth of Australia, 1989). This fulfilled Australia's international obligations following the Nairobi conference.

### **The first National Women's Health Policy**

Thanks to the tireless efforts of the women's health movement, in the mid-80s State and Commonwealth governments showed a marked interest in women's health issues and a Special Advisor was appointed to assist in the development of a national women's health policy

for Australia. Consultations with one million women formed the basis for the development of the *National Women's Health Policy* in March 1989.

*Having placed women's health squarely on the political agenda for the Commonwealth and all states was a major accomplishment for the women's health movement. (Dorothy Broome, Keynote address to the 4<sup>th</sup> Australian Women's Health Conference in WCHM Newsletter, Winter 2001).*

The Policy identified seven "priority areas": reproductive health and sexuality; the health of aging women; women's emotional and mental health; violence against women, occupational health and safety; the health needs of women as carers; and the health effects of sex role stereotyping.

A major recommendation of the Policy was the National Women's Health Program (NWHP), which allocated funds to implement the Policy. Funding for the NWHP was announced by the Commonwealth in the 1989/90 Budget in August 1989, with the Commonwealth committing \$16.86

million over four years, which was matched by the states and territories.

In December 1989 the women's health policy and program areas of the ACT Community and Health Service began organising to conduct a community consultation with women's health consumers and service providers, both government and non government. ACT consultations, convened by the Women's Health Advisor with the involvement of the community based ACT Women's Health Network, were held to determine the meaning of the NWHP for the ACT and how the funds would be spent.

A two day workshop was held in February 1990 to discuss and prioritise women's health needs in the ACT and to recommend to the ACT Government a project which would meet the guidelines for funding under the NWHP.

The need for a women's health centre had been an issue for Canberra women for many years, and was identified as a priority in the community consultations in relation to the ACT Women's Health Policy, as well as at the community workshop held in February 1990.

Based on these consultations, it was decided that, among other initiatives, the ACT would establish “a community based health centre, initially operating as an information and education resource centre....” (*Department of Health, Housing and Community Services, NWHP: 1991 – Where is it now?*). This evolved to become the Canberra Women’s Health Centre (and later the Women’s Centre for Health Matters), which was funded in a cost sharing arrangement between the ACT and Commonwealth Governments.

*There has been a strong lobby in Canberra for such a project for 15 years (Sue Andrews, Community Times, 23 June 1990).*

The aims of the Centre originated from the proposals made by women in the community and included:

- Providing a resource centre for services, groups and individual women
- Providing health education and training
- Fostering health services for which there is a high demand, and
- Encouraging cooperation and coordination among existing health services.

Membership of the centre would be open to all women, women’s organisations and service providers who supported its aims. It was to provide a focus for women’s health and women’s health organisations in Canberra. Its information, meeting rooms and other resources would be available to all members – individual and group. The information and education activities of the centre would complement the clinical services of the Women’s Health Service, any clinical services would be carefully targeted to fill gaps or to support or enhance existing services. It was hoped that the Centre would play a key role in facilitating information exchange between various women’s health groups and service providers.

### **Funding**

In June 1990 a grant was received from ACT Community and Health Service for the NWHP project in the ACT – the Canberra Women’s Health Centre. The 1989/90 grant money was rolled over to 1991, to be acquitted by 31 March 1991.

## **The Founders – the Interim Management Committee**

An interim committee representing government and non government services and women from the community was elected in April 1990 to do the initial ground work in establishing the Canberra Women's Health Centre. This included drafting the aims and objectives, management structure and constitution; getting the Centre incorporated; finding premises and beginning to buy equipment and furnishings; and developing a duty statement and selection criteria for the Centre Coordinator.

In September 1990, a research officer was employed for three months to research and develop an information data base on women's health needs in the ACT, to research, develop and recommend an appropriate computer system for the information collected and to examine and make recommendations on data collection requirements in the women's health area for the ACT.

The Committee worked on the basis of consensus decision making which made for some long and sometimes agonising meetings as the women worked out the early details, including where to

locate the Centre. The City was out of the question as the cost was too high, but they needed somewhere accessible. In November 1990 a shop front in Dundas Court, Phillip was eventually found, which wasn't ideal...but it was cheap. The premises were leased for 12 months and renovations commenced – partitions, painting, security locks etc. The Committee renovated the space to make it as “women-friendly” as possible and made sure they had information to give people who dropped in.

The Committee convened a widely publicized public meeting on 22 November, several weeks before the Centre became incorporated; so that Canberra women and organisations could:

- Become members of the Centre
- Nominate to be on the management committee
- Elect the first management committee who will then take over the running of the Centre, including appointing a coordinator.

## **The first Management Committee**

The first Management Committee were elected at the community meeting held at Gorman House,

and comprised of local women from government and non government women's health services and from community.



This meeting was officially the first Annual General Meeting.



### **The Incorporation**

In December 1990 the Centre became an incorporated body.

### **Advisory Council**

As a way of ensuring the broadest possible representation of women and issues for a community based service, the Centre also had an Advisory Council which was made up of CWHC members from a range of backgrounds who had expertise in one of the areas identified in the National Women's Health Program. The Council met several times a year and enabled the Centre *"to keep in touch with the needs 'out there' in the community"*. (CWHC Newsletter, March 1992)

Despite initial enthusiasm, the Council struggled to define a role for itself and was discontinued in 1992. It was decided that a register of interested women would be a better mechanism for the Centre to seek counsel on important issues.

### **Establishing the Canberra Women's Health Centre (CWHC)**

From February to April 1991 the first Coordinator, Leanne Webster, and a part time Administration Officer, Lorraine Slee, commenced working at the

Centre and an accounting system was established.

In line with the priorities of the NWHP for the ACT and goals of the Centre, CWCH was established as a resource hub and drop-in Centre for women. Computers, photocopiers, meeting rooms and other equipment were available for individual women and groups to use. The CWHC library was stocked with an ever-growing collection of books, magazines, pamphlets and audiovisual material on everything from menopause to gay and lesbian parenting. CWHC provided a comfortable, safe space where women could come together to discuss ideas, share experiences and source valuable information related to their health.

Liaison with community groups was commenced and the Centre began to be used as a meeting place for women and groups including:

- The Endometriosis Association
- ACT Women's Health Network
- Older Women's Network
- Nursing Mothers Association
- Physiotherapy Association Women's Health Group
- Homebirth Midwives

- Women's Information Referral Centre's Assertion Course
- Menopause workshop

### **The Official Opening**



*On a rather cool afternoon, the 23 April, much warmth was generated when around 230 women collectively opened our new Canberra Women's Health Centre. (CWHC, Newsletter, August 1991)*

CWHC was officially opened on 23 April 1991 in the green space opposite the Centre in the middle of Colbee Court. The occasion commenced with a welcome from the Coordinator of the Centre,

Leanne Webster. Carol Gilbert, Convenor of CWHC's Management Committee, was emphatic in encouraging women to make the Centre their own.



Dorothy Broome spoke about the “revolutionary nature” of a feminist health service—CWHC was the first in Australia to be funded by the first National Women’s Health Policy. She said

*As the women of this Centre go quietly about the Centre’s business, fulfilling its aims and objectives, we will be part of a revolution of cataclysmic proportions. It is the business of this Centre to facilitate us, as women, to reclaim knowledge of and responsibility for our own bodies and our own health.*

The then Minister for Health, Education and the Arts, Gary Humphries, attended to demonstrate the ACT Government’s support for the Centre.



Jane Ingall, Julie Rickwood and Mabelle Gardiol then led all the women present in a chant which reflected the spirit of feminism at the time:

*Women of Canberra, we open our Centre  
With great joy, we open our Centre  
Healing our lives, we open our Centre  
Together, together, together*



*Thus the Canberra Women's Centre was opened, and the elation felt was appropriately marked by ... sending bunches of helium filled balloons on their way upwards. ( WCHM Newsletter, August 1991)*



The cake was ceremoniously cut by Leanne Webster and Lorraine Slee, and women were entertained with songs by Mereana.



The opening included the signing of a document by the women attending to record and signify their participation.



*From the moment the doors were opened in Dundas Court Phillip, women were coming in and wanting to know all they could about their health and services available to them. Despite the small space, quite a few groups were using the meeting room. We must have seemed quite incongruous, a women's health centre in the middle of the Phillip car yards, lawn mower repairs shops and second hand dealers! We shared a building with an all night pub and many of the meetings and groups were disturbed by incredibly loud renditions of 'working class man' at the amateur nights. (Leanne Webster, CWHC Coordinator 1991-94, CWHC Newsletter, May 1994)*



## ***The challenge***

Not all members of the ACT community were as elated at the establishment of a women's health service as those who attended the Official Opening.

In July 1991, a senior bureaucrat, Dr Alex Proudfoot, complained to the Human Rights Equal Opportunity Commission (HREOC) claiming that the Canberra Women's Health Centre discriminated against men and was in breach of the Sex Discrimination Act (1984). Ironically, Dr Proudfoot was employed by the Commonwealth Department of Community Services and Health Department, the very Department that was involved in creating the NWHP.

The Human Rights Commissioner, Quentin Bryce, endorsed a decision by HREOC to reject Dr Proudfoot's complaint without an inquiry on the basis that it was government policy to promote women's health services and because of the 'Special Measures' section in the Act, which allowed for discrimination to take place where affirmative action steps are seen to be necessary. Dr Proudfoot challenged this decision in the

Federal Court which ordered HREOC to formally deal with the matter.

In the meantime, Dr Proudfoot made a separate complaint of sexual discrimination to HREOC for refusing to accept his original complaint. He drew attention to the leaked memo handwritten by Ms. Bryce which read, "Another example of a male wasting our time with trivia". This second complaint was heard by the Commission and rejected as "Dr Proudfoot had failed to provide evidence that she [Ms Bryce] had treated him less favourably than she would have treated a woman". (Rod Campbell, 'HRC rejects doctor's sexual-bias complaint', *Canberra Times*, 15 April 1994).

As the Federal Court had ordered HREOC to investigate Dr Proudfoot's complaint, four days of hearings were held in November 1991 and February 1992 and were heard by the Commissioner, Sir Ronald Wilson.

Staff and other observers were well aware of the significant implications for women's-specific health services all around Australia as well as the operation of relevant sections of the Sex

Discrimination Act. The Challenge forced targeted services and women's health centres to justify their position and a decision in favour of Dr Proudfoot threatened the continuation of funding and resources.

*The fundamental impulses that motivated Australian women to establish women's health centres nearly 20 years ago were being abruptly and ignorantly called into question. (Dorothy Broom, Adding Insult to Injury: The discrimination case against women's health centres, Refractory Girl April: 62-65, 1992)*

*On one side was Dr Alexander Proudfoot, a senior officer in the Department of Community Services and Health, and Mr Jack Smith, a Canberra computer manager, who bought a legal test case against women-only health services in Canberra, and in particular the Canberra Women's Health Centre Incorporated. On the other side were the legal representatives of the Canberra Women's Health Centre, the ACT Board of Health, the ACT Government and the Commonwealth of Australia – all challenging*

*the men's allegation of sexual discrimination against them and defending the premise that women's health needs are not met in the mainstream medical field. Backing them was a virtually all female crowd that packed the room to overflowing rendering it standing, crouching, squeezing room only until the word went out that a larger room had been found on the floor above in the AMP building. The crowd, including a few be-suited token exceptions to the norm, traipsed upstairs, packing the fire stairs and lifts. (Canberra Times, 5 February 1992).*

Dr Proudfoot's arguments related to the provision of special services for women to prevent conditions not specific to women (he had no problem with services dealing with obstetrics) when no such services were available to men. He asserted that the health status of women was already superior to men and that they used services more. The arguments of the Centre focused on establishing the differences between men and women, materially and socially; the historical exclusion of women from mainstream research into health; and the need for targeted health services to address issues of

appropriateness and access. Witnesses from all around the country were called to give evidence.

In summing up, Dr Proudfoot noted that feminist advocates shouted for resources and got them while men got sick, felt embarrassed, and died.

Among the people giving evidence was Dr Penny Kane, a world renowned demographer, whose book, *Women's Health; From Womb to Tomb*, was published earlier that year. She dismissed as “*too simplistic*” a correlation by Dr Proudfoot between the availability of specialised health care for women and the fact that men died younger. “Simplistic comparisons of life expectations, for example, ignore recent findings in several Western countries comparable with Australia that despite women’s longer lives, men live a greater proportion of their lives free from disability,” Dr Kane said.

Also called on the Commonwealth’s behalf was Dr Dorothy Howard Broom, a senior research fellow at the National Centre for Epidemiology and Population Health at the ANU, who had devoted almost 20 years to sociological research on women’s health and health care. Dr Broom’s

book, *Damned If We Do: Contradictions In Women’s Health Care*, a history of women’s health services in Australia had been published earlier in the year and Sir Ronald Wilson asked Dr Broom if she would autograph his copy.

Dr Neville Hicks, reader in Community Medicine at the University of Adelaide, told the Commission that medical education failed to equip doctors to deal with the particular needs of women. He cited gynaecological textbooks, slammed in the US in the early 1970’s as “*containing outdated and erroneous views about women’s sexuality and portraying women in stereotype roles*”, but which were still in use in Australia. “*It has been argued for at least two decades that mainline doctors tend to regard women as the carriers of psychogenic disorders*,” he said.

However, he said, even if medical education changed immediately it would take eight years to begin to change medical practice and 25 to 30 years before half of all practitioners in the country would be expected to have undergone change. Figures were presented that showed that 72% of Canberra doctors were male; that of the 385 consultants employed in the ACT hospital system

363 were male; and that just 17% of the medical staff at Woden Valley Hospital were female.

CWHC eventually “won” the case and the decision was handed down in mid-March 1992. Sir Ronald Wilson concluded that

*while the services of the Centre are of a nature that they can only be provided to women, and therefore do discriminate, the Centre was exempt under Section 33 of the Act so long as lack of equal opportunity continues and affirmative action is needed.”* (CWHC, Annual Plan, 1991)

Section 33 made provision in relation to acts ‘which are described as Special Measures, authorizing action in favour of a particular sex in circumstances where such action relieves against continuing disadvantage’.

The Commissioner stated that the ‘evidence satisfies me that the distinctive health concerns of women extend beyond conditions exclusively suffered by women as a result of differing physiology to conditions capable of being suffered by both genders, but are most commonly caused

*on women by particular circumstances which call for special treatment. The special sensitivity needed in treating the physical injuries inflicted by domestic violence and the desirability of complementary counseling services are obvious examples...’*

The services of the Canberra Women’s Health Centre were seen by the Commissioner as ‘not being of the nature that they can only be provided to members of one sex’ however he stated the Centre was exempt from the Act under Section 33. He argued that ‘I accept that a case might be made for more attention to be given by Governments to the provision of health care services designed specifically to alleviate the pressures that circumstances particular to men can place upon them. But I cannot accept that the needs of men in this regard are comparable to the needs of women. On reason for this is the ‘macho society’ of which Dr Henderson wrote as obliging men to internalize their emotions may also have the effect of shielding men from many of the pressures of life that otherwise might affect them... Furthermore the evidence satisfies me that existing generalist services are more likely to provide a sensitive response that some men’s

*needs sometimes require because the male model is dominant in medical education and in practice.'*

With regard to men's health the Commissioner had a clear position, referring in his decision to the strong stand made by the complainants regarding men's poorer health reflected in their shorter life expectancy and higher morbidity rate. He stated that he did not accept this... *"that women are significantly disadvantaged in their personal well-being and hence in their health... Their situation warrants special measures."*

All the publicity surrounding the case had a positive impact in that it raised the profile of the Centre and got the public talking about the issues. It did, however, sap a huge amount of resources when the Centre had only just begun operating and caused rifts in the Management Committee over the best way to handle the case.

## **1990-95**

### **Growing up and moving out**

By the end of 1991 CWHC had outgrown its first office in Dundas Court, Phillip and the Centre moved to its current location: Building 1, Pearce Community Centre, Pearce—the ACT Government was closing schools and offered the large space to the Management Committee at an affordable rate. A little less accessible by public transport, the new premises was much more appropriate for a growing community organisation than a small office in heart of Woden's commercial district.

More space allowed the Centre to begin thinking about expanding activities. In 1992 the Management Committee and staff decided to broaden the Centre's role to provide personal health care services to women, which included an information line, generalist counselling and a therapeutic massage service.

### **Women's Health Matters Information Line**

Initially phone enquiries about women's health were answered by the Centre's permanent employees, but it soon became obvious however,

that there were gaps in knowledge, especially in areas of illness, and the increasing number of calls were preventing staff from attending to other duties. The Management Committee agreed to set up an information line and hire an Information Worker.

The information hotline was opened by Roberta McRae MLA prior to the annual general meeting in 1992. The service was initially staffed from Monday to Friday by two women, Jane McKee and Marisa Sartore, in a job-share arrangement.

Women were encouraged to call the number with questions, requests for information or for support, counselling and referral.

*So women, over to you. Bring out your questions – agonising or trivial, complicated or the ‘just wondering’ type. Pass on the number to your friends, daughters, mothers, neighbours. (CWHC Newsletter, October 1992)*

The line became an integral part of the Centre’s personality and, in the days before the Internet, was widely used by women and professionals

alike. During the 1993-94 financial year calls doubled from 1082 to 2315.

*It is not unusual to receive calls from women wanting to know where to have a pap smear or to discuss counselling options, GPs wanting information about referral options, and school counsellors inquiring about resources on eating disorders. No two days are the same and the variety of calls is definitely challenging. (Marisa Sartore, Information Worker, 1993-94 Annual Report)*

### **Massage Therapy**

CWHC began offering therapeutic massage to women in 1993. The service was accepted as an innovative and creative way of providing counselling and was targeted at women with physical or emotional health issues who were not able to access private services. Marion Grimshaw was appointed as the Centre’s massage therapist.

*A massage therapist, Mrs Grimshaw believes women who have experienced physical, emotional and psychological violence can overcome some of the long-term scarring*

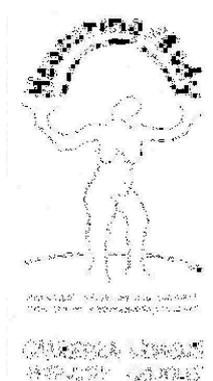
*through 'good touch'. (Jacqueline Fuller, The Canberra Times, 11 April 1995)*

Despite the high demand and obvious benefits, finding the resources to keep the massage service operating after the initial funding ran out was a constant challenge for the Centre. The service was discontinued in 1994 while awaiting the outcome of grant applications and lobbying efforts.

*Thank you to all of you who helped in lobbying of the ministers by writing letters of support for the funding submission. We now need your support to be able to keep these services going in their "second life"!*

These efforts were rewarded in February 1995, when, as a result of a successful joint tender with the Women's Health Service, CWHC secured funding from the ACT Government for three years. This funding, which aimed to increase services for women with experience of violence, allowed the massage service to re-open—albeit with a slightly different focus.

In April, *Honouring the Body*—the revamped massage service specifically targeted at women with experience of violence—was officially launched by the then Chief Minister.



The service had three components: in-house massage; an outreach program for women who preferred the safe surroundings of a service they were already using; and community education. An evaluation conducted by the Centre revealed that over a 12 month period a total of 442 sessions were offered to women and the service was held in high regard by clients and other agencies.

The death knell sounded for the massage service in June 1996 when a letter arrived out of the blue from the Department of Health and Community Care. The letter signaled their intention to cut funding to *Honouring the Body*, despite the original tender, which indicated the funding was until the end of the 1997-98 financial year. This came as a shock to the Centre and much anger and effort went into disputing the decision.

*We have not been sitting around, wringing our hands since then, but have put great pressure on the Government, though a campaign of letters, the action of supportive politicians, women's services and the media, to reverse its decision. (Newsletter, August 1996, p 7)*

CWHC's legal advice, which suggested that a breach of contract had occurred, was disputed by the Department. Negotiations ensued, but to no avail. Due to the tight financial environment of the time and a desire by both parties to avoid court, *Honouring the Body* was closed in mid-October after only 18 months of operation. This was a sad time for the Centre as they had put up a "good fight" and staff had seen first-hand the skill and

commitment of the massage therapist and the gains made by her many clients.

### **What's in a name?**

Discussions about changing the Centre's name began in 1995. CWHC's name was a continuing point of confusion for Canberra women, many of whom called the Centre in search of a clinical health service. It was thought that a new name might better reflect the Centre's activities. Members were consulted through the newsletter and voted for the *Women's Centre for Health Matters* at the AGM.

### **Newsletters**

The Centre's newsletter, called *Women's Health Matters*, contained the latest news from the Centre and other health related information. The publication was initially distributed to approximately 230 women each quarter and was the principle means of communicating with members, who were also encouraged to contribute.

*To make Women's Health Matters truly a community based newsletter, we want to hear from you! (WCHM Newsletter, May 1994)*

Cosmetic and more substantive changes were made to the newsletter in 1994 with a new, more sophisticated format and in-depth, informative articles on current issues and health problems common to women. Regular columns were introduced including *Marion's Home Health Remedies*, which provided information on a "range of ailments and how to overcome them by raiding the kitchen cupboard" and a calendar of events called *Keeping Abreast*.

In 2000 it was decided that only two editions of the newsletter would be produced each year. These two editions were much "meatier", however, and included well-researched, feature articles by staff and guest writers on topics such as the history of the women's health movement and gender and health. The arrival of the Internet meant that the WCHM could start communicating with the community online; the Centre stopped producing newsletters in 2006 and starting providing members with regular updates through the WCHM website.

### **Community Development and Project Support**

A list of CWHC goals for the 1993-94 financial year included a "higher profile for the organisation

and greater links with the community and members" (CWHC, Annual Report, 1993-94). Providing financial assistance to a number of unfunded or under-funded community groups was one of the strategies used by the Centre to achieve this goal. This was made possible due to the availability of "roll-over" funds from the initial establishment money the Centre received. CWHC supported groups such as Homebirth Canberra to print pamphlets; Deaf Women Awake to organise signing interpreters; and Majura Women's Group to run self-defense classes for women.

Key Issues for the Women's Centre for Health Matters in 1990-95 included the following.

### ***Violence Against Women***

Violence against women has been an ongoing focus area for WCHM and a range of projects were undertaken by staff in the first five years of the Centre's life.

*Bruises on the Heart* was a two-day workshop and one-day train the trainer day on children and domestic violence. Fifty health and community workers attended the workshop which covered topics such as identifying the effects of domestic

violence on children, intervention options, and legal and child protection issues.

In 1993 a number of women approached WCHM about the lack of affordable, long-term counselling available for women survivors of sexual and ritual abuse. After consultations with service providers, the Centre embarked on its first major research project in an effort to substantiate these claims. The project was implemented over a 12 month period and culminated in the launch of a final report, entitled *Many Paths for Healing*.

The research was informed by feminist and community development principles and placed a high value on women's own experiences. Key activities for the project included surveys of a selection of counselling services; an ACT phone-in and two focus groups for survivors; and a questionnaire and needs analysis workshop for counsellors and support services.

*In writing this report we have tried to allow the voices of participants to speak for themselves. For us, the heart of this research lies in the experiences and ideas expressed so clearly by counsellors and survivors of*

*childhood sexual abuse and ritual abuse.  
(Lisa Williams and Joanne Courtney, CWHC,  
Many Paths for Healing, September 1995)*

The report found that the level of service provision for adult survivors of childhood sexual and ritual abuse in the ACT was insufficient to meet demand. A number of recommendations were made including that the Department of Health and Community Care fund long-term, affordable counselling and establish a specialist 24 hour residential facility. It concluded that "the paucity of the resources currently available to this area may reflect the fact that governments have not yet come to terms with the needs of adult survivors of childhood sexual abuse or ritual abuse." (WCHM Newsletter, November 1995)

The release of the report generated media attention and a debate played out, largely in the Letters to the Editor section of *the Canberra Times*, over the credibility of the research. Critics (including none other than Dr Proudfoot) questioned the feminist methodology used by the researchers and the focus on women's lived experience.

*When I took a statistics course one of the chief goals was objectivity. Now we are told that we have 'feminist methodology' which 'rejects the distinction between objective research and subjective research' — how convenient. (Sue Jones, 'Feminist betray their own cause', Canberra Times, 3 April 1996)*

The Centre passionately defended the research against these attacks, which it called “anti-feminist rhetoric.” (WCHM Newsletter, August 1996)

*Consistent with this [feminist methodology], several processes of accountability were established to ensure that the research was ethical, relevant and rigorous. These were: a reference group which met though out the project, a research supervisor from the University of Canberra... (Lisa Williams and Joanne Courtney, 'Women really are victims', Canberra Times, 3 April 1996)*

*The attacks appear to be all about scientific method and statistical evidence and nothing about real people. I invite those men to spend just one day in a women's service to deal with trauma associated with violence inflicted on*

*any one client, to a more realistic grasp of the matter. (WCHM Newsletter, August 1996)*

### **Women and Tranquillisers**

By the late 70s, benzodiazepine, a minor tranquilliser commonly prescribed for conditions such as insomnia and anxiety, had become the most widely prescribed of all drugs. By the early 80s, however, there were serious concerns about the negative side-effects of the drug, which included addiction and neuropsychological impairment. When used in the short-term, benzodiazepines induced a “mild sedation and sense of wellbeing”, but in the long-term they tended to “suppress the whole personality”.

*The tragedy of benzodiazepines for women is that they cut women off from fully experiencing their lives, whilst at the same time undermining a women's capacity to draw on her own resources to cope with adversity. (Genelle Walters, Annual report, 1992-93)*

At the time, tranquilliser use was considered a feminist issue and taken up by women's organisations as women were much more likely to be prescribed the drug than men.

*The prescribing of benzodiazepines to women is yet another expression of a pathological response to women's health concerns that coincides precisely with the maintenance and perpetuation of women's oppression. (Genelle Walters, Annual report, 1992-93)*

Women's chemical dependency was one of the Centre's priorities for 1991-92. Tranquillisers were identified as an issue at the *Women, Alcohol and Other Drugs* forum hosted by CWHC. As a response, the Centre employed a Project Officer to design and implement four, one-day training workshops for ACT community workers and health professionals to increase their capacity to support women who had become dependent.

## **1996 – 2000**

1996 to 2000 was an exciting period for WCHM. The Centre connected to the Internet, developed a website and experimented with new models of service delivery with an increased outreach focus.

WCHM staff channeled their energies into working with specific at risk groups, including women from non-English speaking backgrounds (NESB) and older women, and campaigned on key political issues of significance to ACT women. Inter-agency collaboration remained a priority as did writing submissions and contributing to Government consultations.

The funding environment was uncertain for a short-time as the second round of the *National Women's Health Program* came to an end and women's health initiatives became the responsibility of the states and territories. This was happening in a context of changing government priorities and what seemed like a loss of momentum for women's health.

*Nationally there is doubt about the continuation of the NWHP and about security of women-centre initiatives. Locally it seems we are being pushed towards mergers, towards user-pays, towards genericism, towards customers compared to clients, towards a concept of level playing fields compared to operating from an understanding of the in-built disproportion of power and opportunity in our society. (Convenors, WCHM Annual Report 1996-97)*

In June 1999 the Centre secured three year funding from ACT Health and Community Care which meant security to plan short and long term projects and provide services to a growing number of women. The end of the *National Women's Health Policy* and *Program* meant that there was no longer an "overarching policy for women's health" (WCHM Annual Plan 1999-2000).

While there was no national cohesiveness at this time, in 1998 the Chief Minister announced the development of an Action Plan for Women in the ACT the ACT Government which was released as the *ACT Women's Action Plan 2000-2001* – this

was a first step towards achieving a framework for women's health in the ACT. The plan was based around a range of new and continuing initiatives across government aimed at improving the status of women. An audit of government programs to see how well they are meeting the needs of women in the ACT was conducted to provide important information and direction for the development of the Women's Action Plan. The auditing process highlighted the government policies and programs which are providing good outcomes for women as well as the areas which would require further attention, thus providing a benchmark for future assessment and action.

### **WCHM embraces technological change**

The 1990's saw the popularisation of the Internet as more and more institutions, organisations and individuals connected to the network. WCHM, determined not to be left behind, jumped on board the "information superhighway" in March 1997.

*It's finally happened! WCHM has moved into the world of high technology and has been connected to the Net! (WCHM Newsletter, May 1997)*

Staff attended a training session to learn about e-mail and “Netiquette” and an article in the WCHM Newsletter explained key concepts and terms to members.

With its focus on disadvantaged groups, WCHM was concerned about accessibility and the potential “digital divide” that would come from the emergence of the Internet as a means of communicating and accessing information.

*If only people with access to the medium are the well-educated, affluent techno-literate elite, it won't be sufficiently inclusive to represent all points of view... (WCHM Newsletter, May 1997)*

As part of its role in efficiently disseminating information to as many women as possible, WCHM developed its very first website in 1998. The website, called Women’s Health Online, included information on the Centre and an extensive collection of women’s health resources.

Kathy Bail, the former editor of HQ magazine, surfed the new site and made the following comments:

*It's easy to find health and medical information online. While some of it can help, other sites can drive you crazy. Women's Health Online is one of the good ones – it's friendly and reliable...I'll be taking weekly doses of this excellent new website. (WCHM Newsletter, May 1998)*

By 2003, the website had replaced the newsletter as WCHM’s primary means of communication with the general public and members.

### **No bleedin’ tax – the personal is political for WCHM**

During the 90s, WCHM was particularly active on the political front. The Centre took a firm stand on important issues that impacted on women’s health and represented the views of women to the wider public and elected representatives.

The implementation of the GST and its application to sanitary products was an issue that concerned the Centre“. These products are already a considerable expense for many women, and there are many households where more than one woman needs these products. The Government is talking about the need to ‘draw the line’ on the

GST, but in this case they are doing so to the detriment of the health and wellbeing of women. Managing menstruation is an important health issue for women.” (WCHM Newsletter, February 2000)

The abortion issue was another concern for WCHM in 1998. The Centre was at the forefront of action working hard to try to convince political representatives in the ACT Legislative Assembly of the legitimate right of women to make decisions about their own health and wellbeing, including choice about termination of pregnancy in a medically safe and legal environment.

This action was in response to an amendment tabled in the Assembly to the Health Regulation (Abortion) Bill, which proposed to place restrictions no abortion, including an “extremely narrow test for abortion limiting it to ‘grave medical’ or ‘grave psychiatric’ risk in the first 12 weeks of pregnancy...” WCHM condemned the “regressive piece of legislation...”

*Many in the Canberra community are outraged at the draconian changes the Bill proposes. Community organisations were*

*immediately galvanised into action with an immediate media blitz, forming an action group and organising public rallies. (Tania Browne, WCHM Newsletter, November 1998)*

### **Female Genital Mutilation**

The ACT Department of Health and Community Care participated in the National Education Program on Female Genital Mutilation (FGM). FGM had become a reality for authorities and health workers as refugees from a number of countries where FGM was commonplace had made Australia home. Legislative changes were happening at a state and federal level as a result of Australia’s international obligations. Before any changes were made to the ACT Crimes Act to outlaw the practice, the Department funded a community worker at WCHM to conduct a Community Education Program for all those affected. (WCHM Newsletter, August, 1996)

*...the main focus of the program is to work in partnership with communities and individuals which are likely to practice or experience any form of FGM. (Vesna Cvjeticanin, Newsletter, August 1996)*

### **Multicultural Women's Health**

In 1996, WCHM began to address the needs of women from non-English speaking backgrounds (NESB). This was in line with the *National Non English Speaking Background Women's Health Strategy (1991)*, which argued that health provision must be modified to better cater to NESB women.

The barriers to accessing health services that faced migrant communities in the nineties, including ethnocentric services, a lack of information in community languages and targeted health promotion programs and information, are similar to those recently identified by WCHM in research involving new and emerging groups in the ACT.

The Centre embarked on a *Multicultural Women's Health Project*. Sixteen Bilingual Community Educators were provided with the skills to run preventative health education programs in their own communities and in their own languages. At the project's completion, groups were run for eight communities, including for Thai, Italian, and Bosnian women.

The Centre went on to implement a *Community Leadership Training Program* with the aim of encouraging more women from NESB backgrounds to participate in consultations with the ACT and Federal Governments. The women who participated came from range of backgrounds and many were highly educated in their home countries but lacked the confidence and local knowledge to participate in public life.

*My confidence has increased 100 fold. I believe we have a better understanding of the sources of policy and the influences on the policy process. (Marienoëlle Hill, WCHM Newsletter, August 1997)*

### **Outreach**

In 1996, instead of waiting for women to come to the Centre, WCHM staff took health information to the people with an increased outreach function, including a lunch program for women living in high-density government accommodation. These monthly luncheons for residents at the Bega, Allawah and Currong Flats provided health information and life skills to women.

## Having a Baby in Canberra

The first *Having a Baby in Canberra* pamphlet was developed and printed in 1997. The Centre distributed 8000 copies of the resource, which included Canberra-specific information about pregnancy, birthing and early parenting.

*The process had taken about a year, with numerous stakeholders consulted, umpteen drafts produced, gorgeous graphic design work done, all culminating in a successful public launch which gave the pamphlet and the Centre great exposure in the media. (Marisa Sartore, WCHM Annual Report, 1997-98)*

The pamphlet, which was updated every few years, was so popular with Canberra women and health professionals that the Centre introduced regular information sessions for women, and their partners, who were planning a pregnancy to assist them in making informed choices.



WCHM still receives a steady stream of requests for the pamphlet, which is now downloadable from the website.

## Older Women

The needs of older women have continued to be addressed by the Centre. WCHM collaborated with Woden Community Service in 1997 to facilitate *Health Matters for Women over 60*, a series of workshops for older women on health issues. The program was a resounding success and participants continued to meet on a regular basis for discussion, outings, and to hear guest speakers...and the Pearce Older Women's Group (POWG) was born!

*I really do enjoy my days there [at POWG]. I met Sandra at the first group when it was near the library. If nothing else I have a very dear friend and we are growing old together. (WCHM Annual Report 1999-2000)*

Over 10 years later, POWG still meets at WCHM.



## **The New Millennium**

### **2001-2005**

Two reports contributed to the picture of ACT women's marginalisation and isolation. In 2002, *The Status of Women in the ACT* report noted that the marginalisation and isolation of women in the ACT was a significant issue.<sup>1</sup> As a result of this enquiry, isolated and marginalised women in the ACT were made a priority of the Select Committee on the Status of Women in the ACT, and were identified as in need of the most attention of policy makers and researchers. The risk factors were identified as homelessness; poverty; drug and alcohol misuse; mental health issues; disabilities; violence; children; age; Indigenous and Torres Strait Islander backgrounds; and culturally and linguistically diverse backgrounds

A report titled *Isolation of Women in the ACT* was

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<sup>1</sup> Select Committee on the Status of Women in the ACT, *The Status of Women in the ACT*, (Canberra: Legislative Assembly for the Australian Capital Territory 2002),

more specific in its approach, and identified five key groups of women as most commonly at risk of social isolation in the ACT. These included aged women; women who are carers; women at home with children; low income women without their own transport; and women from culturally and linguistically diverse backgrounds.<sup>2</sup>

The new strategic plan of 2003-05 refocused WCHM as a health information and referral service targeted to *all* women, as opposed to just disadvantaged groups. This decision stemmed from the reality of the demographic of the women who were accessing WCHM services. This change in direction for the organisation aimed to “*target health and wellbeing milestones in women’s lives and to see their needs as a complete and cyclical process.*” (WCHM Annual report 2002-2003)

The information line was closed at the end of 2005 due to a decline in the number of calls but the library remained open for business.

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<sup>2</sup> Libby Warren, *Isolated Women in the ACT*, (Canberra: ACT Women’s Consultative Council, 2000),

The Centre made its mark in the areas of maternal health, with heavy involvement in the Inquiry into maternity services, and gambling with a pilot project that explored this “hidden” and “feminised” problem, which had not yet been recognised as an issue by the ACT Government.

The Centre’s community development also made great strides with a number of successful eating and body issues support groups and *Well and Able*, an exercise and lifestyle program for women with disabilities.

All the hard work paid off when, in November 2005, WCHM won the Rhodium Chief Minister’s Overall Award for Excellence in Inclusion and the Koomari Inclusion in the Community Organisation Award. These awards were won for the work on the *Well and Able* project.

### **Maternity Services**

WCHM took up the issue of maternity services in 2003 once again in an attempt to improve access and choice for women in the ACT.

WCHM hosted two consumer consultations to give women the opportunity to provide input into

an inquiry into maternity services. The Inquiry, conducted by the Standing Committee on Health, was a response to concerns expressed by women about the models of care and the high rate of birth interventions as well as the insurance crisis precluding independent midwives from the workforce. WCHM also wrote a submission which was quoted multiple times in the Standing Committee's report titled, *A Pregnant Pause: the Future of Maternity Services in the ACT*.

### **Body Image and Eating Issues**

A focus on community development work involving women with body image and eating issues was formally acknowledged as a key area of the Centre's focus in 2000/01 Strategic Plan. Four groups were run by WCHM staff: *Enjoying Being Me*, *Nourishing Ourselves* and *Nourishing Ourselves for New Mothers*, and *Living Large*. Centre staff adopted a narrative therapy approach to group facilitation and witnessed real changes in the lives of the women who participated:

*I've learnt that dieting does more damage than not dieting. I've learnt to start trusting my body more, at least I've started to. (Participant, WCHM Annual Report 2000-01)*

*Living Large*, a project developed by WCHM in 2000, emphasised a non-diet approach to weight issues with a twelve-week program of physical activities such as yoga, aqua-aerobics accompanied by discussion and support. After the program finished, group members continued to meet socially and then later began to develop ideas around challenging negative perceptions and treatment of large women.

This project was particularly innovative in its exploration of weight and "fat discrimination" issues and many other individuals and organisations were interested in hearing from the women involved. Representatives of the *Living Large* group presented at the Fourth Narrative Therapy and Community Work Conference and the Group's facilitator, Fiona Tito, presented her paper "Large and in charge – the politics of health, fat and women" at the Fourth Australian Women's Health Conference.

### **Calendar Girls – Celebrating Women's Wellness**

In the spirit of combating negative body image and celebrating women's bodies, ACT women were invited to submit pieces of visual art about

what wellness means to them as part of WCHM's Calendar Girl campaign. WCHM received 150 entries which were mounted and included in a travelling exhibition. Fourteen pieces were chosen for the community calendar, *Calendar Girls—Celebrating Women's Wellness*.

*In an era when we are continually presented with unrealistic, "airbrushed" images of women, media hysteria about obesity and a bombardment of weight-loss programs, Calendar Girls has provided women with the opportunity for some authentic expression of their own that consciously celebrates women's diversity. (Adrienne Rutherford)*

### **Groups for Multicultural Women**

WCHM continued to provide support to multicultural women through two new support groups. The Sew and Needle Women's Club targeted multicultural women interested in craft and Support Asian Mothers Friendship Group (SAMs) provided friendship and support to mothers from the Asian region. With the support of WCHM, SAMs incorporated and became the Supporting Asian Women's Friendship

Association Inc. (SAWS). The Group continues to meet at the Pearce Centre.

*Through meetings we seek to encourage and empower women to explore their creativity and spin their life stories into a communion quilt, while meeting other women from diverse backgrounds. (Prillisia Duignan, WCHM Annual Report 2006)*

### **Women and Gambling**

WCHM took an interest in problem gambling following Australia's first inquiry into the issue by the Productivity Commission. The inquiry identified the rise of gambling among females which it attributed to the introduction of gaming machines. As a first step in addressing this hidden problem and the lack of gender analysis in the research and lack of local data, the Centre embarked on a project to examine the nature and scale of the problem amongst ACT women. The project report suggests that "the issue of gambling amongst ACT women is a major health and social issue that has yet to be fully acknowledged and addressed in our territory" (WCHM Annual Report 2001-02) and that women experience gambling addiction and seek help differently to men.

### **Well, Able and Mobile project**

WCHM took the lead in a collaborative project for women with disabilities in 2005. The *Well and Able* project assisted women with impaired mobility to get active and stay healthy by participating in community-based exercise classes and weekly social activities with the support of a YMCA instructor and other volunteers. It aimed to promote the health and wellbeing of women with disabilities in the ACT, women who were extremely marginalised and isolated in our society.

The Well and Able evaluation recommended that further funding be secured to continue to the program, and also that the program be adapted for appropriate delivery to women who identify as from Aboriginal and Torres Strait Islander backgrounds, and culturally and linguistically diverse backgrounds.

The Well, Able and Mobile project continued to evolve over time from project funding with the long-term goal of the project being self-sufficiency and transition into mainstream fitness facilities. The project recognised that there are significant barriers to women with disabilities gaining access

to health and fitness programs. Costs and access to transport proved prohibitive, and similarly, gyms and fitness programs were most often designed for people without disabilities, and as such, women's specific needs in terms of equipment, assistance, and program were not met. While the program was a "resounding success" and "participants reported notable changes in health, wellbeing, self confidence and alleviation of social isolation" (WCHM Annual Report 2006), it became clear that commercial fitness facilities still had a long way to go before they were inclusive of women with disabilities.



## **2006-2010**

### **Collecting Local Evidence and Listening to Women's Stories**

In 2008 WCHM began to invest time and resources into commissioning research projects to gather local evidence on the specific issues related to women's health. WCHM's research combined reliable data with the personal stories of women with the purpose of identifying gaps in service provision and policy. By doing this WCHM is able to develop a better understanding of the community and assists government and the community to better meet the needs of women. Despite national statistics portraying Canberrans as being relatively privileged (with high incomes and levels of home ownership etc.), the localised research conducted by WCHM reveals pockets of disadvantage and groups of women at risk of social isolation. WCHM is now a key agency in the collection and provision of reliable information on women's health and wellbeing in the ACT and surrounding region.

### **WCHM's publications**

#### **February 2008 - *Marginalised and Isolated Women in the ACT***

WCHM commissioned this research with the specific purpose of facilitating greater understanding of women's marginalisation and isolation in the ACT, and the report presented a range of data aimed at exploring the nature of women's marginalisation and isolation in the Australian Capital Territory. The report provided estimates of the number of ACT women who were at risk of, or experiencing marginalisation and isolation. Homelessness, poverty, drug and alcohol misuse, mental health issues, disabilities, violence, age, culturally and linguistically diverse backgrounds, and Indigenous and Torres Strait Islander backgrounds are all identified as risk factors that may result in ACT women's marginalisation and isolation. In addition, women who were primary carers, had been institutionalised, or had gambling problems were also been identified as being at risk.

#### **September 2008 - *Social Determinants of Women's Health in the Australian Capital Territory***

This report presented a range of data previously not made publically available from the

Australian Bureau of Statistics *National Health Survey 2004-05*. The focus of the report was on women's health in the ACT, particularly women who were socioeconomically disadvantaged. WCHM commissioned this research with the specific purpose of responding to the knowledge deficit on the health and wellbeing of ACT women, in order to support government and community to make evidenced based policy and service provision decisions. The report was informed by the social determinants of health research, which identifies that social and economic inequalities negatively impact on the health and wellbeing of individuals and their communities. Subpopulations of ACT women focused on in the report included women who are socioeconomically disadvantaged, women from culturally and linguistically diverse backgrounds, and women with mental health and wellbeing issues.

**April 2009 – Culturally and Linguistically Diverse Women in the Australian Capital Territory – Enablers and Barriers to Achieving Social Connectedness** - This report aimed to develop a profile of CALD women in the ACT, and to determine the factors that were contributing to

their levels of social connectedness and wellbeing (or lack thereof). In adding to the limited existing literature on the topic, this report sought to provide services in the ACT with an evidence base from which to work with women of CALD backgrounds, and to shape the development of appropriate social policy. Research at international, national and local levels support indicated a range of issues that women of CALD backgrounds encountered which affected their health and wellbeing including the lack of understanding around culturally appropriate support; the importance of social networks; barriers to accessing services such as language, insufficient childcare, problems navigating systems, immigration status, transport, discrimination and changes to family dynamics; the impact of trauma; challenges for health promotion; domestic violence; the financial situation of many CALD women; the experience of refugees; acculturation; and the social determinants of health.

**May 2009 - Invisible Bars: The Stories behind the Stats** - The information gathered in this paper provided significant insight into the impact that imprisonment and institutionalisation has had on these women's lives. This paper presented the

stories of six ACT women with a variety of lived prison experiences. Its release occurred at a pivotal time in the ACT with the Alexander Maconochie Centre, the first prison in the ACT to accommodate women, having recently opened.

**June 2010 - *Out of Reach - Women living with mental health issues in the ACT*** - This report, commissioned by WCHM and the ACT Women and Mental Health Working Group (WMHWG), aimed to identify and document the 'lived experience' of women with mental health issues in accessing legal advice, support, representation, and advocacy in the ACT. The report captured the personal stories of women living with mental health issues in the ACT, and the feedback from legal and non-legal services providers and community based organisations that provide support and/or advocacy. It documented the personal barriers for the women, and the barriers within the service system in the ACT. In commissioning this research, WCHM and the WMHWG sought to develop a better understanding of the service system's response to women living with mental health issues to encourage discussion about the need for services which respond to their needs as women. The

findings of this report highlighted both the personal and systemic barriers experienced by these women in accessing legal services and navigating the legal system.

**July 2010 - *It Goes With the Territory –ACT Women's Views about Health and Wellbeing Information*** - This report explored the views and preferences of ACT women in accessing health and wellbeing information and how this information is transformed into knowledge. The findings of this report were consistent with previous research undertaken by WCHM and demonstrated that women's access to health and wellbeing information can be affected by social and economic circumstances and that barriers to accessing health services and information — including for preventive health — are part of the social determinants of women's lives that can lead to health inequalities. Accessible health and wellbeing information would strengthen women's self-management and play a part in reducing women's reliance on the health system, as women with knowledge of the available options are better equipped to use the ACT health care system effectively; especially in understanding what issues can be dealt with at home, how best

to deal with issues and when to contact a health care provider.

**September 2010 - Women mental health carers in the ACT: Preliminary Survey Results**

This online publication *Women mental health carers in the ACT: Preliminary Survey Results*, presents the preliminary findings of a survey, targeting women mental health carers in the ACT. The aim of the survey was to establish a quantitative and qualitative data set comprising of information related to women mental health carer health and wellbeing, their social and support networks and their involvement in their local community and decision making processes. The survey collected information relating to their health and wellbeing, the nature of their caring role and responsibilities, their social and support networks and their involvement in their local community. This data will inform a more expansive report on ACT women mental health carers to be published in 2011

**April 2011 - *It goes with the Territory! The views of ACT Women with Disabilities about Health and Wellbeing Information*** - This companion report to *It goes with the Territory!*

*ACT Women's views about Health and Wellbeing Information (July 2010)* represented the views of ACT women with disabilities, who comprised 30 percent of the total respondents to the original health and wellbeing information survey. With an ageing population, disability levels likely to increase in the ACT and increases in life expectancy there will be increases in the number of women with age-related chronic conditions. There is therefore a need for an improved understanding about the barriers that women with disabilities face, and this companion report sought to improve the understanding of the needs of women with disabilities in the ACT in order to facilitate health and wellbeing information provision that is responsive to their needs.

**“Women of the ACT – working together to improve our health and wellbeing” forum**  
WCHM held a forum 1st May 2008, to discuss issues impacting on ACT women's health and wellbeing. The forum commenced with an introduction of the two publications produced by WCHM in 2008 and a formal launch of the reports by Minister Katy Gallagher's delegate Ms Karin McDonald (MLA). The publications

were *Marginalised and Isolated Women in the Australian Capital Territory: risk prevalence and service provision and Health and Wellbeing issues for Women in the Australian Capital Territory.*

Ross O'Donoghue, Executive Director, Policy Division, ACT Health addressed the audience responding to the Health and Wellbeing report and discussing relevant plans including policy of ACT Health.

More than 50 women attended, and following overviews on each of the reports, two workshop discussions were facilitated. Major issues identified for Health and Wellbeing issues for ACT women were:

- Mental health and wellbeing
- Community based health centres
- More collaboration
- Access to general practitioners (transport, bulk billing).

### **A new Strategic Plan**

During the 2006-07 financial year the WCHM Board reviewed the Centre's activities and had

commissioned several reports to identify current and emerging issues for ACT women. This information allowed the Board to begin the strategic planning process.

A new 2008-2012 Strategic Plan focused the Centre's work on three key areas – unmet need, social isolation and social connectedness, and increasing women's access to gender-sensitive health and wellbeing information. This represented a new direction for the Centre and formalised the move away from direct service delivery to research, project work, advocacy and capacity building. The unmet needs of disadvantaged groups (women with disabilities, women with mental health issues, CALD women, institutionalised women, and later older women), as opposed to all women, became a priority for the Centre again.

### **WCHM Library Closure**

In 2007 a decision was made by the Centre to donate all the resources of the library to other services that were more centrally located and had a higher demand for services. While the library had remained popular with Canberra women for many years, this was a response to a decline in

the number of women using the library due to WCHM's move away from direct service delivery and the growth of the Internet, which meant women were increasingly accessing health information online.

During this period, ACT women faced challenges as they tried to manage their own and their family's health in the environment which was changing around them. There have been changes to general practice as a result of General Practitioner shortages and clinic closures, and there was more choice in treatment and more information about choices, but the large amount of information was often more confusing than helpful. And the health care systems are becoming more complex and have a broader range of providers from different sectors than ever before.

### **Influencing Policy**

WCHM was directly involved in influencing policy and new developments in women's health at a national and ACT level through consultations, meetings and submissions and developed into a significant player in the health and women's sectors. For example, the Centre completed a

submission to the consultation on the new *National Women's Health Policy* (the first since the original policy in 1989 that led to the establishment of the Centre) and gave evidence at the House Of Representatives Employment and Workplace Relations Committee Inquiry into Pay Equity and Associated Issues relating to Increasing Female Participation in the Workforce.

At an ACT level, WCHM advocated for a greater inclusion of gender sensitive policies, practices and infrastructure in the development of mental health services and policy and the *ACT Women's Health Plan*. It also participated in the independent review of the ACT's first prison (the Alexander Maconachie Centre) with a focus specifically on the issues relating to women prisoners and the consultation process for the development of the ACT Prevention of Violence Against Women and their Children Strategy.

### **Support for Peer-led Groups**

WCHM assumed a role in resourcing and supporting small agencies and support groups with the aim of addressing marginalisation and promoting social inclusion. The Centre moved away from long term administrative support of

earlier years, to a more proactive capacity building approach with a focus on self-determination and sustainability.

WCHM auspiced the ACT Women and Prisons (WAP) Group and Women with Disabilities ACT (WWDACT).

Both are peer support and advocacy groups that are unique in that their membership is comprised of women with *lived experience* of the criminal justice system (WAP) and disability (WWDACT). They provide a mechanism through which the views of these women can inform government policy and influence service delivery provision and design.

*My life today is really different; I am with the same partner, I have two beautiful children, and I do not do drugs or crime anymore. I am a member of a women's prison group, WAP; I get my strength from them and I love being a part of it. I get to share my experience and hopefully change things for other women in prison. (WAP Member)*

The development of the report, *Invisible Bars: The stories behind the stats*, was one of WAP's most notable and influential achievements.

### **Women from New and Emerging Communities**

WCHM was involved in a number of initiatives to develop a profile of Culturally and Linguistically Diverse (CALD) communities in the ACT and increase awareness of the issues they face—CALD women in the ACT who entered under the Humanitarian Program were of particular concern for WCHM due to their limited English skills and experiences of trauma.

Mwanangwa Mpasu, a Masters student from the University of Canberra, worked with WCHM to undertake research on the access and utilisation of health services by Southern Sudanese women in the ACT. This research helped WCHM to understand the nature of the challenges and issues southern Sudanese women may face when seeking health care and help propose health care, service delivery and policy solutions that will respect the specific needs of Southern Sudanese women.

As a response to this and other research, WHCM developed culture-specific awareness training for ACT service providers in 2010 to address the lack of understanding about the new and emerging humanitarian refugee groups in the ACT and to

build the capacity of CALD women to take on leadership roles. WCHM worked with identified women leaders from the Southern Sudanese and Mon Burmese communities to develop the training modules and deliver the training. The training is now available for ACT community service practitioners (such as family support workers, refuge workers, health workers and emergency service workers) who are able to listen to the lived experiences of women in order to better understand the issues so that they can adapt their services and work more effectively with CALD groups.

### **Women and Mental Health**

WCHM's work in this area aimed to identify issues affecting women living with mental health issues in the ACT. WCHM conducted research on the usefulness of peer support on the mental health, wellbeing and social connectedness of women. The Project began in 2009 and collected data from two local groups. In addition, WCHM established the ACT Women and Mental Health Working Group (WMHWG) in October 2007 as a result of consultations on how to better work together as a sector to meet the needs of women. The Group meets regularly and has over 50

members. It has focused on advocating for gender sensitive improvements at Psychiatric Services Unit, researching mental health carers, and providing expert advice and direction in the development of position papers on mental health by WCHM.

### **Women with Disabilities**

WCHM worked with women with disabilities to address inequities in access to services including to crisis services and transport. In 2010 WCHM employed a full-time project worker who, along with a group of three women with disabilities, carried out accessibility 'audits' of domestic violence crisis services in the ACT. A wide range of research showed that women with disabilities are more likely to experience domestic violence than women in the broader community, yet the number of women with disabilities accessing crisis services remained low. The accessibility audits observed physical barriers, policies and practices, communication issues, and information barriers, and also produced recommendations as to how services could better meet the needs of women with disabilities.

WCHM has continued to support a Consortium of

organisations representing people with disabilities to contribute to and influence the ACT review of wheelchair accessible taxis to better cater for people who are not able to access other transport options.

### **Improving Access to Health Information**

As part of its work in improving women's access to gender sensitive health information conducted an extensive study into how women in the ACT currently access and prefer to access information about their health and wellbeing. WCHM published *It Goes With the Territory – ACT Women's Views about Health and Wellbeing Information* in July 2010. One of the major recommendations from the report was for WCHM to develop its website to provide assistance to ACT women as health consumers in navigating and accessing information obtained from the Internet.

As a response to this recommendation, WCHM is developing the Women's Health and Wellbeing Hub, an online information portal that provides information and links to trusted and accurate information about women's health and wellbeing, and services specific to women in the ACT. It will

be a central source of already existing information that is trustworthy, and will initially focus on the gaps identified by ACT women in the report: menopause, sex and sexual health for older women; having a baby in Canberra; and eating disorders and body image.

### **Students**

Students from the Australian Catholic University, the University of Canberra and the Australian National University have greatly increased the capacity of the Centre by taking on research projects into specific areas related to women's health. WCHM worked with five students in 2010 and embarked upon five fascinating and topical research projects, ranging from older women's social connectedness to medical school students' knowledge of gender sensitive health service delivery.

## Conclusion

Reforms of the national health system were announced in 2010 which impact significantly on the hospitals and primary health care system in the ACT. If these changes to primary health care are going to be effective, they still need to be provided in ways that recognise that many ACT women have limited resources but significant responsibilities. Primary health care must also take into account the differences among women, and that creating good health means acting on the determinants of health — the factors, conditions, actions and environments that shape our health, even if they lie outside what we think of as health care.

As these changes roll out in future years, WCHM will continue to advocate (through consultations, representation and submissions) for greater inclusion of gender sensitive policies, practices and infrastructure in the development of ACT and national health services and policy.

Our approach will continue to focus on building an evidence base that includes the voices of women and their lived experience as well as the

collection of relevant national and international research and local ACT data.

And we will continue to support and advocate for marginalised and disadvantaged groups of women in the ACT.

At the ACT International Women's Day Awards in March 2011, WCHM was honoured to receive the group award for its long association with providing ongoing support to emerging groups representing marginalised women in our community.

We would like to thank the large numbers of our partners who have assisted WCHM's projects and research over the years and for connecting us to many women in the ACT to seek and represent their views. And we also want to thank the many individual ACT women who have supported or participated in WCHM's programs, services and have shared their experiences with us - their personal stories and lived experiences will continue to add depth to WCHM's work, reports and the discussion of their needs in the future.

## ***The people who made it happen***

### **Interim Committee Members**

Sue Andrews, Carol Gilbert, Margaret Corden, Fran Parker, Judith Burgess, Chris Duigan, Helen Sutherland, Debbie Hanlin, Marion Christie, Annabelle Wyndham, Mary Blowes,

### **WCHM Board Members**

#### **February – June 1991**

Carol Gilbert, Sue Kelly, Sue Andrews, Megan Evans, Sonja O'Neill, Jane Ingall, Jacqui Pearce. Marion Christie, Leanne Webster, Lorraine Slee

#### **1991 -1992**

Jacqui Pearce, Jane Ingall, Sue Kelly, Sue Andrews, Lesley Fraser, Marion Christie, Marjanne Rook, Megan Evans, Mary Cutts, Katja Mikhailovich, Beverley Ch'ng,

#### **1992 – 1993**

Jane Ingall, Sue Kelly, Megan Evans, Sue Andrews, Marion Christie, Els Wynen, Mary Cutts, Lorraine Condon, Debbie McKay, Marjanne Rook, Beverley Ch'ng, Katja Mikhailovich, Kellie Miles, Kaylene Bamblett

#### **1993 – 1994**

Jane Ingall, Debbie Hanlin, Janice Horn, Marjanne Rook, Debbie McKay, Els Wynen, Mary Kelsey, Mary Cutts, Jo Saccomani, Mgan Evans, Toni Brown

#### **1994 - 1995**

Mary Kelsey, Els Wynen, Mary Cutts, Debbie Hanlin, Toni Brown, Janet Phillips, Jo Saccomani, Annabel Wyndham, Nasrin Lucas, Seija Talviharju

**1995 - 1996**

Mary Kelsey, Mary Cutts, Annabel Wyndham, Jane Bullen, Seija Talviharju, Jan Griffiths, Ilya Lovric, Thea Gaia, Marie Jamison, Nasrin Lucas, Janet Phillips, Robyn James

**1996 - 1997**

Annabel Wyndham, Jane Bullen, Marie Jamieson, Thea Gaia, Ilya Lovric, Fiona Webb, Seija Talviharju, Nasrin Lucas, Jan Griffiths

**1997 - 1998**

Jane Bullen, Annabel Wyndham, Seija Talviharju, Fiona Webb, Thea Gaia, Betty Craig, Marie Jamieson, Michele Jones, Ilya Lovric, Philia Polities, Deborah Moore, Trudy Bergman, Elizabeth Butkus, Anna Carr, Elizabeth McKenzie, Kim Werner, Jan Griffiths

**1998 - 1999**

Trudy Bergman, Elizabeth Butkus, Lesley Calvert, Anna Carr, Louise Clarke, Libby Goodsell, Michele Jones, Ilya Lovric, Elizabeth McKenzie, Tania McMurtry, Deborah Moore, Philia Polities, Christine Sindely, Kim Werner, Annabel Wyndham, Jan Griffiths

**1999 - 2000**

Laura Bennett, Lesley Calvert, Louise Clarke, Libby Goodsell, Kay Macsween, Deb Masani, Tania McMurtry, Philia Polities, Michele Richards, Christine Sindely, Kim Werner, Annabel Wyndham, Jan Griffiths

**2000 - 2001**

Laura Bennett, Lesley Calvert, Louise Clarke, Roslyn Dundas, Kay Macsween, Deb Masani, Tania McMurtry, Philia Polities, Michele Richards, Barbara Ryan, Christine Sindely,

Jan Griffiths

**2001 - 2002**

Jacqui Bear, Amanda Graupner, Laura Bennett, Nirmala Krishna Kumar, Lesley Calvert, Deb Masani, J de Riva O'Ophelan, Tania McMurtry, Michele Richards, Roslyn Dundas, Barbara Ryan, E Goodsell, Leonie Whyte

**2002 - 2003**

Jacqui Bear, Nirmala Krishna Kumar, Leonie Whyte, Nicole Donaldson, Sandra Lilburn, Tracey Anderson Askew, Sascha Surgey, Amanda Graupner, Jennifer Persi, Emily Stimson

**2003 - 2004**

Leonie Whyte, Nicole Donaldson, Sandra Lilburn, Tracey Anderson Askew, Jennifer

Allen, Sarah Spiller, Paulette Hacothen-Neilsen

**2004 - 2005**

Joanne Krueger, Jo Bothroyd, Nicole Donaldson, Jennifer Allen, Kay de Vogel, Sue Hall, Udomsri Low, Wendy Mason, Bianca Sands, Sharon Fuller, Mandy Nearhos, Nerida Clarke, Leonie Whyte

**2005 - 2006**

Jo Bothroyd, Kay de Vogel, Mandy Nearhos, Wendy Mason, Nerida Clarke, Emma Kate Crean, Kerry Silcock, Carol Skinner, Thi-Nha Tran, Heidi Yates, Ruth Hilton-Bell

**2006 - 2007**

Jo Bothroyd, Kay de Vogel, Mandy Nearhos, Kate Moore, Thi-Nha Tran, Kerry Silcock, Ruth Hilton-Bell, Sonya Davidson, Olga Walker, Margo Mitchell

**2007 - 2008**

Margo Mitchell, Judith Manning, Carol Benda, Jo Bothroyd, Mandy Nearhos, Eve Burnes, Wendy Mason, Thi-Nha Tran, Sonya Davidson, Ruth Hilton-Bell, Steph Louise, Kerry Silcock

**2008 - 2009**

Margo Mitchell, Judith Manning, Carol Benda, Eve Burnes, Jane Dahlstrom, Nicole Hogan, Mandy Nearhos, Alison Osmand, Thi-Nha Tran, Sarah Vann Sander, Alicia Wright

**2009 - 2010**

Margo Mitchell, Judith Manning, Carol Benda, Kathleen O'Sullivan, Eve Burnes, Jane Dahlstrom, Alison Osmand, Sally Kingsland, Susan Dalby, Susan Stratigos, Sarah Vann Sander, Alicia Wright, Mandy Nearhos, Thi-Nha Tran, Padma Menon

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Leanne Webster, Wendy Armstrong, Lorraine Slee, Nikki Main, Tanya Yachman

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Leanne Webster, Marina van Kooten Prasad, Marisa Sartore, Jane McKee, Genelle Walters, Jeannie Gray, Marion Grimshaw, Charmain Crimmins, Juliana Broda, Pam Geering, Julia Pittard, Julie Kelly

**1994 - 1995**

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**1996 - 1997**

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Libby Bell, Joanne Courtney, Lisa Williams, Marisa Sartore, Adele Whish-Wilson, Barbara Ryan, Emma Baldock, Denise Fairall, Liz Fraser, Sally Markham, Samantha Browne, Tania Browne

**1998 – 1999**

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**2001 - 2002**

Tania Browne, Joanne Courtenay, Lisa Williams, Ellie Miller, Sue Ellerman, Sam Brown, Robyn Roe, June Hooper

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**2004 - 2005**

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**2006 - 2007**

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**2007 - 2008**

Kiki Korpinen, Prillisia Duignan, Robyn James, Karen Borchers, Biljana Petrova, Penny Becker, Sarah Maslen

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